



Health  
Western Sydney  
Local Health District

phn  
WESTERN SYDNEY  
An Australian Government Initiative



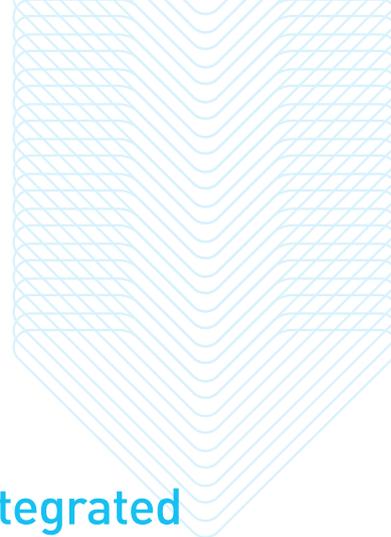
# 20

## WESTERN SYDNEY INTEGRATED REGIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN 2020-2022

PUBLIC DOCUMENT

# 22

# ABOUT THIS REGIONAL PLAN



## Western Sydney Integrated Regional Mental Health and Suicide Prevention Plan

The Western Sydney Integrated Regional Mental Health and Suicide Prevention Plan (the Regional Plan) is an agreement about what has to change, by when, how, and who will be responsible for leading the change. The Regional Plan has a three-year focus (2020-2022) to align with the planning cycles of state health organisations and that of WentWest, Western Sydney Primary Health Network (WSPHN).

The Regional Plan will guide collaborative governance, planning, commissioning and monitoring by the Western Sydney LHD and WentWest (WSPHN) as the lead agencies.

### **The seven priority areas for action are:**

- 1.** Strengthening collaborative governance and information sharing for planning, commissioning and evaluating services.
- 2.** Forging partnerships within and beyond the health and social care sectors that deliver better mental health outcomes for the Western Sydney community across the life span.

- 3.** Developing, integrating and utilising eHealth systems to improve self-directed care, connectivity and collaboration between service providers.

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

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

- 6.** Implementing suicide and self-harm prevention and crisis interventions tailored to the needs of the community.

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

These priorities are consistent with the Fifth National Mental Health and Suicide Prevention Plan, the reforms outlined in the NSW State Health Plan, with a focus on a value based healthcare, the Living Well Mental Health Plan, the Western Sydney LHD Services Plan, and the WentWest (WSPHN) Strategic Plan.



# FOREWORD



## Western Sydney Integrated Regional Mental Health and Suicide Prevention Plan

In 2017, Commonwealth and State governments agreed that Regional Mental Health Plans – based on the Fifth Mental Health Plan, would be jointly developed by Local Health Districts and Primary Health Networks.

Western Sydney's three-year plan spans 2020-2022, aligning Western Sydney Local Health District's planning with that of WentWest, the Western Sydney Primary Health Network. Development has involved significant engagement of, and collaboration with, key stakeholders across the region throughout 2019-2020.

We are now pleased to launch our Integrated Regional Mental Health and Suicide Prevention Plan (the Regional Plan) for Western Sydney.

The Regional Plan is designed to promote the mental health and wellbeing of the Western Sydney community, to ensure our community members can access quality, timely and affordable mental health care suited to their needs and context. The plan details what must change, how and by when, and who will be responsible for leading that change. It incorporates seven objectives and 19 actions that we

are committed to delivering over the coming three years.

It is important to acknowledge that the Regional Plan has been developed with considerable contribution from consumers and carers with a lived experience. It is based on the complete health care of the person, for the person, and with the person, so the whole of person and whole of life is addressed, not only their mental health needs.

Mental Health is a priority for both the WSLHD and WSPHN. It will be through this joint forum and our new approach to Collaborative Commissioning, that we will take a whole-of-system approach that enables and supports the delivery of well-designed integrated and accessible models of care, intended to ultimately improve mental health and wellbeing across Western Sydney.

We would like to express our thanks to all those involved for their contribution to the development of this plan. It is only through hard work, collaboration, and partnerships that these complex challenges and often-ambitious objectives can be met. We look

forward to seeing the Regional Plan grow and progress by continuing to work together as 'one Western Sydney health system'.

**Mr Richard Alcock, AO**  
Western Sydney Local Health District (WSLHD)  
Board Chair

**Mr Graeme Loy**  
Western Sydney Local Health District (WSLHD)  
Chief Executive

**Professor Diana O'Halloran, AO**  
WentWest, Western Sydney Primary Health Network (WSPHN)  
Board Chair

**Mr Ray Messom**  
WentWest, Western Sydney Primary Health Network (WSPHN)  
Chief Executive Officer

# DEVELOPMENT OF THE REGIONAL PLAN

This Regional Plan builds on the foundations provided by the Western Sydney Health Partnership between WSPHN, WSLHD and Sydney Children's Hospitals Network (SCHN), operating under the auspices of the Partnership Advisory Council with a Memorandum of Understanding and longstanding shared priorities, including mental health. It has been developed more intensively over a 12 month period commencing in early 2019 and involved stakeholders in a range of consultative processes. The Plan has taken into account the consultations undertaken by NSW Mental Health Commission in the mid-term review of the Living Well Plan in 2019, the re-analysis of psychosocial care services commissioned by WentWest (WSPHN)

and undertaken by the Centre for Mental Health Research at ANU and the revised WSPHN Needs Assessment 2019-2022.

The Steering Committee has examined a range of population and service data to identify existing and emerging needs and gaps in the current spectrum of care. Through consultations with consumers, carers, primary care providers, the community managed mental health sector social care providers, and state wide services and academic partners, we have a better understanding of what is working well, what needs improving, and what needs to commence.

The Steering Committee has also undertaken extensive reviews of the

national and data policy context, of the existing and current planning documents, and actions identified by governments relevant to the Western Sydney region.

This Regional Plan is the first time that a formalised plan has been developed by this State-funded Local Health District and the Commonwealth-funded Primary Health Network. This is an important precedent in that it demonstrates a commitment by both State and Federal governments to empower regional governance and service development. This Plan therefore does not displace existing plans approved by these two lead authorities but seeks to define the critical areas of collaboration over the medium term.

**Figure 1: Inputs to the Western Sydney Integrated Regional Plan for Mental Health and Suicide Prevention**



# KEY POLICY GUIDANCE

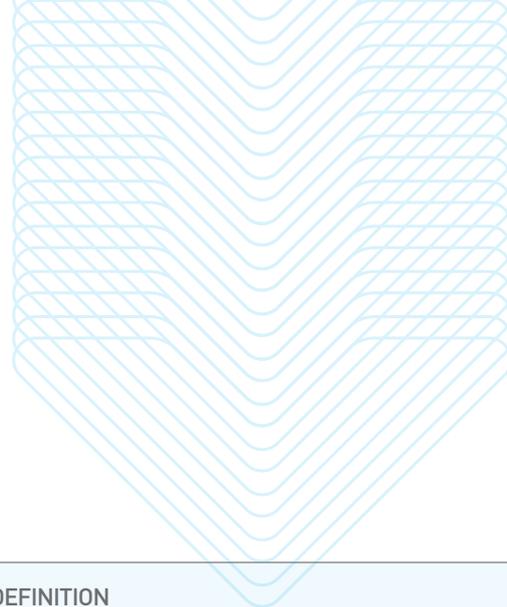
The development of this Regional Plan has been informed and guided by:

- The Fifth National Mental Health & Suicide Prevention Plan and Implementation Plan
- The NSW Value Based Healthcare Framework
- Living Well – A Strategic Plan for Mental Health in NSW (2014-2024) and the July 2019 Mid-term Review
- Strategic Framework for Suicide Prevention in NSW (2018-2023)
- NSW Strategic Framework and Workforce Plan in Mental Health (2018-2022)
- Gaya Dhuwi (Proud Spirit) Declaration Implementation Guide
- WentWest (WSPHN) Strategic Plan (2016-2019)
- Western Sydney Local Health District Health Services Plan to 2026.

## Ten Common Strategic Mental Health Policy Issues:

1. Regional – collaborative governance – co commissioning
  2. Integrated, person centred, stepped care – quality
  3. Recovery focused, trauma informed
  4. Consumer, carer/family involvement
  5. Community care capacity
  6. Improving physical health
  7. Engage and address the needs of special populations
  8. Whole of community resilience building
  9. Data – applied to decision making, shared and outcomes focus
  10. Suicide prevention – alternatives to ED and aftercare
- .... All underpinned by a culturally competent and networked workforce.

# KEY TERMS & ACRONYMS



Abbreviation	DEFINITION	Abbreviation	DEFINITION
AIHW	Australian Institute of Health and Welfare	NGO	Non Government Organisation
ABS	Australian Bureau of Statistics	NMHC	National Mental Health Commission
AOD	Alcohol and Other Drugs	NSMHWB	National Survey of Mental Health and Wellbeing (ABS)
ASR	Age Standardised Rate	np	Data not available for publication
CALD	Culturally and Linguistically Diverse	PAGES	Providers of Australian Government Employment Services
CMO	Community Managed Organisations	PBS	Pharmaceutical Benefits Scheme
COAG	Council of Australian Governments	PCLI	Pathways to Community Living Initiative
DCJ	Department of Communities and Justice (NSW)	PCMH	Patient Centre Medical Homes
GP	General Practitioner	PHIDU	Public Health Information Development Unit
GOT IT	Getting on Track In Time	PMHC	Primary Mental Health Care Services
HCH	Health Care Homes	PHN	Primary Health Network
IAMHWS	Integrated Atlas of Mental Health for Western Sydney	SDH or SDOH	Social Determinants of Health
IRSD	Index of Relative Socio-Economic Disadvantage	SDR	Service Delivery Reform
LGA	Local Government Areas	SLA	Statistical Local Area
LHD	Local Health District	SA3	Statistical Area Level 3
MASH	Making a Safe Home	WFT	Whole Family Team
MBS	Medicare Benefits Schedule	WSLHD	Western Sydney Local Health District
MECSH	Maternal Early Childhood Sustained Home-visiting	WSPHN	Western Sydney Primary Health Network (WentWest)
MNAT	Mental Health Ambulance Team	VBHC	Value Based Health Care
MHC NSW	Mental Health Commission of NSW		

# KEY DEFINITIONS

## Carer

A person with lived experience of caring for someone with a mental health problem. This can be a family member or friend – paid or unpaid.

## Community Managed Organisations

Community managed organisations (CMOs) are private, not-for-profit organisations that may be managed by a board of representatives and/or elected community members.

## Consumer

Referring to a person with a lived experience of mental illness and/or recovery who has used or uses treatment, rehabilitation and/or support services.

## Integrated Care

Integrated care is a way of working that enables care to be provided in a way that reflects the whole of a person's health needs; from prevention through to end of life, across both physical and mental health, and in partnership with the individual, their carers and family. The individual experiences care as though provided by a single unified health system. The aim is to have care centred around the person, rather than organisations, to help people with complex needs get the care they need. To transform to a more person-centred model of care, changes are required at organisation, service and care delivery levels.

