

# Western Sydney Mental Health and Suicide Prevention Joint Regional Plan 2024-2025

## Contents

Introduction .....	2
Foundation Plan.....	2
Purpose.....	2
Principles.....	2
Priority objectives and action areas .....	3
Development of the Updated Plan.....	6
Purpose.....	7
Scope .....	7
Out of scope .....	7
Related documents.....	7
Related policies .....	7
Updated Plan .....	8
Implementation plan .....	8
Process evaluation .....	14
Tracking and monitoring.....	14



## Introduction

The Western Sydney Integrated Regional Mental Health and Suicide Prevention Plan 2020-2022 (the Foundation Plan) was established in 2020 and set out the three-year priorities for the Western Sydney region to achieve collaborative governance, planning, commissioning and monitoring between the Western Sydney Local Health District (WSLHD) and the Western Sydney Primary Health Network (WSPHN), operated by WentWest, as the lead agencies. The Foundation Plan identified mental health priorities for the region and created a strong foundation for collaboration to achieve the Foundation Plan's objectives.

In accordance with the Bilateral Schedule on Mental Health and Suicide Prevention: New South Wales, WentWest has updated the Foundation Plan in consultation with WSLHD, working alongside Sydney Children's Hospitals Network (SCHN). The updated Western Sydney Integrated Regional Mental Health and Suicide Prevention Plan 2024-2025 (the Plan) seeks to strengthen ongoing collaboration, implementation and monitoring of the Foundation Plan's objectives with an enhanced focus on furthering implementation to realise the Plan's vision for the region.

## Foundation Plan

The Foundation Plan laid out seven objectives and actions through which the vision of a mentally healthy and inclusive Western Sydney community may be realised.

### Purpose

To promote the mental health and wellbeing of the Western Sydney community and ensure they can access quality, timely and affordable mental health care suited to their needs and context.

### Principles

- Person-centred services, with a focus on prevention, early access and care continuity
- One Western Sydney - Integrate relations between the people seeking and delivering care, achieving holistic care of the person, by the person, for the person, and with the person; a whole-of-person, whole-of-life approach
- A central role in planning and governance for people with lived experience of mental illness and/or suicide, and their carers
- Integration within the health care sector through partner organisations planning and coordinating care among primary care providers, specialists, community, private and public hospital services



- Integration of service delivery across multiple sectors within Western Sydney for a mentally healthy community and a stronger safety net for our most vulnerable people; a whole-of-community approach
- Collaborative governance with a focus on value-based health care - the quadruple aim of outcomes that matter to consumers, experiences of receiving care, experiences of providing care, effectiveness and efficiency of care
- Continuous improvement through regular monitoring, evaluation and reporting to our community

## **Priority objectives and action areas**

### **Objective 1. Strengthening collaborative governance and information sharing for planning, commissioning and evaluating services**

**1.1** Develop a whole-of-system (regional) approach to incentivise local autonomy and accountability for delivering patient-centred and outcome-focused mental health care in the community.

**1.2** Across all services, shift the focus of non-clinical and clinical support services and projects from outputs to outcomes.

**1.3** Provide regular, clear communication on the implementation of the Plan and other mental health reforms to the Western Sydney community.

**1.4** Share data across primary, community and acute sectors to drive and inform evidence-based service development, monitoring and evaluation.

### **Objective 2. Forging partnerships within and beyond the health and social care sectors that deliver better mental health outcomes**

**2.1** Continue to build a One Western Sydney health and social support and care service system.

**2.2** Develop coalitions with partners to address root causes of mental distress, mental illness and suicidal behaviour.

**2.3** Progressively transition care from acute settings to primary or community-based settings, wherever appropriate to do so, through collaborative commissioning arrangements to build a mentally healthier and more resilient Western Sydney community.

**2.4** Strengthen the Patient Centred Medical Home (PCMH) and Health Care Neighbourhood models through an enhanced team-based care model to support prevention, early intervention, and care co-ordination and continuity of care.



### **Objective 3. Developing, integrating and utilising eHealth systems**

**3.1** Maximise opportunities for and co-invest in information technology solutions to improve integrated care, shared care between consumers and providers, and partnerships between service providers and sectors.

**3.2** Invest in eHealth solutions for improving the capacity of consumers, carers and the general public to self-care, access the right service at the right time, and attain better health outcomes.

### **Objective 4. Improving the access to and quality of perinatal, infant and child mental health**

**4.1** Develop and implement comprehensive, integrated approaches to services for infants, young children and their families, with early identification of, and support for, at risk children and families.

