

Submission 1220 - NT Government - Mental Health - Public inquiry

Submission to the Draft Report: Australian Government Productivity Commission, Inquiry into the Social and Economic Benefits of Improving Mental Health

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Table of Contents

Introduction	4
Summary of Main Findings and Draft Recommendations	5
Funding Reform	5
System Reform, and Regional Planning	5
Access to services	7
Carer and Consumer Participation	8
Suicide prevention	9
Reducing Stigma	10
Housing	10
Workforce	11
Children and Youth Mental Health and Perinatal Mental Health	12
Education	13
Territory Families	14
Forensic Care and the Justice System	15
Psychosocial Supports and Impacts of the NDIS reforms in the NT	16
Monitoring, Evaluation and Data Collection	16
Medicare Benefits Scheme	17
Conclusion	18
References	22
Appendix A: Local Decision Making (LDM) Snapshot	
Appendix B: Big Rivers Regional Coordination Committee (BRRCC) Handbook 2020	
Appendix C: Coordinated Government Response in East Arnhem Region to Suicide	

Introduction

The NT Government welcomes the opportunity to provide feedback to the draft report and recommendations to the Productivity Commission (PC) Inquiry into the Social and Economic Benefits of Improving Mental Health.

- The Northern Territory (NT) congratulates the PC such a comprehensive and evidence based assessment of what is a very complex mental health system
- This draft report highlights that improving mental health is a cross-portfolio priority, with education, employment, emergency services and housing all having important roles to play
- The NT is already progressing work in some of the areas in which recommendations have been made
- The NT Suicide Prevention Strategic Framework 2018-2023 is just one example of our whole-of-government approach to mental health and suicide prevention
- NT Health, the NT Primary Health Network (PHN) and AMSANT are working closely together to develop an Integrated Services Plan for the Northern Territory, to address what the draft report notes as service duplication and service gaps
- A key priority of this government is for Territorians have access to a safe, patient- centred and sustainable health system
- The Northern Territory Government (NTG) acknowledges the understanding shown by the PC into the complexity of system and policy change in the mental health service system given past strategies, initiatives, and reforms. As such, the NTG is supportive of the ‘incremental approach’ proposed by the PC to improve coordinated service delivery which is identified as a key issue
- The PC Draft Report recognises and builds on the governance structures, approach to contracting services providers and engagement with communities already underway and is an acknowledgement of the NTG’s continued focus on improving the mental health services sector
- The NTG welcomes the opportunity to continue to build on these significant reforms in partnership with the Australian Government and other jurisdictions to achieve a high quality and accessible mental health service system
- The NTG’s submission to the PC’s Draft Final Report provides additional context against particular focus areas of reform highlighted.

Many of the recommendations relating to service transformation are closely aligned with work that is currently underway in the NT, with specific examples below.

Productivity Commission Action Area	NT current initiatives
Support for police and paramedics. Embedding mental health practitioners in the emergency dispatch system.	Co-response working group with NT Police Fire and Emergency Services (PFES), St Johns Ambulance and Top End Mental Health Service is developing a model for this in Darwin
Alternatives to emergency departments in public hospitals to make them more conducive for people with mental illness.	Working group formed to examine models for implementation in both Darwin and Alice Springs

Productivity Commission Action Area	NT current initiatives
Better linkages and care coordination between primary care settings and acute services	NT Primary Health Network (NTPHN) <i>Health Pathways</i> project addressing Mental Health well underway
Aftercare support for people following suicide attempts or serious self-harm	NT Health and NTPHN in partnership with Beyond Blue about to re-establish the <i>WayBack</i> service at Royal Darwin Hospital (RDH)

Auxiliary documents that may be of interest and are referred to as part of this submission appear at the end of this document and as attachments. Appendix A, B and C.

Summary of Main Findings and Draft Recommendations

This following provide comments about issues and recommendations identified in the Draft Report that are of particular relevance to the Northern Territory.

Funding Reform

- The NT Government supports the need for reform, but cautions that national models of funding distribution do not currently take into account the NT context or the costs associated with the delivery of services
- In particular, according to the Australian Institute of Health and Welfare report: Mental Health Services in Australia in brief 2019, in 2017-18, the NT received the lowest average per person in benefits paid for Medicare-subsidised mental health-related services (\$15) when compared to the national average (\$50)
- The proposed model of Regional Commissioning Authorities, where the full continuum of services are planned and to promote greater regional control and responsibility for mental health commissioning, will need further consideration and investigation prior to implementation in the NT
- The NT continues to face challenges with thin markets and workforce issues representing significant challenges in the implementation of a regional commissioning model. A flexible approach and targeted support for the NT within a national model would be essential, to ensure equity
- As outlined in the Fiscal Strategy Panel's final report 'A Plan for Budget Repair' prepared for the NT Government in March 2019, significant reductions in GST revenue and continued growth in expenditure have meant that the NT budget is in structural deficit; and despite a number of savings measures the NT's fiscal balance remains in deficit over the forward estimates period. In summary, the NT is in no fiscal position to provide any additional funds to facilitate any future reforms at this time.