## Person-centred Care

Person-centred care places the person in context, over and above bodily systems or diseases, and places this concept at the centre of healthcare. Person-centred care respects individual diversity and enables personal control of healthcare.

## Special Populations

Populations which are either underrepresented in accessing care or have higher risk or poorer health outcomes than the general population. It includes some Culturally and Linguistically Diverse communities, Aboriginal and Torres Strait Islander people, children and young people, people with chronic health conditions and veterans.

## Social Determinants of Health

Social, environmental and economic factors that play a significant role in shaping the health and wellbeing of individuals and populations.

## Trauma Informed Care

Trauma Informed Care (TIC) is a treatment framework supported by an organisational structure that involves understanding, recognising, and responding to the effects of all types of damaging life events and experiences. TIC is an approach to service delivery based on an understanding of the ways trauma affects people's lives, their service needs and service usage. It incorporates principles of safety, choice, collaboration, trust and empowerment.

## Value Based Healthcare (VBHC)

**VBHC means continually striving to deliver care that improves:**

1. health outcomes that matter to patients,
2. experiences of receiving care,
3. experiences of providing care, and
4. effectiveness and efficiency of care.

# MEASURING PROGRESS



## What gets measured, how and by whom

A critical factor in achieving the intentions set out in this Regional Plan, will be our commitment to what gets measured, how we measure, and who has a lead responsibility for each measure. In addition to reporting to Commonwealth and State governments, the WSLHD, WSPHN and SCHN Boards, we will routinely report to the Western Sydney community to ensure we are transparent and accountable to them, and we help to build a community of support for better mental health outcomes across the region.

The KPIs listed here are, in the majority of cases, required for reporting against national data sets and are expected to be available at a regional level during the timeframe of this Plan. Some additional indicators have been added to ensure measurement against regional priorities is routinely undertaken. Details on the methods and tools used for measuring progress will be available from the WentWest (WSPHN) website following a co-design process with community and stakeholders to determine the priority measures / KPIs.

DOMAIN & INDICATOR	LEAD	REPORTED
<b>KPI DOMAIN 1. CONSUMER AND CARER REPORTED OUTCOMES OF SERVICE USE – QUALITY, IMPROVEMENT, TIMELINESS, SUITABILITY</b>		
Proportion of consumers & carers with positive experiences of service	WSPHN (all commissioned services)	Bi-annual
Proportion of consumers & carers with positive experiences of service	WSLHD (all public MHS)	Bi-annual
Rate of involuntary hospital treatment	WSLHD	Annually
Rate of seclusion & restraint in acute units	WSLHD	Annually
<b>KPI CLUSTER 2. HEALTH STATUS</b>		
Life expectancy & mortality gap for people with mental illness	WSPHN	Annual
Proportion of children developmentally vulnerable in the Australian Early Development Census (AEDC) Proportion demonstrating a positive change over time	WSLHD	Three-yearly
Percentage of population with very high psychological distress	WSPHN	Annual
<b>KPI CLUSTER 3. SERVICE ACCESSIBILITY</b>		
Population access to mental health care	WSPHN	Annually
Mental health related ED presentations	WSLHD	Annually
Referral Wait Time for Primary Mental Health Care services	WSPHN	Bi-annually
<b>KPI CLUSTER 4. SERVICE INTEGRATION</b>		
Readmission rate to hospital	WSLHD	Annually
Percentage of new clients to Primary Mental Health Care services	WSPHN	Bi-annually
Post hospital discharge community care	WSLHD	Annually
Measurement of Integrated care across Western Sydney ^	WSPHN	Annually
<b>KPI CLUSTER 5. WORKFORCE AVAILABILITY, SKILLS AND SATISFACTION</b>		
Planned vs actual FTE/vacancy rate	WSPHN	Annually
Competency in team-based care & collaboration*	WSPHN	Annually
Workforce satisfaction	WSPHN	Annually

**Notes:**

^ This is based on the Rainbow Model of Integrated Care Measurement Tool (Valentijn, 2016). See Appendix 1.

\* This would be based on a standard set of agreed competencies for team-based care and collaboration.

Appendix 2 contains the National Indicators as set out in the Fifth National Mental Health and Suicide Prevention Plan.

# COLLABORATIVE GOVERNANCE

## Underway and core to our way of working

WentWest (WSPHN), Western Sydney Local Health District (WSLHD) and Sydney Children's Hospitals Network (SCHN) have jointly commissioned services into areas of need for more than eight years.

Currently there are several joint collaboratives including:

- Partnership Advisory Council (PAC) - supports collaboration and integration, and focuses on shared strategic priority areas for the SCHN, WSPHN and WSLHD, effectively demonstrating the virtual 'pooling' of resources to deliver specific models of integration.
- Service Delivery Reform (SDR) cross sector initiative which aims to improve service delivery to vulnerable families/populations.
- Integrated Chronic Care and Health Care Homes - supports communication and integration between the hospital, GPs and patients.
- After Hours Programs, Aboriginal Health Promotion, Students as Lifestyle Activists (SALSA), and the implementation of Thrive@5 (first 2,000 days) within the suburb of Doonside.

Although joint commissioning is well embedded into the way of doing things in Western Sydney, WentWest (WSPHN) and WSLHD recognise a more cohesive and systematically coordinated approach is necessary to enable collaboration and **deliver care that is consistently value-based, person-centred, and can be delivered at scale across the region.**

WSLHD, the SCHN and WentWest (WSPHN) want to remove organisational and professional barriers, alleviate the siloed, fragmented nature of care and pursue our mutually shared vision of 'one Western Sydney health system' in order to provide true value-based and person-centred care. This requires us to **reimagine** how primary, community, acute and social care is delivered.

Health system pressures have never been greater, and we need to think differently about how providers and

professionals work together. The health system needs to pursue right care, right time, right place with the consumer as an active member of the care team.

We are proposing that over the coming years, to combine our efforts and seek State and Commonwealth support to further scale this work. Rather than focus on one model of care, the Boards and Executives of WentWest (WSPHN) and WSLHD will focus on whole system reforms to the health system.

### THE AIMS OF COLLABORATIVE COMMISSIONING

1. Collectively deliver 'one Western Sydney health system' which is value-based and patient-centred.
2. Deliver right care, at the right time, and in the right place – in community and primary care wherever possible.
3. Improve equity in health, reducing health risks, promote healthy lifestyles and respond to social determinants.

### KEY FEATURES OF OUR PROPOSED APPROACH:

- **Moving from input and activity to outcome-based commissioning** - Reforming Western Sydney's 'joint commissioning' of service models and funding of inputs/activities to collaborative commissioning of activity and incentivising outcomes and value across providers. This would include joint accountability for outcomes and agreed mechanisms for sharing benefits.
- **Consolidating and enhancing governance** - Our Person Centred Co-commissioning Group (PCCG) governance includes a consolidated and enhanced governance model for broader Western Sydney collaboration. While these efforts will initially focus on collaborative commissioning within the health system, we will be looking to build on Western Sydney's Service Delivery Reform program, which already includes the Stronger Communities Cluster (Justice and 'Their Futures Matter'), Treasury, Police and Education Clusters, to address the social determinants of health.

- **Scaling collaborative efforts to realise system wide impacts** - We plan to reform the Western Sydney health system, by thinking as 'one system' and working accordingly. We will work within a shared regional framework of objectives, principles and strategies applied flexibly in and with local communities, creating diverse place based and sustainable developments.

- **Strategically focus on the levers of change** - Our approach considers macro, meso and micro reforms required to realise short, medium and long term impacts, but also represents the next step toward our mutual long term aims with a specific focus on change management and 'changing hearts and minds', orienting the system toward our new operating paradigm. This will necessarily involve trialling and evaluation of changes to financing – notably general practice financing, to build capability and enhance recognition of value-based care provision.

- **Being realistic about what can be achieved but being scalable to other cohorts** - Our initial plans cover two specific cohorts – patients requiring value-based urgent care and patients at risk showing symptoms of chronic heart conditions. This will include mental health consumers and we have begun scoping additional cohorts which could benefit from a collaborative commissioning approach including Aboriginal health, diabetes, mental health, frailty and vulnerable families.

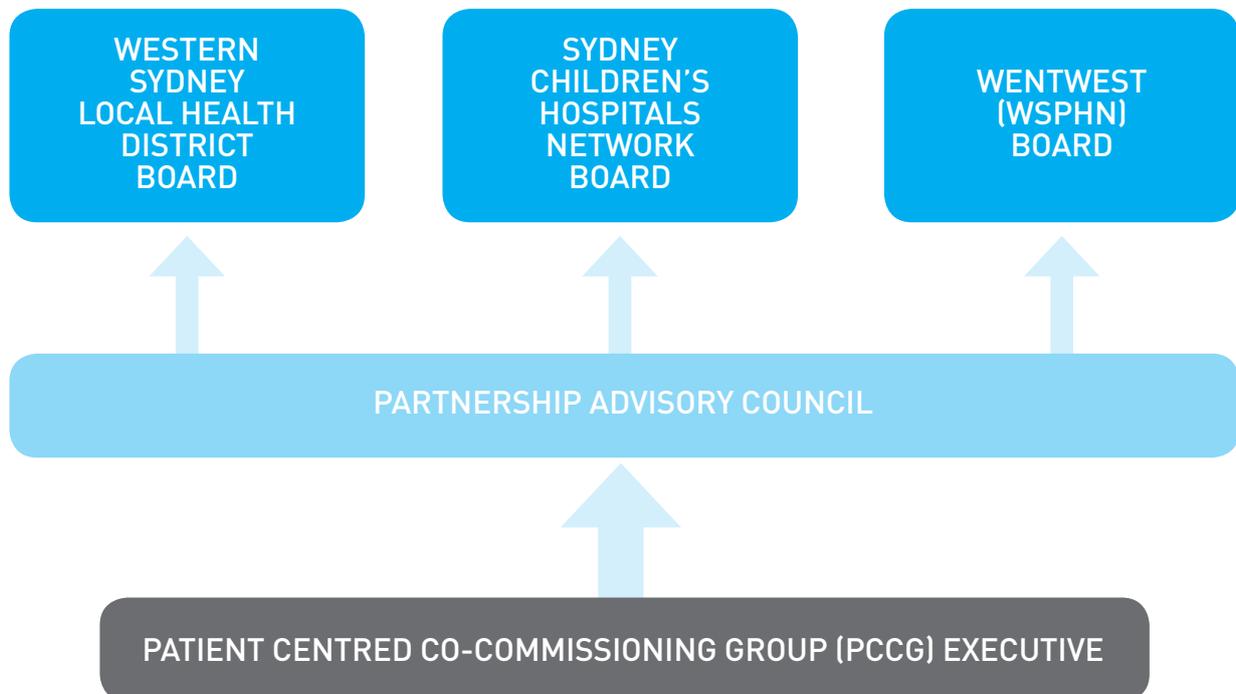
- **Engagement of consumers and clinicians** - A co-design approach was applied with consumer and clinical councils over many years to develop these models, however, much of the thinking needs further development to be updated and customised to the current Western Sydney context. We plan to test more extensively during a joint development phase, including working with local community providers – linking Community Health, General Practice and NGO services to build Patient Centred Medical Home (PCMH) clusters in connected Health Care Neighbourhoods (HCNs).