**4.2** Work with the education sector across Western Sydney to ensure all schools have the support for 1) universal K-12 social and emotional learning programs, 2) specialist programs to support students, and their families, with developmental and mental health problems, and 3) effective referral pathways for students who require professional care.

### **Objective 5. Ensuring adolescents and young people are supported through the school years and during the transition to adulthood**

**5.1** Work with technical and higher education providers to ensure students have access to quality mental health services.

**5.2** Working with the secondary education, post-secondary technical and higher education sectors, employment services and the business sector to ensure that young people in Western Sydney have enhanced opportunities to transition into employment, education and training.

### **Objective 6. Implementing suicide and self-harm prevention and crisis interventions**

**6.1** Build pathways across primary care and hospital transition to and from emergency departments, to improve follow-up care and support to people presenting with suicide ideation and self-harm, across the primary care, community-managed, and public mental health services.



**6.2** Implement evidence-based strategies for aftercare services for people discharged from inpatient care following a suicide attempt.

**Objective 7. Attracting and retaining a committed, culturally competent and accredited workforce**

**7.1** Invest in mental health workforce development focusing on team-based care and collaborative practice, across the primary care, community managed, and public mental health services.

**7.2** Partner with leading planning-commissioning organisations, educators and institutions to bring world-class learning and development in peer worker leadership, trauma informed care, recovery practice and integrated care to Western Sydney, emphasising disadvantaged communities.

**7.3** Invest in building the leadership capability of the mental health workforce.



## Development of the Updated Plan

To update the Foundation Plan, the following steps took place:



- A range of stakeholders were consulted, including the SCHN and WSLHD, data, commissioning, mental health, WSPHN partners and providers, and provided input into the Foundation Plan objectives, implementation and ongoing collaboration
- Data and insights were gathered from across teams and stakeholders
- The Foundation Plan's progress was tracked and measured, establishing a benchmark for further implementation
- Objectives were then prioritised and actions were identified to support implementation
- Timeline, actions, key deliverables and measures of success were agreed by stakeholders

## Purpose

The purpose of the updated Plan is to:

- Drive implementation of the objectives within the Foundation Plan through:
  - Identifying clear actions, deliverables and timelines to meet the objectives within the Foundation Plan
  - Re-establishing the governance arrangements for the ongoing, shared decision making, planning and monitoring
  - Defining measures to monitor and track successful implementation and providing timelines to measure and track progress

## Scope

- Identification and prioritisation of critical actions to advance the objectives laid out in the Foundation Plan
- Timelines and responsibility for actions
- Outline of the governance arrangements and timelines for collaboration
- Implementation measures of success

## Out of scope

This updated Plan will not include:

- Formal scoping work that was conducted as part of the Foundation Plan
- The KPIs, domains and indicators that make up the mental health outcome measures. These will continue to be reported against

## Related documents

- Bilateral Schedule on Mental Health and Suicide Prevention: New South Wales
- Mental health Joint Regional Plan Status Report
- Western Sydney Integrated Regional Mental Health and Suicide Prevention Plan 2020-2022

## Related policies

- Fifth National Mental Health & Suicide Prevention Plan and Implementation Plan
- Gaya Dhuwi (Proud Spirit) Declaration Implementation Guide
- Living Well – A Strategic Plan for Mental Health in NSW 2014 - 2024





- National Medical Workforce Strategy 2021-2031
- NSW Value Based Healthcare Framework
- Strategic Framework for Suicide Prevention in NSW 2022-2027
- Western Sydney Primary Health Network Strategic Plan 2023
- Western Sydney Local Health District Health Services Plan to 2026

## Updated Plan

Building on the Foundation Plan, the following two tables outline the actions and measures to progress the Foundation Plan and track mental health initiatives within the Western Sydney region.

- The Implementation plan describes the actions and timelines to achieve mental health objectives within the Western Sydney region. Each action aligns with objectives in the Foundation Plan and the implementation measure identifies what will be tracked to determine successful implementation
- The process evaluation describes the anticipated quarter for action, completion and subsequent reporting period for the action

### Implementation plan

Abbreviation	Description
DCJ	NSW Department of Communities and Justice
DOE	NSW Department of Education
KEYS	Kids Early Years Network
MoH	NSW Ministry of Health
PMHC	Primary Mental Health Care
SCHN	Sydney Children's Hospitals Network
TRISP	Targeted Regional Initiatives for Suicide Prevention
WSLHD	Western Sydney Local Health District
WSPHN	Western Sydney Primary Health Network