System Reform, and Regional Planning

DRAFT RECOMMENDATION 7.1 — PLANNING REGIONAL HOSPITAL AND COMMUNITY MENTAL HEALTH SERVICES

DRAFT RECOMMENDATION 10.4 — CARE COORDINATION SERVICES

DRAFT RECOMMENDATION 16.1 — SUPPORT FOR POLICE

DRAFT RECOMMENDATION 22.2 — A NEW WHOLE-OF-GOVERNMENT MENTAL HEALTH STRATEGY

People living in rural and remote areas face substantial challenges in accessing appropriate mental health care and treatment. The small, culturally diverse population dispersed over a large geographic area poses unique challenges to the NT in delivering mental health services to individuals and communities, particularly those living in rural and remote areas.

In many remote communities across the NT, low-intensity prevention and early intervention services are largely unavailable. The services are mainly urban based with limited capacity to undertake remote travel, and there is no current in-reach services to youth in detention. The rate of people receiving services decreases as the remoteness is increased.ⁱ The reasons for the lower rate of mental health services accessed by rural and remote Territorians are multifaceted. In many cases appropriate services are not available or affordable.

Reforms such as the NDIS are difficult to implement with thin markets and lack of services available particularly in remote areas of the NT for people with severe mental illness and resultant psychosocial disability.

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

In line with the Pathways to Community Control Framework, NT Health continues to support the voluntary transition of health clinics and programs to Aboriginal Community Controlled Health Organisations (ACCHOs). This commitment involves strengthening pathways that enable a collaborative approach to the design and delivery of health services for Aboriginal people in partnership with Aboriginal communities, to ensure access to effective, culturally responsive health services and programs to achieve equitable health outcomes. This approach is consistent with the Local Decision Making (LDM) framework that is currently being implemented by the NT Government. LDM is a 10-year plan that provides pathways for communities to have more control over their own affairs, including service delivery based on a community's aspirations and needs. Appendix A is an LDM snapshot and the LDM website (<https://ldm.nt.gov.au/home>) provides further information on this NT Government policy.

In alignment with the National Gayya Dhuwi/Proud Spirit initiative, the NT Government further recognises the long-term cost-benefits in prioritising development and support for Aboriginal and Torres Strait Islander and community controlled leadership in mental health and suicide prevention. This includes transitioning of services and funds to Aboriginal and Torres Strait Islander providers as preferred default providers for Aboriginal and Torres Strait Islander people.

Regional NT Government staff work alongside Australian and local government agencies, and with regional businesses and Aboriginal communities and organisations to support the implementation of NT Government priorities. Regionally specific structures are established to support a coordinated approach to the development and implementation of policies and activities. This approach is designed to ensure decisions are made as close to service delivery points as possible and better supports implementation at a local and

regional level. The Big Rivers Region Coordination Committee Handbook (Appendix B) is an example of how this regional approach is applied.

Better use of data and public reporting of progress against mental health outcomes at the community level is needed. The Australian and State and Territory governments need to significantly improve record keeping for services they fund. A national portal or database could be considered as part of the Head to Health initiative.

Grant funding should include funding to run periodic surveys to seek community views about the functioning of the program and how it could be improved

In accordance with the mandate provided to all Primary Health Networks (PHN), the NT PHN will lead the transformation work in partnership with NT Health (encompassing the Department of Health, Top End Health Service (TEHS) and Central Australia Health Service (CAHS)) through a formal and joint collaborative partnership. A foundation plan is scheduled to be completed by June 2020.