# WESTERN SYDNEY COLLABORATIVE GOVERNANCE

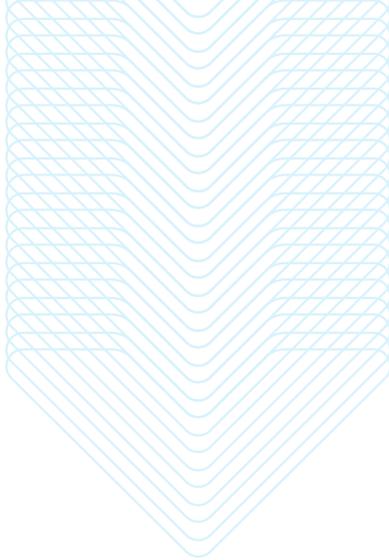


Delivering this Regional Plan will be a joint effort, with commitment from partners across our region. Our commitment to a **One Western Sydney Health System** has already commenced. The Patient Centred Co-Commissioning Group (PCCG) Executive is established and the first two sub-committees (Value-Based Urgent Care and Cardiology in Community) are evolving. A sub-committee for progression of our Mental Health & Suicide Prevention Regional Plan will be developed as part of our implementation and delivery plan.

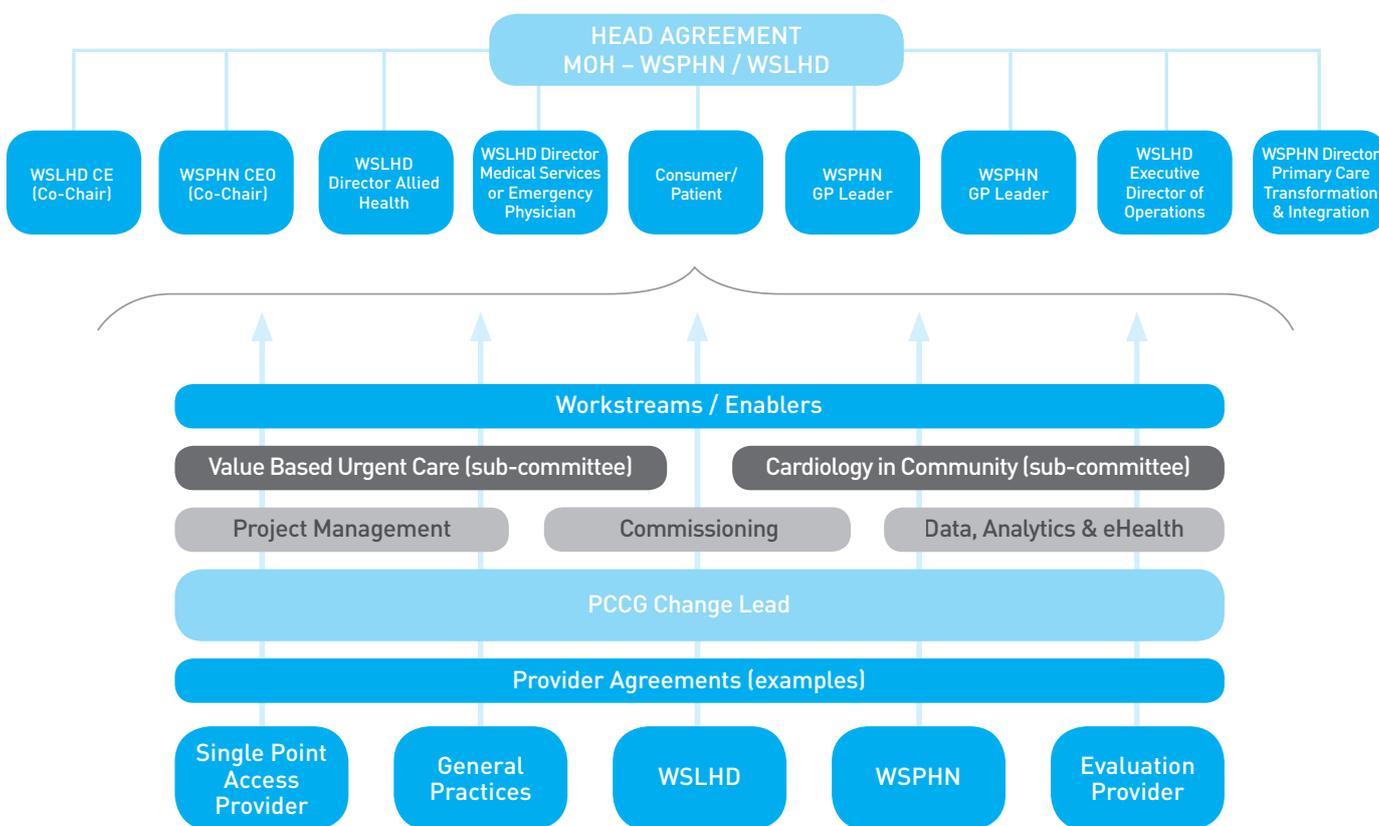
## ONE WESTERN SYDNEY HEALTH SYSTEM



The Patient Centred Co-commissioning Group (PCCG) will report into the Partnership Advisory Council, which in turn, reports into the three local health system Boards.



**PATIENT CENTRED CO-COMMISSIONING GROUP (PCCG) EXECUTIVE**



**Key features of the PCCG Executive includes:**

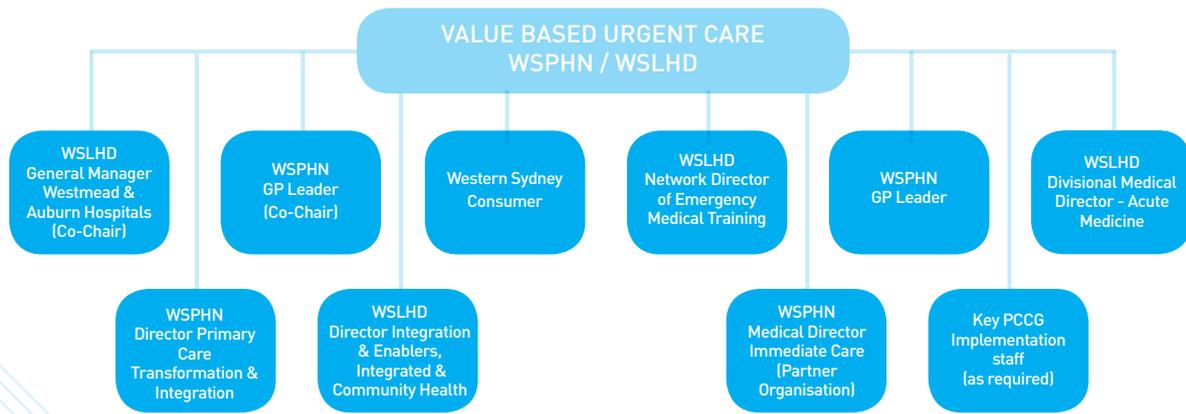
- Co-Chairs: CE, WSLHD and CEO, WSPHN.
- Members: WSLHD clinicians (2), WSPHN GP Leaders (2), consumer, WSLHD Executive and WSPHN Executive.

Sub-committee will be co-chaired by a WSLHD clinician and a WSPHN GP Leader. Each sub-committee will have consumer/

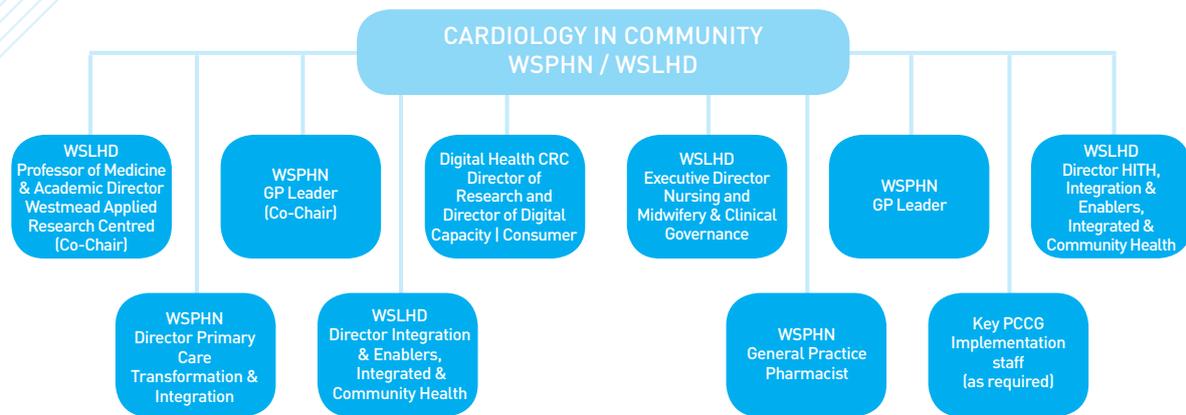
patient representation to ensure a co-design approach and continual validation that the services are delivering on consumer/patient expectations. Sub-committees are responsible for driving the design and implementation of their respective model utilising PCCG enablers.

The following diagram demonstrates expected membership of each sub-committee, including key partners which will be integral to the realisation of benefits.

**PATIENT CENTRED CO-COMMISSIONING GROUP (PCCG) SUB COMMITTEE STRUCTURE**



**PATIENT CENTRED CO-COMMISSIONING GROUP (PCCG) SUB COMMITTEE STRUCTURE**



**WSLHD and WentWest (WSPHN) have agreed on the Lead of each enabler including:** Program Management led by WSLHD; Commissioning led by WSPHN; and Data, Analytics and eHealth led by WSPHN.

We expect that each enabler will include at least one seconded person from the non-lead organisation to enable the free flow of information between the organisations.

The PCCG Change Lead will drive program and change management and, in consultation with the Co-Chairs, assign clear accountabilities for tasks. Current or new working groups and focus groups will be created as required to drive actions and outcomes.

Clinical leadership will be a core element of each sub-committee, with primary care and acute care representation.

**COMMUNITY AND CONSUMER ENGAGEMENT**

Each sub-committee will include consumers with direct links to community.

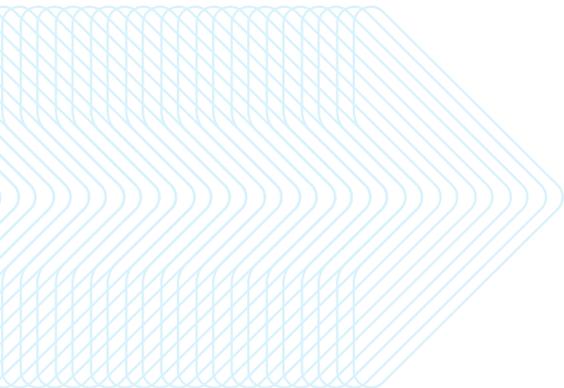
There will also be ongoing regular consultations with key stakeholders including WentWest Clinical Advisory Council, WSLHD Clinical Governance Committee, and WentWest and WSLHD Consumer Advisory Councils. Communication plans (internal, public and through media channels), with key messages and consideration of “when people need to know what” and “for what purpose” will be vital to success.