Action description	Objective alignment	Responsible	Time Period for action and completion					Implementation measure
			April-June 2024	July-September 2024	October-December 2024	January-March 2025	April-June 2025	
Reformation of governance group, including the appointment of senior advisors and adoption of Terms of Reference. Group to include key Mental Health Joint Regional Plan partners, including senior leaders from WSPHN and WSLHD. Meetings to be held at least every six months to monitor and track actions towards successful implementation.	1.1, 1.4, 2.1, 2.2, 2.3	WSPHN WSLHD						Governance group formed consisting of a representative from WSPHN and WSLHD. Terms of Reference adopted. Meetings held.
Creation of a collaboration action tracker to maintain high-level visibility across governance groups, mental health working groups, network meetings and citizen advisory councils, to effectively track and monitor progress, actions, outcomes and feedback.	1.1, 1.3, 2.1, 2.2, 6.1, 6.2, 7.1	WSPHN						Collaboration action tracker created. Timelines created for tracking and monitoring based on frequency of meetings.
KEYS initial evaluation completed.	4.1	WSPHN WSLHD DCJ DOE SCHN						KEYS initial evaluation report completed.
Development of a communication action plan (CAP) to support clear communication about the Plan and other mental health reforms to the Western Sydney community and health professionals.	1.3	WSPHN						CAP created. 100% of actions in the CAP are implemented to be delivered across channels and mediums.
Provision of super user training to identified super users on the Right Care, First Time, Where You Live tool.	3.1	WSPHN						Super user training delivered to 100% of super users.
Implementation of TRISP initiatives to reduce and prevent suicide and self-harm.	6.1, 6.2	WSPHN						100% of programs are implemented.
Prepare and complete a joint mental health data dashboard to share data across sectors.	1.4	WSPHN WSLHD						Dashboard is ready to be used by WSLHD and WSPHN.

Formation of Youth Advisory Council to support youth mental health programs and objectives, with adopted Terms of References and appointment of advisors.	1.1, 1.3, 2.1, 2.2, 4.1, 4.2, 5.1, 5.2	WSPHN						Youth Advisory Council formed with representation from a diverse, representative group of at least five youths with lived experience of mental health concerns.
Development of a service directory, which includes mental health service providers and enhances consumer access to mental health service providers and is validated with National Health Service Directory.	3.2	WSPHN						Service directory is live and accessible to community members and health professionals.
Implementation of the NSW Head to Health Initial Assessment Referral hub and referral spoke.	3.1, 3.2	WSPHN						NSW Head to Health Initial Assessment Referral hub is integrated into business-as-usual processes with the selection of a provider and process guide.
Review and update the mental health financial model.	All	WSPHN						Mental health financial model completed.
Recruitment of key stakeholders to form an Education, Business and Employment Services Advisory Group to support youth recommendations within the Western Sydney region.	4.2, 5.1, 5.2, 7.2	WSPHN WSLHD SCHN  Other partners where relevant						Appointments made representing advisors from education, technical and higher education sectors, business and employment services
Launch of the continuous quality improvement mental health toolkit to transformational practices.	2.4	WSPHN						Mental health toolkit is made available to 100% of transformational practices.
Commencement of Education, Business and Employment Services Advisory meetings.	4.2, 5.1, 5.2, 7.2	WSPHN WSLHD SCHN  Other partners where relevant						Education, Business and Employment Services Advisory meeting held. Terms of Reference adopted.

Undertake a KEYS scoping activity to explore opportunities to upskill service providers, including exploration of community of practice, to build service provider capacity and capability.	4.1, 7.1	WSPHN WSLHD DCJ DOE SCHN						KEYS recommendations collated for provider upskilling.
Update workforce service mapping for Western Sydney mental health services.	1.1, 2.1, 7.1, 7.2, 7.3	WSPHN						Completed service map.
KEYS scalability assessment completed with the aim to increase KEYS capacity to work with more families.	4.1	WSPHN WSLHD DCJ DOE SCHN						Completed KEYS scalability assessment.
Implementation of Right Care, First Time, Where You Live into business-as-usual processes.	3.1	WSPHN						Right Care, First Time, Where You Live process document is available and shared with WSPHN's Commissioning team. Relevant mental health service providers are educated on how data contributes to the model.
Extend the length of commissioning contracts to provide greater certainty and enhance recruitment capability and build leadership capacity in the mental health workforce.	7.3	WSPHN						50% of commissioning contracts are set for more than 24 months.
Embed outcomes-based language in all contracts, tender and procurement documents to shift the focus from outputs to outcomes.	1.2	WSPHN						Outcomes-based language is embedded in 100% of contracts, tender and procurement documents related to mental health and suicide prevention.
KEYS comprehensive evaluation completed and outcomes shared with stakeholders and partners.	4.1	WSPHN WSLHD DCJ DOE SCHN						KEYS comprehensive evaluation report completed and outcomes shared with 100% of KEYS partners.