Access to services

DRAFT RECOMMENDATION 5.2 — ASSESSMENT AND REFERRAL PRACTICES IN LINE WITH CONSUMER TREATMENT NEEDS

DRAFT RECOMMENDATION 8.1 — IMPROVE EMERGENCY MENTAL HEALTH SERVICE EXPERIENCES

DRAFT RECOMMENDATION 5.9 — ENSURE ACCESS TO THE RIGHT LEVEL OF CARE

DRAFT RECOMMENDATION 10.2 — ONLINE NAVIGATION PLATFORMS TO SUPPORT REFERRAL PATHWAYS

DRAFT RECOMMENDATION 10.1 — CONSUMER ASSISTANCE PHONE LINES

DRAFT RECOMMENDATION 21.1 — UNIVERSAL ACCESS TO AFTERCARE

DRAFT RECOMMENDATION 20.3 — TRADITIONAL HEALERS

DRAFT RECOMMENDATION 16.7 — NON-LEGAL INDIVIDUAL ADVOCACY SERVICES

Access to services and the appropriate resources at the right place and the right time continues to be a challenge. The NTG DOH is currently in the process of designing and implementing a patient centred model for targeted care and treatment of people suffering from acute mental health episodes in the Darwin region through the coordination of services between Police, Ambulance and Mental Health. This model will be adapted for the NT from evidence based practice to ensure that the care that is provided to the people most in need and most vulnerable and is appropriate to their crisis and is most helpful and beneficial to them.

The following are benefits that the model will enable:

- Improved experience for community members accessing Mental Health services during acute mental health episodes.
- Early intervention in a mental health crisis and the avoidance of potentially inappropriate delays and restrictions of freedom (includes avoidance of police custody).

- Improve timeframes for accessing mental health services for a person in crisis from the usual entry pathways of access.
- Streamline the approach to emergency response and improve patient care through sharing police, ambulance and mental health information.

A co-response capability is a type of approach or model involving tertiary mental health services, Police and Ambulance services to respond to incidents where individuals are experiencing a mental health crisis. Co-response can provide early intervention to deliver a specialist mental health service as needed in the community so the individual does not find themselves in the mental health crisis and in the Emergency Department.

Developing a Co-response service for the Darwin region will draw on lessons learned in other jurisdictions and pilot projects throughout Australia. These models can be used to design for the NT context, including specific attributes, for example, its population and demographic.

NT Health are seeking to develop a service and implement a trial with the aim to deliver a targeted and timely response to people needing urgent mental health support in the community. It is expected that service will provide benefits related to:

- Improved timeframes for accessing mental health services for a person in crisis.
- Improve the efficiencies across the agencies through a collaborative capability.
- Building stronger partnerships between emergency services and community based mental health services in order to increase the capacity to meet the mental health needs of individuals and support them to remain in the community.

The service is expected to commence in mid 2020.

Traditional healers are used in mental health services in the NT, mostly in the inpatient settings.

Arranging traditional healers to provide alternate treatment is a documented role of the Aboriginal Mental Health Workers in the NT Royal Darwin Hospital Mental Health Acute Inpatient Unit.

In Central Australia, collaborative relationships with traditional healers are part of their clinical pathway and they have formal partnerships in place with local traditional healers who provide regular visits to the mental health inpatient unit and other parts of the service.

Carer and Consumer Participation

DRAFT RECOMMENDATION 22.3 — ENHANCING CONSUMER AND CARER PARTICIPATION

The NT Government supports the involvement of consumers and carers in the design and management of services, and is committed to ensuring consumers and carers have the opportunity to participate in government policy design.

Consumers and carers are members of mental health governance and service review structures in the NT.

Carers and consumers were invited and participated in the extensive community consultations during the development of the NT Suicide Prevention Strategic Framework 2018-2023 and the NT Mental Health Strategic Plan 2019-2025.

Suicide prevention

DRAFT RECOMMENDATION 21.2 — EMPOWER INDIGENOUS COMMUNITIES TO PREVENT SUICIDE

DRAFT RECOMMENDATION 21.3 — APPROACH TO SUICIDE PREVENTION

DRAFT RECOMMENDATION 22.1 — A NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION AGREEMENT