The project will also build in key points where feedback can be received from stakeholders, whether that be through follow up surveys (post accessing the model of care) or public surveys to gauge public awareness of the Value Based Urgent Care service and the Cardiology in Community service.

**WHAT THIS MEANS FOR MENTAL HEALTH IN WESTERN SYDNEY**

In simple terms moving to a Person Centred Co-commissioning Group in mental health will see shared investments to build a more integrated service system that is easier for consumers and carers to navigate and get the suite of services they need to live well.

# KEY PARTNERS



## Bonding the health sector

In pursuing the vision of a mentally healthy and inclusive Western Sydney community, it is essential that a broad coalition of health and non-health organisations are brought together. In the health sector WentWest (WSPHN) and Western Sydney LHD will work to build robust bonds across the partners in health care to ensure pathways to and from health care for those with mental health needs are clear, well known and effective. Tackling the root causes of mental distress and many mood and substance disorders requires that we build bridges to partners beyond health care to tackle the social determinants of ill-health and that we sustain coalitions to ensure those families and individuals with complex needs get the hand up they need.

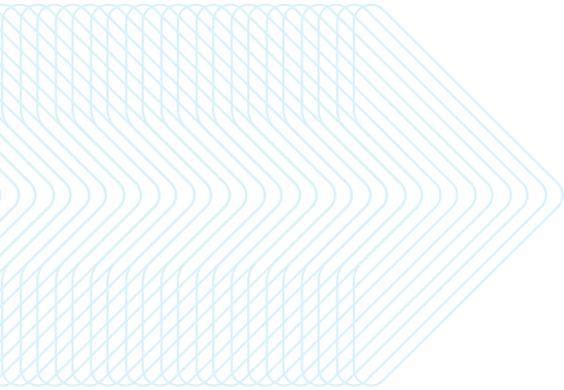
In the health care sector we need strong bonds between Consumers, **their carers and families**, those with a lived experience of mental illness and/or suicidal behaviour - key partners in the design, implementation, operation, and monitoring of services, and:

- **State Hospital, Mental Health and Community Health services** providing a wide spectrum of mental health care services from early prevention through to acute hospital based care.
- **General Practitioners** funded by the Australian government through Medicare and consumer co-payments, provide comprehensive primary health care, a high proportion of total mental health care, and will be involved in shared care of people with a lived experience of mental ill-health.
- **Community Managed Organisations (CMOs)** are a key

provider of mental health, community support and disability support services to people with a lived experience. Services include supported accommodation, daily living support, recovery programs, community connection and suicide prevention or postvention (aftercare). Families and carers of people with a lived experience are supported through the family and carer programs run by community managed organisations.

- **Private providers** including psychiatrists, psychologists and allied health professionals, such as dieticians, physiotherapists or counsellors, may also be part of the care team.
- **Private hospitals**, some specialising in mental health treatment, supplement services for people who need hospital admission.
- **Health promotion, prevention and early intervention programs** may be offered in different sectors, by local governments and public and national, state and/or local community organisations (e.g. beyondblue, R U OK? and NSW Cancer Council).
- **Alcohol and other Drug services** may be offered by Health as well as CMOs. These include some residential rehabilitation services, some of which offer targeted support to Aboriginal and Torres Strait Islander people.
- **Peak bodies** play a role in community managed sector development, capacity building in community managed organisations, and in advocacy for consumers and carers.

# KEY PARTNERS



## Building bridges beyond health

- **Early childhood, children and young people's services, child protection and out of home care services led by the Department of Communities and Justice (DCJ)** address the needs of children and families. They may identify concerns that require mental health support and partner in providing a holistic response to the child and/or family.
- **Education NSW and non-public education providers.** School years are key periods when developmental, conduct and mental health disorders first appear. Ensuring schools are equipped to support the social and emotional learning of every child and are able to support those that are at risk and have need for care is important.
- **Post-secondary education and employment services** may assist people with a lived experience to access education, vocational training and work. This includes TAFE, Western Sydney University, private vocational training providers, Providers of Australian Government Employment Services (PAGES) and others.
- **Aged Care services**, funded by the Australian government and user fees, are able to provide support to people aged 65 and over or Indigenous people aged 50 and over in their own homes or in aged care facilities.
- **Ambulance services**, as first responders, play a vital role in field assessment, screening and treatment for those experiencing a mental health crisis.
- **Police** have a role in protecting the community and preventing and responding to crime. In the mental health context, police may be first responders during a mental health crisis being experienced by a person in the community.
- **Legal, statutory and/or advocacy services** – government agencies, courts and tribunals may be involved in supporting and advocating for the rights of people with a lived experience on an individual or systemic level. This includes Mental Health Commission NSW, the Mental Health Review Tribunal, Legal Aid Commission, NSW Civil and Administrative Tribunal, Juvenile Justice, and Public Guardian.
- **Volunteer community organisations help to undertake local community capacity building activities.** Groups such as Rotary, Lions and LandCare groups can play a prominent role in supporting better mental health for the community.
- **Local government** plays a critical role in urban space design, environmental protection and community services, and facilities like libraries, parks and playgrounds, and supporting community events that celebrate living in Western Sydney.
- **Business sector** of Western Sydney wants a mentally healthy workforce for now and the future. Business is increasingly aware that mental illness is a real threat to business continuity and offers partnership opportunities for both WSLHD and WentWest (WSPHN).

# THE LIVING WELL MID TERM REVIEW WESTERN SYDNEY

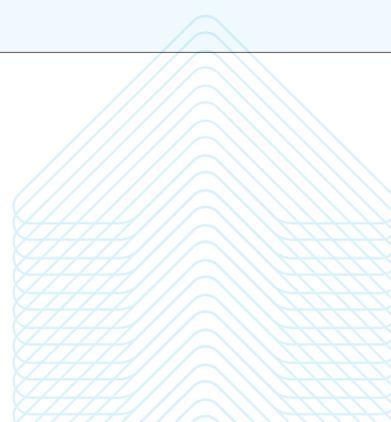
In mid 2019 the NSW Mental Health Commission, in collaboration with WSLHD and WentWest (WSPHN), undertook community consultations to review the progress made in the region on the implementation of the Living Well Strategic Plan. The key messages in relation to 'what's working well', 'what are the challenges' and 'what are the

priorities' are summarised here.

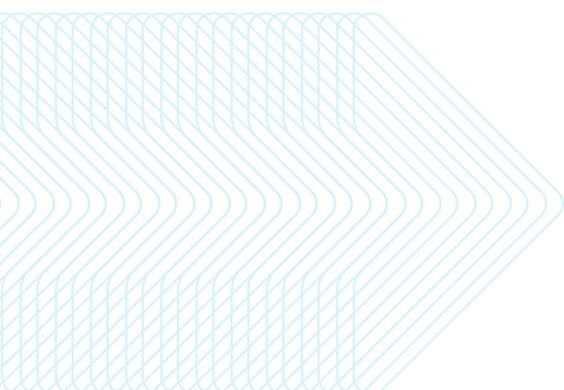
A series of 'graphic scribes' were produced to capture the interactions and feedback gathering through a workshop held at Homebush in July 2019. These are available at <https://nswmentalhealthcommission.com.au/living-well-agenda/living-well-mid-term-review/western-sydney>.

## KEY MESSAGES FROM THE NSW MENTAL HEALTH COMMISSION'S 2019 MID-TERM REVIEW

WHAT'S WORKING WELL IN WESTERN SYDNEY	WHAT ARE THE CHALLENGES?
Awareness: Awareness of mental health, and diverse communities; People are more aware of services	Visibility of services: Variation between services, same service but different maze, lack of linkage; Mental health sector is a maze
Co-design and peer workforce: Greater number of consumer led programs and the peer workforce	Access: Young people who need high levels of care and can't get it; NDIS long waiting times
Diversity: Culturally linguistically diverse programs	Workforce: Workforce to meet demands; Student development; Quality of employees; Workforce gaps
Outreach: More assertive outreach in the community and less admissions	Funding: Length of funding, limited contracts
Community engagement: More authentic engagement of carers and families in service design and planning	
WHAT THEN, ARE THE PRIORITIES?	
Early intervention: Invest in good community care that has demonstrated success in early intervention; Early intervention in the education system	
Funding: Funded service to point people towards help; Simplified tendering process – system standardised questions; 10-year funding priority	
Accessibility: Navigation of services	
Community based services: Accessible community based services to avoid hospital, respite and rehab; Stable housing	
Workforce: Training and remuneration for workers; Training for non-mental health services; Training for mental health police	
Co-design: Access across each government area	



# THEMES FROM THE CONSULTATIONS WITH OUR STAKEHOLDERS FOR THE REGIONAL PLAN



WentWest (WSPHN) and WSLHD undertook further consultations with consumers and carers, and a range of commissioned service providers and stakeholders, in late 2019 and early 2020 to provide input into the finalisation of the Regional Plan. The workshops and online survey used an appreciative enquiry method to capture views of the strengths and what has changed and improved in recent years through the reform efforts. The emerging opportunities, the policy and systems issues placing constraints and challenges on the community and then finally the data and information gaps were identified. From this, a set of eight issues were seen as the priorities for reform under the Regional Plan. Using their words, we have summarised the feedback here.

## **STRENGTHS OF WESTERN SYDNEY REGION**

- WentWest (WSPHN) and WSLHD working together as agents for change.
- Service Delivery Reform (SDR) – involves all human services. Regular meetings of the Mental Health Working Group.
- The Integrated Care Management Group convened by DCJ, with a designated lead agency for every client.
- The MASH Program – 28 families with savings of \$2.3m.

- Collaborative Commissioning – an emerging process.
- Improved interagency cooperation; improved relationships now embedding.
- Early adoption of innovation – e.g. youth navigator model.
- Collaboration between General Practice and Allied Health.
- Sharing of information.
- Improved psychosocial services in the community.

## **OPPORTUNITIES**

- Address the unmet needs of special populations.
- LHD reform agenda and progress – communication and collaboration to be strengthened.
- Teacher and school community collaboration.
- Expand the GP-psychiatry liaison service.
- Greater cohesion and cooperation between housing and health – need to work together to keep consumers in public housing.
- Suicide prevention programs.