Recommendations report from the Youth Advisory Council is completed, findings shared with, and feedback sought from the Education, Business and Employment Services Advisory Group with plans to implement recommendations in the 2025-26 financial year.	4.1, 4.2, 5.1, 5.2, 7.2	WSPHN  Youth advisors and education, business and employment services  Other partners where relevant						Completed recommendations report.
Using the completed service mapping document, implementation of service mapping into procurement and commissioning activities to identify the most appropriate indicators of service capacity.	7.1, 7.2, 7.3	WSPHN WSLHD						100% of commissioning and procurement for mental health services will be informed by service mapping.
Identify the health seeking behaviour of patients who have completed treatment in PMHC as compared to those who have dropped out with an aim to improve health outcomes for mental health patients.	1.2, 1.4, 2.2	WSPHN						Service completion rate and health outcomes are tracked across all mental health services. Findings report prepared.
Add a milestone payment specifically for service providers to submit an outcomes report at the end of the contract period.	1.1, 1.2	WSPHN						Milestone payment embedded in 100% of contracts delivered by mental health service providers.
Monitoring, tracking outcomes and successful establishment of the TRISP initiative.	6.1, 6.2	WSPHN						100% of programs are tracked through contract management system, including outcome and experience measures.
Provide training to GPs, GP registrars and primary mental health professionals in the use of the Initial Assessment Referral Decision Support Tool to promote a nationally consistent approach to holistic mental health assessment and referral within the Initial Assessment Referral stepped care model.	7.1	WSPHN						KPI training target of 680 trained GPs is achieved by the end of June 2026.

Timely action on suicide flagged cases by ensuring that 100% of suicide flagged cases are receiving services within seven days of referral.	6.1	WSPHN WSLHD						100% of suicide flagged cases are receiving services within seven days.
Outcome measures are collected from mental health patients.	1.4	WSPHN WSLHD						At least 70% of outcome measures are collected from all mental health patients.
Sharing, monitoring, analysis and developing insights from integrated data sets.	1.4	WSPHN WSLHD						Monthly data sharing and quarterly data dashboard updates shared between WSLHD and WSPHN.
Collaborate on program procurement, continuing to develop a whole-of-system approach and building a One Western Sydney health and social support and care service system.	1.1, 2.1	WSPHN WSLHD						WSLHD representation on the procurement or Specialist Advisory Panel at 100% of program procurement for programs greater than or equal to \$500,000 and other procurements, as required or appropriate.
With the collaboration action tracker, WSPHN can drive effective multi-stakeholder, multi-channel communication through the relevant channels on Mental Health Joint Regional Plan actions, facilitating the flow of communication to and from stakeholders and partners.	1.1, 1.3, 2.1, 2.2	WSPHN						100% of actions are communicated to relevant stakeholders.
Provide KEYS services to eligible families.	4.1	WSPHN WSLHD DCJ DOE SCHN						Track and monitor the number of families supported each quarter.
For universal aftercare service provider, respond to and contact patients within one business day of referral receipt.	6.1	WSPHN WSLHD  Service providers						100% of all universal aftercare referrals are responded to within one business day.

Enhance and upskill service providers to ensure best practice of the universal aftercare guidelines.	6.2, 7.1, 7.2, 7.3	WSPHN WSLHD MoH Department of Health and Aged Care  Service providers						Hold a governance meeting every six weeks with partners and stakeholders to monitor and track universal aftercare implementation.
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### Process evaluation

To measure the successful implementation of the Plan's objectives, implementation measures will be tracked and monitored quarterly, with commentary and a traffic light status to demonstrate achieved (green), not achieved (red) or delayed (amber). For any action not achieved within the completion timeframe, the action will continue to be reported until it is achieved.