## Themes from the consultations with our stakeholders for the Regional Plan (continued)

### POLICY AND SYSTEM ISSUES

- The link between service planning and delivery, using data to inform. Data not yet fully driving service planning at local level.
- There is a fundamental disconnect in the rhetoric of 'integration' and 'regional' and the way many programs are funded. Shared care still dependent on individual provider/HCP; payment systems divide not connect.
- Needs to have greater emphasis on technology – the need to have systems to allow sharing of client data/care plans (with consent); shared metrics on outcomes; My Health Record not proving to be fully useful at this point.
- Early childhood is not seen as a priority. Need to have whole of life approach. Day care services are overwhelmed with demand.
- Funding – this is THE elephant in the room. Funding based on the needs of Western Sydney for community managed funds.
- Social determinants are absent – housing, education, employment, environment.
- Inadequate focus on prevention – universal social and emotional wellbeing missing.
- Whole of community resilience – no one is addressing this.
- High density living – need to see more '5 Star Green Community' developments (see Fairwater).
- Clear referral pathways – schools to community and to health services. Youth navigation program a positive step.
- Safe & Well for all schools.
- Clear signposts for the community – who to reach out to/go to if you need support.
- Cultural support and knowledge – updated, accessible, relevant; CALD groups using specific Facebook sites.
- Auburn – Healthy Communities initiative.
- Workforce component – emphasis on Multi-Disciplinary Teams; more capacity to partner.
- Data must move to focus on outcomes, in all settings.
- NDIS: lack of sustainable funding for mental health providers; huge risks for clients transitioning and those now needing to access NDIS packages.
- High rates of non-engagement of young people not in education, employment training – one in seven young people 16-21 years.
- Absence of employment services with health care; some linkage with headspace but it's small.

# Themes from the consultations with our stakeholders for the Regional Plan (continued)



## DATA AND SERVICE GAPS

### Data Gaps

- Health issues – HIV+ and Hepatitis C infection numbers and growth.
- Socio-economic issues – data not linked to health data (enough) nor at 'granular level' (i.e. SA 2).
- Data on domestic violence; child protection; children in out of home care (including the levels of trauma and poor health outcomes).
- Struggling and vulnerable families – need for data on non-attendances at school, numbers of families using crisis food banks and housing, number of families under extreme financial stress, where and who can offer support.
- Multicultural community data – including separating refugee data – actual migration – planned vs non-planned and numbers impacted by trauma; plus, the number of temporary visitors.
- On self-harm – when GPs do the treating, there won't be data captured by the ED presentation data.
- Drug-related hospital presentations.

### Service Gaps

- Gap in comorbid services – AOD-MH (complex) treatment.
- Prevention, early intervention targeted services.
- CALD / refugee service provision.
- Impact of high density living – poor health outcomes, lack of community space, alienation of community.
- Tailored programs to address high rates of smoking among some groups including mental health consumers.

- Continuing issues around stigma among service providers – cultural and toward AOD and Mental Health consumers.
- Stable public housing - provision & access.
- Inadequate knowledge of what services are available for the community from GPs and medical staff.

## PRIORITY NEEDS - WHAT MATTERS MOST

- Developing alternative sources of funding – the need to look for strategic partners beyond government and reduce 'silos of funding'.
- Children – prior to schooling; the early schooling with Social and Emotional Learning K-12 plus specialist programs for children with higher needs like GOT It!
- The need to tackle social determinants and risk factors – 5 Star Green Communities: Healthy Eating, Healthy Action.
- The need to ensure young people have access to employment, education and/or training.
- Youth in out of home care – lack of flexibility with CAMHS; greater access (timely) to MH services needed; 'Intensive Community Care for Youth' (DCJ coordination).
- Under 18 yo homeless - not funded to support these clients; complexity not addressed in funding at present.
- Workforce development and training – must mirror the community it serves.
- Research and evaluation – better data to inform service planning and monitoring of outcomes.

# IMPROVEMENTS IN RECENT YEARS



## (2015-2019)

### STRUCTURAL AND SYSTEMS

#### Collaborative Governance

WentWest (WSPHN), Western Sydney Local Health District (WSLHD) and Sydney Children's Hospitals Network (SCHN) have jointly commissioned services into areas of need for more than eight years. Currently there are several joint collaboratives including the Service Delivery Reform (SDR), Partnership Advisory Council (PAC) and Integrated Chronic Care and Health Care Homes.

Collaborative Commissioning also underpins a number of specific programs including Western Sydney After Hours Programs, Aboriginal Health Promotion, Students as Lifestyle Activists (SALSA), and the implementation of Thrive@5 in Doonside.

#### Western Sydney Health Intelligence Unit (WSHIU)

The WSHIU supports and contributes to the new shared services in the region providing an agreed and expanding range of services, including information production, knowledge management, web-based reporting and capacity building.

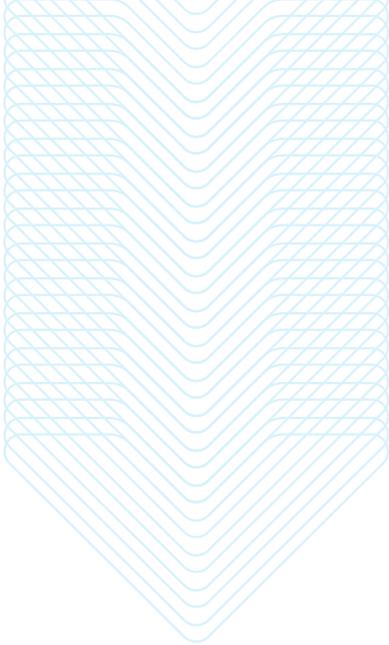
The WSHIU works to support health professionals and system partners to make informed decisions towards better health and social care outcomes by using the evidence base of health. A wide variety of stakeholders use the

WSHIU portal to monitor the health status of the community, identify health needs, develop programs to reduce risk, foster policies which promote health, plan and evaluate the provision of healthcare and manage and implement change.

#### Integrated Mental Health Atlases of Western Sydney, 2014 and 2019

WentWest (WSPHN) was the first regional health authority in Australia to apply an internationally validated tool to the geo-mapping population of mental health needs and available services. This Atlas uses a standard classification system, the "Description and Evaluation of Services and Directories in Europe for long-term care" model (DESDE-LTC), to map the services. The use of a common language has allowed us to compare the pattern of mental health care provided in Western Sydney, other regions across Australia and with regions in Europe and elsewhere. We continue to develop and use the 'Mental Health Atlas' to enhance our understanding of the functional mix of capacity (or spectrum and capacity of services) in the region and compare this to international benchmarks using a standard taxonomy.

The 2019 Integrated Atlas of Psychosocial Mental Health services showed significant changes to the capacity and location of these services from 2014 and showed a closer alignment between needs and service provision.



## Improvements in Recent Years (continued)

### **Suicide Prevention Research Collaboration and Systems Mode**

The suicide prevention research collaboration led by the University of Western Sydney, Sax Institute, and the Brain and Mind Centre at the University of Sydney developed a systems modelling approach to community-based suicide prevention and suicidality attempts. The collaboration has developed a Dynamic Modelling approach to suicide prevention that incorporates the Lifespan Model from the Black Dog Institute. WentWest (WSPHN) will act as a local implementation partner for the research collaborative enabling the systems modelling approach to be tested in real life scenarios and enable our commissioning framework to draw on the evidence of effectiveness and impact for suicide prevention. This will address the current fragmented nature of suicide prevention activities and provide a rigorous approach to commissioning of suicide prevention services.

### **IMPROVED ACCESS TO AND QUALITY OF SERVICES**

#### **Stepped Care**

WentWest (WSPHN) commissions a number of mental health services within Western Sydney informed through a comprehensive Needs Assessment. These services are structured within a 'Stepped Care' approach to help a range of people with low to high mental health needs, with many of these services being free and easy to access without the need of a referral from a health professional. The Stepped Care approach connects primary mental health care with Western Sydney community members and helps health professionals, including GPs, deliver the right care by determining the service level required.

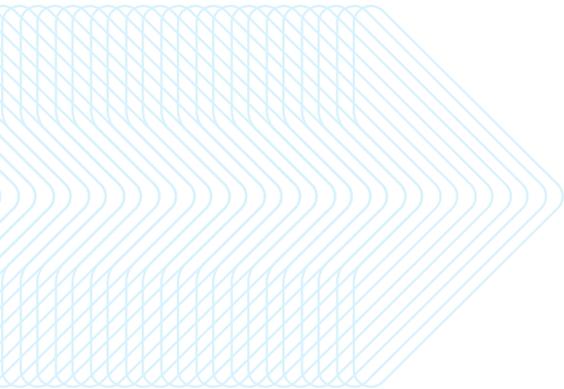
Low-intensity services provide public information, self-help strategies, digital and phone-based mental health services as well as group, peer and GP support. The services include The Shed in Mount Druitt, Western Sydney Recovery College, and the Connections Helpline. Medium intensity services are face-to-face services and include psychological services and clinician-assisted, digital mental health services, and GP support. High intensity services are multi-agency care including coordinated multi-agency support, psychiatric support, mental health nurse services, acute care and hospital-based services.

The Principles and Characteristics of the Stepped Care approach are shown in Appendix 3.

#### **Primary Care – Psychiatry Liaison Services Model of Care (PC-PLS)**

This service aims to improve both physical and mental health outcomes in people with mental health issues, through better integration of care and increased access to psychiatric expertise and psychosocial support within primary care settings. WentWest (WSPHN) has engaged a Lead Agency to employ two full-time psychiatrists to support up to 20 general practices across the region to target a range of priority population groups. The psychiatrists provide consultant liaison support to GPs and brief intervention to people accessing PC-PLS, increasing access to professional mental health services in the primary care setting. A unique feature of this PC-PLS model is the layering of support, to ensure people with a diverse range of support needs can be supported comprehensively. The PC-PLS also place emphasis on providing a person-centred and recovery-oriented approach.

The preliminary evaluation of the PC-PLS has shown significant improved health outcomes and a good quality



## Improvements in Recent Years (continued)

### Gold Card Clinics

The Gold Card Clinics (GCCs), are clinical services offered through WSLHD's Department of Psychology. They provide a brief psychotherapeutic intervention for people aged 18-65 years old in the WSLHD catchment area who have recently experienced a mental health crisis. The intervention focuses on providing timely, accessible and evidence-based psychological intervention for people who frequently present to EDs or Inpatient Services in the context of psychosocial crisis with emotion dysregulation, suicidal ideation or self-harming behaviour.

The intervention provides an initial three sessions that focus on identifying and addressing psychological and behavioural factors that contributed to the crisis. An additional session for carers, partners and family members is included in the intervention where needed. When nearing the end of the intervention, referrals to appropriate services or ongoing psychological therapy are discussed between the GCC team and consumers.

The GCCs forms part of the Project Air for Personality Disorders implementation in WSLHD Mental Health Services and works in a recovery oriented, trauma informed way. There are four Gold Card Clinics operating across WSLHD at Cumberland, Parramatta, Merrylands and Blacktown. The GCCs take referrals from the Parramatta or Blacktown Acute Mental Health teams and aim to offer an appointment to suitable clients within 1-3 working days of referral.

While a relatively new service, the clinical outcomes from the GCC service indicate that a brief psychological intervention has a significant positive impact on reducing self-harming behaviours, suicidality, emotion dysregulation, paranoid perceptions of others, and negative perceptions of self.

### Improved Perinatal and Infant Mental Health

The **Statewide Outreach Perinatal Service for mental health** (SwOPS-mh)

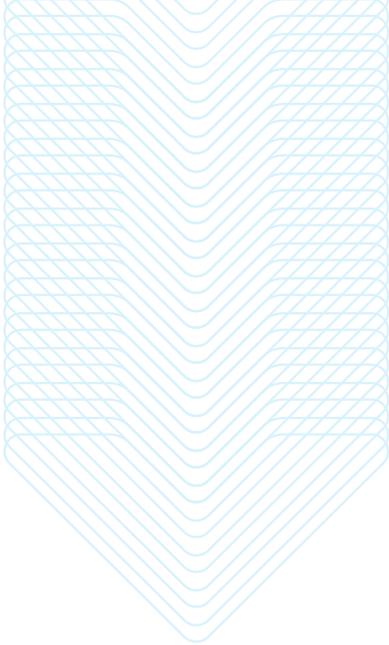
aims to strengthen integrated mental health care for pregnant women, mothers, their infants and families throughout NSW. SwOPS provide telephone, telehealth and online support. Consultations aim to provide rapid response to support and facilitate access to specialist Perinatal Mental Health Assessment. SwOPS-mh is based in Redbank House, Westmead Hospital.

Specialist **Perinatal and Infant Mental Health Services** (PIMHS) are for pregnant women and mothers with severe and complex mental illness with infants up to two years of age. PIMHS provides coordinated care for the mother's mental health needs, parenting capacity, and parent-infant relationship. It also provides hospital in-reach as well as in-home support to women and their families, reducing separation of mothers from their families wherever possible. NSW Health are planning two new Mother Baby inpatient units with one to be based at the Westmead Hospital campus.

### Child, Adolescent and Youth Services

#### ED Navigator

The Child & Youth (C&Y) Mental Health Emergency Department (ED) Navigator program is a Commonwealth funded pilot initiative between WSLHD and WentWest (WSPHN). It commenced in April 2018 at Westmead Hospital and has utilised a Child and Youth trauma informed approach to acute intervention in the ED for children and young people experiencing acute mental health crises with complex needs. This innovative project is aimed at providing the right care at the right time at the right place and thereby linking young people to appropriate supports in the community and preventing non-urgent re-presentations to the ED whilst attempting to promote suicide prevention and minimise risk of self-harm. The impact of the program has exceeded expectations and there has been a significant reduction in re-presentation rates. The service has been extremely well received by young people, their families/carers and the general community.



## Improvements in Recent Years (continued)

### **U12s Community Mental Health Service**

Emotional and/or behavioural symptoms can cause significant disruptions in family life and school. The U12s Community MHS aims to address these needs. All referrals are triaged, with an individual assessment of the child and the family context in which that child resides with appropriate treatment. The also provide specialist transition to school programs include the 'Getting Ready for School' and The Early Intervention 'Now Ready for School'. The U12s service is based at Auburn, Redbank (Westmead) and the Rupertswood Hub (Mount Druitt).

### **Got It!**

Got It! is a school-based specialist mental health early intervention program for young children in Kindergarten to Year Two with disruptive behaviour disorders and their families. Got It! teams work closely with local school staff, children, parents and other local service providers to deliver a multilevel school-based intervention conducted across two school terms. An initial parent and teacher screening for emerging conduct problems, leads to voluntary participation in a 10-week targeted clinical program for children with identified problems and their parents/carers. It is supported by whole-of-school intervention, specialist assessment and referral for individual needs.

### **BEAT, PEIRS and ENABLE**

The Blacktown Early Access Team (BEAT) provides specialist clinical mental health services to youth aged 12-24 years with severe mental illness. The team covers the Blacktown Local Government Area.

The Prevention Early Intervention Recovery Service (PEIRS) team is a child and adolescent community service offering a range of clinical interventions to young people aged 12-25 years affected by the recent onset of

mental disorders. PEIRS is a multi-disciplinary service that encompasses prevention, mental health promotion, early identification and intervention, relapse prevention, recovery and research initiatives. The PEIRS Team covers The Hills, Cumberland and Parramatta LGAs.

ENABLE provides assertive intervention for young people aged 12 -24 years who are at risk of hospital admission or ED presentation by offering intensive outreach, assertive crisis intervention, risk management and short-term support (up to 8 weeks).

### **SPECIALIST SERVICES FOR VULNERABLE FAMILIES**

#### **The Whole Family Team (WFT)**

The WFT is a specialist child-focused, family-centred service for children, young people, families and carers, where parental or carer mental health and/or drug and alcohol issues co-exist with significant child risk of significant harm concerns. The WFT primarily works with families referred by Family and Community Services (FaCS) to address the impact and associated trauma of parental mental health and/or drug and alcohol concerns and aims to enhance family functioning, increase the safety of children and all family members, and improve health and developmental outcomes for children and young people.

#### **The Alternate Care Clinic (ACC)**

ACC based at Redbank (Westmead) offers a psychiatric clinic for children and young people in out-of-home-care (aged 0-17 years) in the region. The clinic seeks to improve connections to services for these children and youth through more direct access for FaCS referrals and to improve the continuity of care through individually tailored treatment and support plans. The ACC offers a range of therapeutic options including individual and group work with children and young people, family work and group training with foster carers, and systemic intervention and training for residential care workers and members of FaCS.

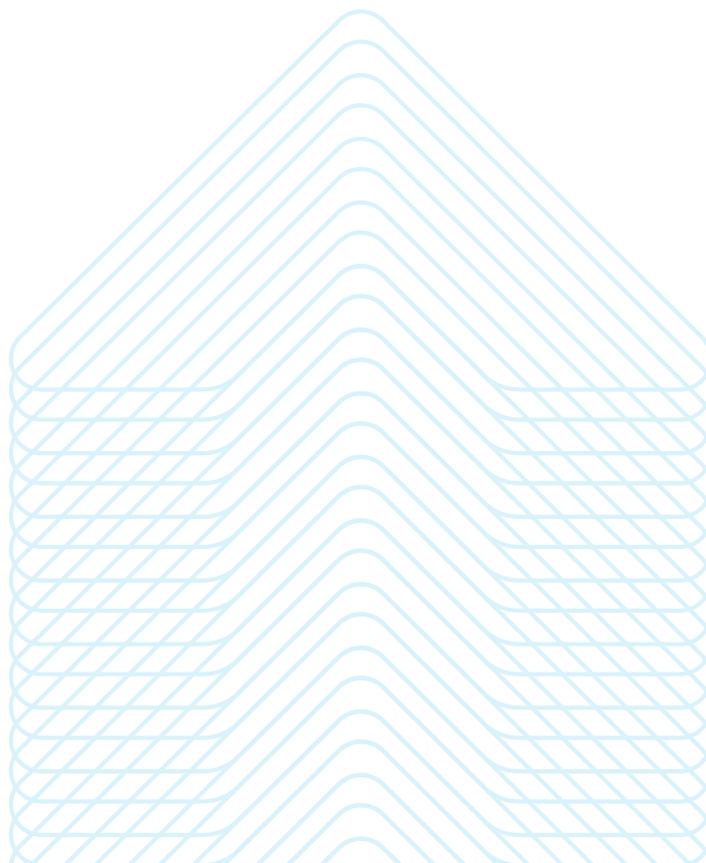
## Improvements in Recent Years (continued)

### PATIENT CENTRED HEALTH CARE HOMES

The Patient Centred Medical Home (PCMH) model plays a pivotal role in achieving improved health of populations, enhanced patient experiences, health care cost reductions, and better support for health professionals – also known as the Quadruple Aim. The PCMH model continues to evolve as the potential future of primary health care internationally. The principles that underpin PCMH are universally relevant and fundamental to strong primary care.

WentWest launched the first stage in the PCMH journey in 2014, partnering with 25 trailblazing local general practices, to support PCMH principles applied within the Australian context. Over the years, local practices continue to join this journey.

National and local experience demonstrates that practices with a quality improvement focus, who adopt and work through the 10 Building Blocks of High Performing Primary Care, develop a greater capacity in both their business and clinical models, to sustain transformation, in turn shaping the practices of the future.



# PRIORITY OBJECTIVES AND ACTIONS

## **OBJECTIVE 1. STRENGTHENING COLLABORATIVE GOVERNANCE AND INFORMATION SHARING FOR PLANNING, COMMISSIONING AND EVALUATING SERVICES**

### **1.1 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.**

- Continue with the Living Well reforms and leverage the commissioning of Commonwealth funded mental health services in Western Sydney, enabled through national mental health reform.
- Collaborate in service networking and care arrangements to improve service integration between WSLHD mental health inpatient and community teams, GPs, primary care providers and CMOs.

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

- Ensure in all commissioning, service providers have clearly defined outcome measures to routinely report against.
- Continue to build on our capacity in evaluation and research, measuring the impact of everything we do and publish/share our contribution publicly.

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

- Establish a time limited co-design Working Party to develop the priority indicators relevant to the community.
- Ensure through digital and traditional reporting methods, the Western Sydney community is kept informed on the progress of mental health reform and the performance of the local mental health services.

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

- Establish systems that drive forward data sharing and move towards shared analysis and interpretation, creating an informed community of providers and consumers designing a modern system built on good evidence and knowledge of outcomes.

## **OBJECTIVE 2. FORGING PARTNERSHIPS WITHIN AND BEYOND THE HEALTH AND SOCIAL CARE SECTORS THAT DELIVER BETTER MENTAL HEALTH OUTCOMES ACROSS THE LIFESPAN**

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

- Rebalance investments for an integrated community and inpatient mental health service that facilitates timely access and recovery.
- Work with the CMOs to ensure in-reach into acute inpatient units is integrated into models of care and connected to the Multi-Disciplinary Team for seamless transitions for consumers back to the community.
- Support the ongoing transformation of general practice to Patient Centre Medical Homes (PCMHs) and ensure that the physical health needs of mental health consumers are addressed effectively.

- Invest in a stepped-care primary care model supported by a GP-psychiatry liaison service and tele-psychiatry.

- Develop shared care protocols, common functional assessment tools and processes, defined referral pathways and consumer centred care plans across primary, community and tertiary health care services.

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

- Through forums like the Service Delivery Reform (SDR), ensure a coordinated cross sector response supports the most vulnerable individuals and families and support initiatives to improve equity of access to services for these groups.

- Strengthen the collaboration with Housing, the community housing sector and the rental market operators to build more accommodation capacity and more stable accommodation for mental health consumers and their families.

- Trial a 'root cause coalition' focused on refugee populations to put in place the pathways to participation and successful transition to living in Western Sydney.