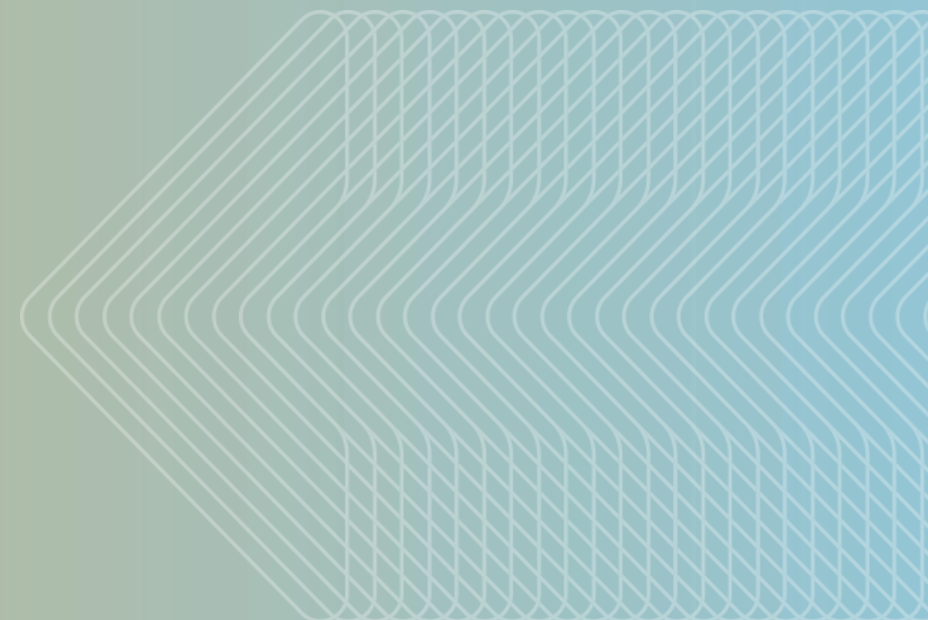
### Tracking and monitoring

Action completed	Action item	Reported in
April-June 2024	<ul style="list-style-type: none"> <li>• Collaboration action tracker created</li> <li>• KEYS initial evaluation completed</li> <li>• CAP created</li> <li>• Right Care, First Time, Where You Live super user training delivered</li> <li>• Implementation of TRISP initiatives to reduce and prevent suicide and self-harm</li> </ul>	Quarterly report to be reported in July-September 2024.
July-September 2024	<ul style="list-style-type: none"> <li>• Governance group formed and meeting held</li> <li>• Service directory created</li> <li>• Youth Advisory Council formed</li> <li>• WSPHN and WSLHD data integration and joint dashboard</li> <li>• Implementation of the NSW Head to Health Initial Assessment Referral hub and referral spoke</li> </ul>	Quarterly report to be reported in October-December 2024.
October-December 2024	<ul style="list-style-type: none"> <li>• Mental health financial model updated</li> <li>• Education, Business and Employment Services Youth Advisory Group meeting held</li> <li>• KEYS provider training and upskilling scoping report</li> <li>• Mental health toolkit is available to transformational practices</li> </ul>	Quarterly report to be reported in January-March 2025.

January-March 2025	<ul style="list-style-type: none"> <li>• Workforce service mapping for Western Sydney mental health services</li> <li>• KEYS scalability assessment completed</li> <li>• Implementation of Right Care, First Time, Where You Live into business-as-usual processes</li> <li>• Service completion rate and health outcomes tracked across all mental health services to identify health seeking behaviour of patients who have completed treatment in PMHC</li> </ul>	Quarterly report to be reported in April-June 2025.
April-June 2025	<ul style="list-style-type: none"> <li>• Extended commissioning contracts for 50% of contracts</li> <li>• Outcomes-based language in all contracts, tender and procurement documents</li> <li>• KEYS comprehensive evaluation is completed and outcomes shared with all stakeholders and partners</li> <li>• Youth Advisory Council and Education, Business and Employment Services Youth Advisory Group recommendations report</li> <li>• Implementation of service mapping into procurement and commissioning activities</li> <li>• Milestone payment linked to submission of an outcomes report for mental health service providers</li> <li>• TRISP initiatives are tracked and monitored</li> </ul>	Quarterly report to be reported in July-September 2025.
Ongoing	<ul style="list-style-type: none"> <li>• Communicate relevant Plan and mental health reform information through the most appropriate channels</li> <li>• Collaboration between WSLHD and WSPHN on program procurement with a value equal to or greater than \$500,000</li> <li>• Sharing, monitoring, analysing and developing insights from integrated data sets</li> <li>• Initial Assessment Referral training</li> <li>• Suicide flagged cases are receiving services within seven days of referral</li> <li>• Universal aftercare service provider responds to all referrals within one business day of referral receipt</li> <li>• Outcome measures are collected from mental health patients</li> <li>• Upskill service providers on the universal aftercare guidelines to promote best practice</li> </ul>	Reported in each quarterly report.







WentWest acknowledges the First Nations peoples of Australia as the Traditional Custodians of the land on which we work and live. We pay our respect to Elders past, present and future and extend that respect to all Aboriginal and Torres Strait Islander peoples within Western Sydney.