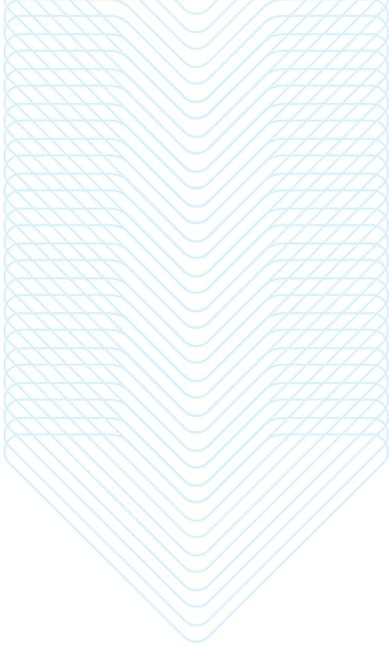
### **2.3 Progressively transition care from acute settings to primary/community based settings, wherever appropriate to do so, through collaborative commissioning arrangements, building a mentally healthier and more resilient Western Sydney community.**

- Support the Auburn Healthy Communities initiative, exploring successful themes with potential to expand across our region.
- Implement mental health promotion and mental health literacy initiatives that engage and empower the community in self-care, reducing discrimination in all its forms and taking action to help others experiencing mental distress and mental ill-health.

- Engage with local government and urban developers to 'design in' mental health and wellbeing to new developments or redevelopments.

### **2.4 Strengthen the Patient Centred Medical Home model (PCMH) through an enhanced team-based care model to prevent, intervene early, support care co-ordination and continuity of care.**

- As the PCMH model expands across general practice, ensure team-based care always includes principles of good mental health support.



## Priority Objectives and Actions (continued)

### OBJECTIVE 3. DEVELOPING, INTEGRATING AND UTILISING eHEALTH SYSTEMS

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

- Explore the use of virtual mental health care models, virtual support networks and leading digital technologies.
- Reinvent how information, human centred design and artificial intelligence can improve consumer and carer experiences of services and improve the capacity of providers to operate at the top of their scope.
- Develop the HealthPathways digital solutions to assist providers in care planning and service integration.

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

- Invest in technology platforms to enable consumers and carers to control more of the services they receive.
- Roll out health literacy and health coaching software for PCMH mental health consumers.
- Support and expand the Healthy Western Sydney digital health solution for consumers and carers.

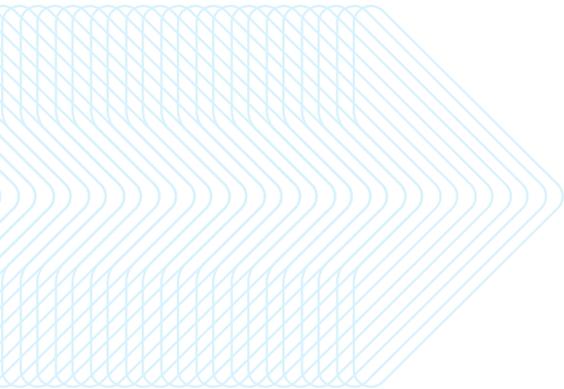
### OBJECTIVE 4. IMPROVING THE ACCESS TO AND QUALITY OF PERINATAL, INFANT AND CHILD MENTAL HEALTH SERVICES.

#### 4.1 Develop and implement a comprehensive, integrated approach to services for infants, young children and their families.

- Establish a Mother Baby Unit, a mental health inpatient unit on the Westmead hospital campus, using elements of co-design, as part of the NSW Statewide Mother Baby Unit service.
- Assess the need for establishing and scaling up initiatives such as the Maternal Early Childhood Sustained Home-Visiting (MECSH) program, Thrive@5 and the First 2000 Days Program to ensure vulnerable families are given access to evidence-based programs in the perinatal and first 3-5 years of a child's life.

#### 4.2 Working 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 those students needing professional care.

- Undertake an assessment of the current mix of social and emotional learning, mental health and suicide prevention programs operating across schools in Western Sydney.
- In partnership with the education sector, convene forums to upskill school communities in mental health promotion, prevention and early intervention.
- Co-design pathways to mental health care and supports for students, teachers and parents.
- Support the establishment of education sector local leadership on social and emotional wellbeing and mental health.



## Priority Objectives and Actions (continued)

### **OBJECTIVE 5. ENSURING ADOLESCENTS AND YOUNG PEOPLE IN WESTERN SYDNEY 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.**

- Link with university and TAFE student and health services to ensure there are accessible and effective mental health promotion and prevention and early intervention services available.

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

- Develop in collaboration with the key stakeholders and young people, a post-secondary transition strategy for young people in Western Sydney to ensure they receive optimal support to engage in employment, education and training.
- Improve the access to AOD services within generalist youth services in educational and community settings.

### **OBJECTIVE 6. IMPLEMENTING SUICIDE AND SELF-HARM PREVENTION AND CRISIS INTERVENTIONS**

#### **6.1 Build pathways across primary care and hospital transition to and from ED, to improve the follow up care and support to people presenting with suicidal ideation and self-harm.**

- Optimise and integrate the Commonwealth and NSW Governments' investments in suicide prevention with the needs and context of the Western Sydney community.

- Develop and utilise digital platforms to connect people at risk of suicidal thinking and/or behaviour to immediate and appropriate peer and professional support.

- Develop alternatives to ED for people in crisis across primary and community care, utilising evidence-based principles.

#### **6.2 Implement evidence-based strategies for aftercare services for consumers discharged from the ED or inpatient care following a suicide attempt.**

- Optimise and integrate State and Commonwealth government investments in suicide postvention with the needs and context of the Western Sydney community.

### **OBJECTIVE 7. ATTRACTING AND RETAINING A COMMITTED, ACCREDITED AND CULTURALLY COMPETENT 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.**

- Undertake a whole of mental health sector workforce skills profile and needs analysis.
- Develop a whole-of-region workforce plan and a competency framework to guide all recruitment.

- Explore ways of improving the sharing of human resources across the public, private and not-for-profit sectors.

#### **7.2 Partner with leading 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.**

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

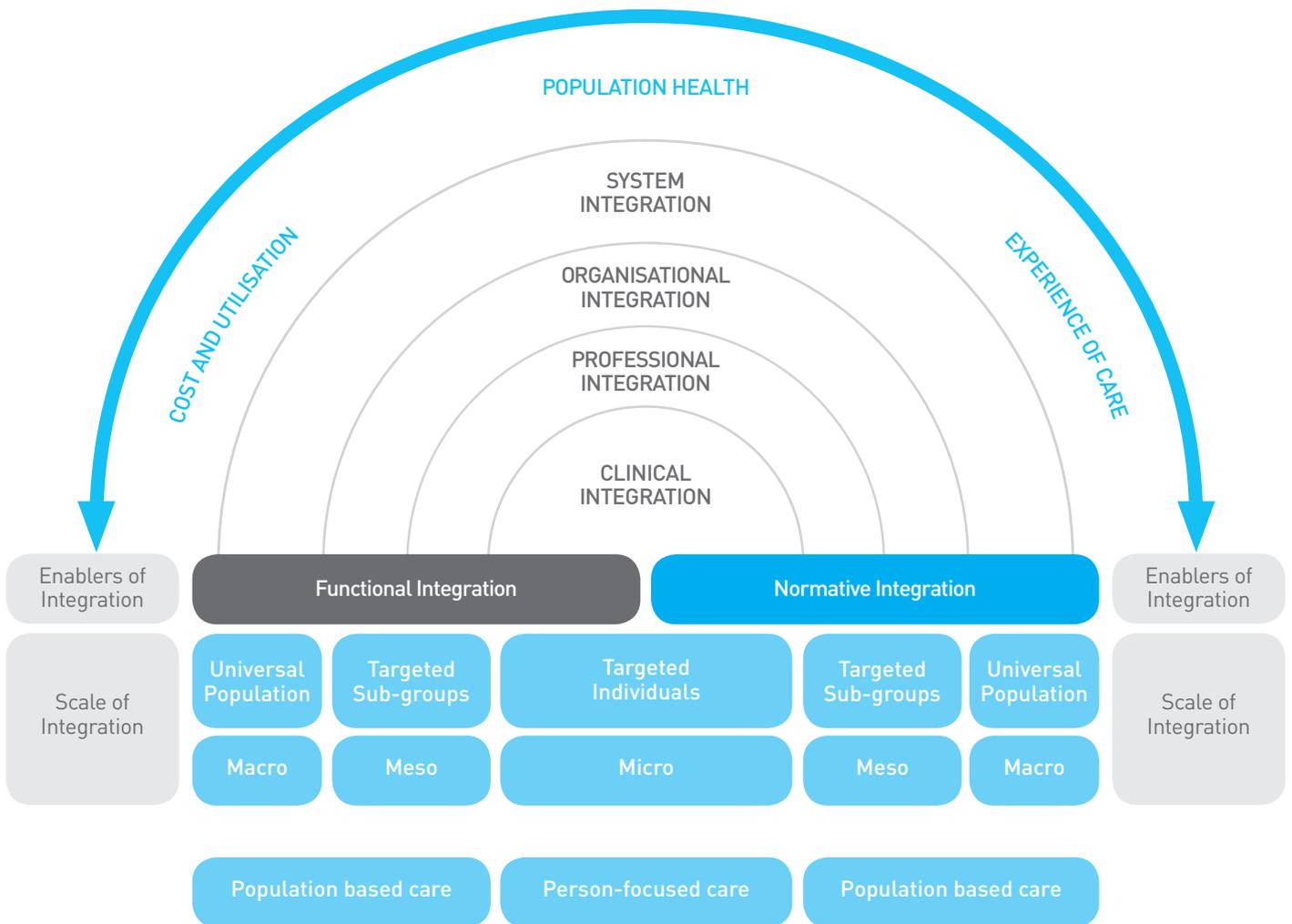
# REFERENCES

- Council of Australian Governments, Health Council (2017). The Fifth National Mental Health & Suicide Prevention Plan. Available at: <http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>
- Furst, M., Salinas-Perez, JA., Hopman, K., Bagheri, N., Campos, W., Gillespie, J., Mendoza, J., Salvador-Carulla, L. (2019) The Integrated Atlas of Psychosocial Care in the Western Sydney Primary Health Network. Region Centre for Mental Health Research, Australian National University
- Mental Health Commission of NSW (2018). Strategic Framework for Suicide Prevention in NSW 2018-2023. Available at: [https://nswmentalhealthcommission.com.au/sites/default/files/documents/mhc\\_224947\\_suicide\\_prevention\\_framework\\_web\\_fa3.pdf](https://nswmentalhealthcommission.com.au/sites/default/files/documents/mhc_224947_suicide_prevention_framework_web_fa3.pdf)
- Mental Health Commission of NSW (2014). Living Well: A Strategic Plan for Mental Health in NSW. Sydney, NSW Mental Health Commission. Available at: [https://nswmentalhealthcommission.com.au/sites/default/files/141002%20Living%20Well%20-%20A%20Strategic%20Plan%20\(1\).pdf](https://nswmentalhealthcommission.com.au/sites/default/files/141002%20Living%20Well%20-%20A%20Strategic%20Plan%20(1).pdf)
- Mental Health Commission of NSW. (n-d). NSW Mental Health Commission Mid-term Review. Available at: <https://nswmentalhealthcommission.com.au/living-well-agenda/living-well-mid-term-review/western-sydney>
- Metusela C, Lawson K, Usherwood T et al. (2017). Understanding Patient Centred Medical Home (PCMH) transitions in Western Sydney. Campbelltown; Western Sydney University.
- National Aboriginal and Torres Strait Islander Leadership in Mental Health. (2018). Co-Designing Health In Culture: Gaya Dhuwi (Proud Spirit) Declaration Implementation Guide. Available at: <https://natsilmh.org.au/sites/default/files/Health%20in%20Culture%20GDD%20Implementation%20Guide.pdf>
- NSW Ministry of Health (n-d). The NSW Value Based Healthcare Framework. Available at: <https://www.health.nsw.gov.au/Value/Pages/default.aspx>
- NSW Ministry of Health, Mental Health Branch. (n-d). NSW Strategic Framework and Workforce Plan in Mental Health (2018-2022). Available at: <https://www.health.nsw.gov.au/mentalhealth/resources/Publications/mh-strategic-framework.pdf>
- Page A, Atkinson JA, Campos W, et al. (2018). A decision-support tool to inform suicide prevention activity in Greater Western Sydney (Australia). Aust & NZ Journal of Psychiatry; 1-11: DOI: 10.1177/000486741876315
- Salvador-Carulla, L., Fernandez, A., Feng, X., Astell-Burt, T., Maas, C., Smith-Merry, J., Gillespie, J. (2016). The Integrated Mental Health Atlas of Western Sydney. Brain and Mind Centre, University of Sydney. Western Sydney Partners in Recovery.
- Western Sydney Local Health District (2017). Growing Health Services Plan: Growing Good Health in Western Sydney to 2026. Available at: <https://www.wslhd.health.nsw.gov.au/About-Us/Performance/Performance>
- WentWest Western Sydney PHN (2019). Investigating Alcohol and other Drug Service Needs of Young People in Western Sydney. The Science of Knowing, Buddina Qld.
- WentWest Western Sydney PHN (2018). PHN Needs Assessment 2019-2022. Available at: [https://wentwest.com.au/wp-content/uploads/planning\\_resources/Reports\\_WSPHN\\_Needs-Assessment\\_201921.pdf](https://wentwest.com.au/wp-content/uploads/planning_resources/Reports_WSPHN_Needs-Assessment_201921.pdf)
- WentWest Strategic Plan (2016-2019). Available at [www.wentwest.com.au](http://www.wentwest.com.au)
- WentWest 2020-2023 Strategic Plan. Available at [www.wentwest.com.au](http://www.wentwest.com.au)

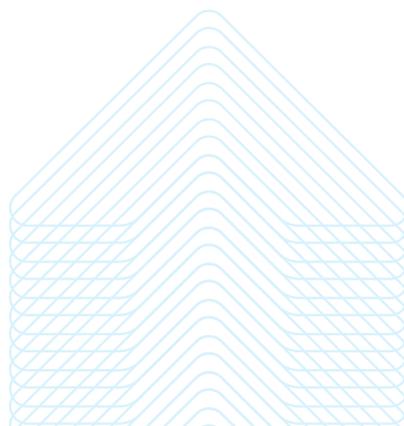
# APPENDIX 1

## Rainbow Model of Integrated Care Measurement Tool

TRIPLE AIM OUTCOME DOMAINS



Rainbow Model of Integrated Care Measurement Tool (Valentijn, 2016)



# APPENDIX 2

## The Fifth National Mental Health and Suicide Prevention Plan Measures

### HEALTHY START TO LIFE

- proportion of children developmentally vulnerable in the Australian Early Development Index.

### BETTER PHYSICAL HEALTH AND LIVING LONGER

- rate of long-term health conditions in people with mental illness.
- rate of drug use in people with mental illness.
- avoidable hospitalisations for physical illness in people with mental illness.
- mortality gap for people with mental illness.

### GOOD MENTAL HEALTH AND WELLBEING

- prevalence of mental illness.
- proportion of adults with very high levels of psychological distress.
- connectedness and meaning in life.

### MEANINGFUL AND CONTRIBUTING LIFE

- rate of social/community participation amongst people with mental illness.
- proportion of people with mental illness in employment.
- proportion of carers of people with mental illness in employment.

- proportion of mental health consumers in suitable housing.

### EFFECTIVE SUPPORT, CARE AND TREATMENT

- proportion of consumers and carers with positive experiences of service.
- change in mental health consumers' clinical outcomes.
- population access to mental health care.
- post-discharge community care.
- readmission to hospital.
- proportion of total mental health workforce accounted for by consumer and peer workers.

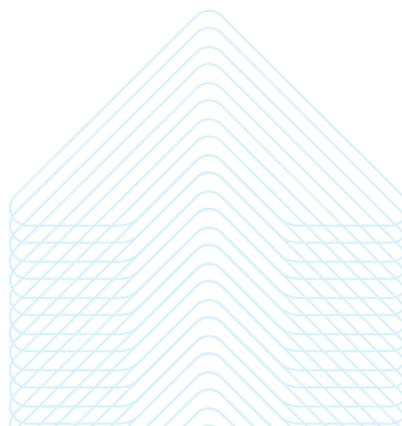
### LESS AVOIDABLE HARM

- rates of suicide.
- suicide of persons in inpatient mental health units.
- rates of follow-up after suicide attempt/self-harm.
- rates of seclusion in acute mental health units.
- rate of involuntary hospital treatment.

### STIGMA AND DISCRIMINATION

- experience of discrimination amongst people with mental illness.

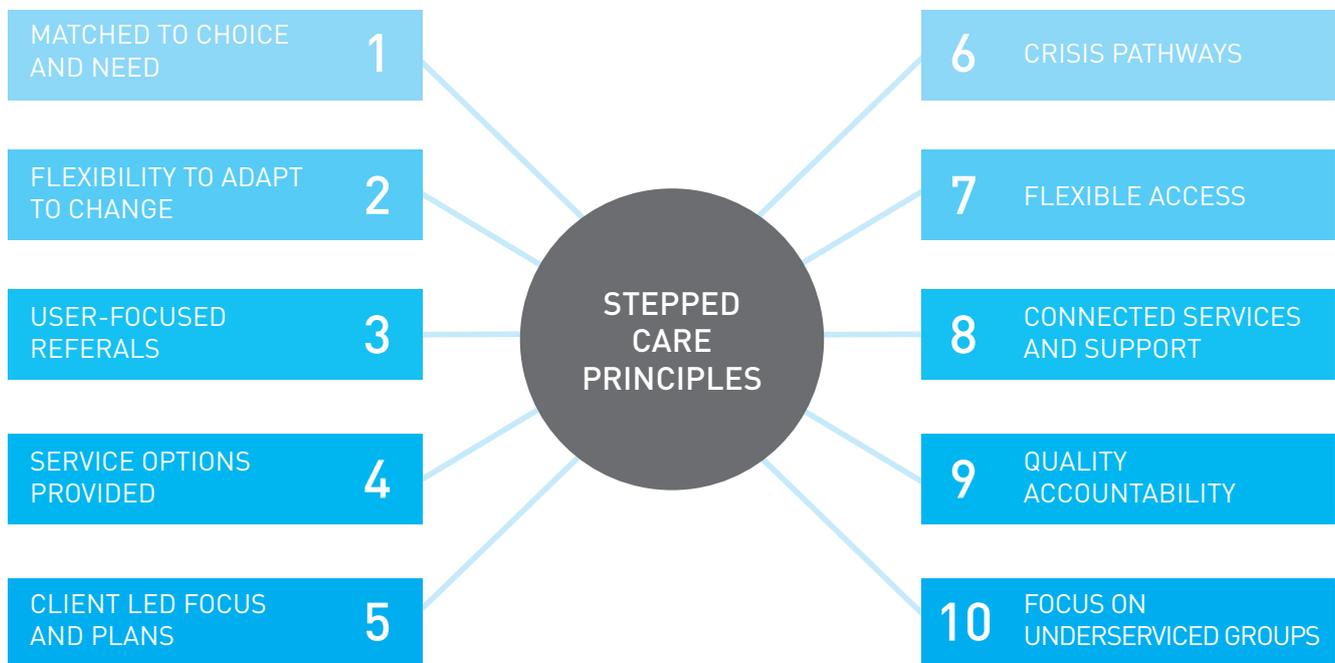
From Fifth National Mental Health and Suicide Prevention Plan, Mental Health Commission, <https://www.mentalhealthcommission.gov.au/Monitoring-and-Reporting/Fifth-Plan/5th-National-Mental-Health-and-Suicide-Prevention>



# APPENDIX 3

## The Stepped Care Principles

### STEPPED CARE MODEL



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 Poll Implementation Guidance: Stepped Care, available from the Department of Health website at [www.health.gov.au](http://www.health.gov.au)

### CHARACTERISTICS OF SERVICE LEVELS

LOW	MEDIUM	HIGH
LOW INTENSITY SERVICES	FACE-TO-FACE SERVICES	MULTI-AGENCY CARE
Public information	<b>In addition to low intensity services:</b>	<b>In addition to low intensity and face-to-face services:</b>
Self-help strategies	GP support	Coordinated multi-agency support
Digital mental health services	Face-to-face psychological services	Psychiatric support
Phone-based mental health services	Clinical-assisted digital mental health services	Mental health nurse services
Group and peer supports		Acute care and hospital based services
GP support		

We acknowledge the Darug people as the First Nations peoples and the traditional custodians of the land on which we work. We pay our respects to Elders, past, present and future and extend that respect to all Aboriginal and Torres Strait Islander people within Western Sydney.

20

**WESTERN SYDNEY INTEGRATED  
REGIONAL MENTAL HEALTH AND  
SUICIDE PREVENTION PLAN  
2020-2022**

PUBLIC DOCUMENT

22

**WentWest LIMITED**  
Level 1, 85 Flushcombe Road  
Blacktown NSW 2148

Po Box 5  
Blacktown Post Shop  
NSW 2148

T: (02) 8811 7100  
F: (02) 9622 3448  
E: [wentwest@wentwest.com.au](mailto:wentwest@wentwest.com.au)

[www.wentwest.com.au](http://www.wentwest.com.au)

ABN 80 099 255 106  
ACN 099 255 106

**Western Sydney Local  
Health District**  
Westmead Hospital  
Cnr Hawkesbury and Darcy Roads  
Westmead NSW 2145

PO Box 533  
Wentworthville NSW 2145

T: (02) 8890 9902  
E: [OfficeoftheCE@health.nsw.gov.au](mailto:OfficeoftheCE@health.nsw.gov.au)

[www.wslhd.health.nsw.gov.au](http://www.wslhd.health.nsw.gov.au)

ABN 48 702 394 764