- The NT Government developed and launched the NT Suicide Prevention Strategic Framework 2018-2023 (the Framework), Implementation Plan and Community Grants on 31 August 2018.
- The Strategic Framework provides a comprehensive approach to the design and ongoing implementation and evaluation of suicide prevention efforts across the NT.
- Regional communities and networks were identified, engaged, and supported through a series of forums in early 2019. These regional forums, which aligned with consultations for renewal of the NT Mental Health Strategic Plan 2018-2022, have now been completed across the NT. The forums discussed regional place-based needs and the ongoing development and implementation of locally focused and measurable action plans.
- The NT Suicide Prevention Strategic Framework 2018-2023 Implementation Plan's 12-Month Progress Report Card was publicly released on World Suicide Prevention Day 10 September 2019.
- Current NT Government investment in focused suicide prevention activity includes \$1.825 million for the delivery of NT-wide small grants and evidence based suicide prevention activities and training workshops; including ASIST and SafeTalk, which are focused on the provision of training and education of the signs, symptoms and promotion of awareness of suicide and suicidal behaviours.
- Regional communities are being supported by the NT Government through ongoing coordination and outreach to form and sustain local networks and community working groups and to develop local action plans to address place-based needs, with support provided to make solutions become real through the small community grants programs.
- In 2018-19, NT Community groups and non-government organisations were awarded grants of up to \$10 000 to assist in raising awareness about suicide and suicide prevention. The grants totalled \$200 000 with 22 NT-wide projects having been notified of successful applications.
- In September 2019, a second round of Community Grants (2019-20) was finalised. Grants awarded totalled \$200 000 with 29 NT-wide projects selected as successful applications. There was a 45% increase in grant applications in the second round (64) compared with the first round (44).

- The grants are aimed at supporting locally-led activities and projects that progress action in one or more of the following three priority areas:
 1. Building inclusive communities and strengthening community resilience
 2. Addressing stigma and discrimination
 3. Raising awareness of effective suicide prevention practices.

In August 2018, the East Arnhem Region experienced a number of deaths of young people by suicide that were unrelated but occurred over a short period. A case study of how a coordinated response to the incident, which included all levels of government and consultation with Aboriginal communities and local organisations, is provided in Appendix C.

Reducing Stigma

DRAFT RECOMMENDATION 20.1 — NATIONAL STIGMA REDUCTION STRATEGY

The NT Government recognises the importance of a national stigma reduction strategy and commits to working with the National Mental Health Commission to provide input in its development.

Housing

DRAFT RECOMMENDATION 15.1 — HOUSING SECURITY FOR PEOPLE WITH MENTAL ILLNESS

DRAFT RECOMMENDATION 15.1 — HOUSING SECURITY FOR PEOPLE WITH MENTAL ILLNESS

DRAFT RECOMMENDATION 15.2 — SUPPORT PEOPLE TO FIND AND MAINTAIN HOUSING

DRAFT RECOMMENDATION 24.3 — THE NATIONAL HOUSING AND HOMELESSNESS AGREEMENT

The Housing Accommodation Support Initiative described in the Government's *Strengthening Mental Health pre-election* policy publication proposed to invest \$3 million over four years to provide a wraparound support system inclusive of clinical services, tenancy and psychosocial supports in Darwin, Casuarina and Palmerston.

This is a collaborative project between the Department of Health, Department of Housing Top End Mental Health Service and the non-government sector.

This recovery focused service commenced in 2017 and provides wraparound care including psychosocial support, tenancy management and clinical services (treatment) to up to 50 individuals living in public housing and receiving case management from TEMHS. Individuals with high to medium support needs and at risk of homelessness are be prioritised to sustain their tenancy or to find appropriate housing. Menzies School of Health Research has been selected to perform the independent evaluation of the service to inform future investment.

The NT Housing Strategy 2020-2025 commits the NT Government to continue to advocate with the Australian Government for increased funding for housing and homelessness services that effectively respond to the high levels and complex nature of needs in the NT among people experiencing homelessness. Priority action 1 of

the Strategy will see strengthened interagency responses and support to reduce exits into homelessness from out-of-home care, health services and correctional settings. Through priority action 5 of the NT Homelessness Strategy 2018-23, the focus will be on Specialist Homelessness Services sector to strengthen responses for people who are homeless and at risk of homelessness in order to more effectively transition people to long-term stable housing.

Workforce

DRAFT RECOMMENDATION 5.1 — PSYCHIATRIC ADVICE TO GPs

DRAFT RECOMMENDATION 11.2 — INCREASE THE NUMBER OF PSYCHIATRISTS

DRAFT RECOMMENDATION 11.3 — MORE SPECIALIST MENTAL HEALTH NURSES

DRAFT RECOMMENDATION 11.4 — STRENGTHEN THE PEER WORKFORCE

DRAFT RECOMMENDATION 11.5 — IMPROVED MENTAL HEALTH TRAINING FOR DOCTORS

DRAFT RECOMMENDATION 11.6 — MENTAL HEALTH SPECIALISATION AS A CAREER OPTION

DRAFT RECOMMENDATION 11.7 — ATTRACTING A RURAL HEALTH WORKFORCE

DRAFT RECOMMENDATION 11.1 — THE NATIONAL MENTAL HEALTH WORKFORCE STRATEGY

The NT released its NT Health Workforce Strategy 2019-2022 in October 2019. Priority area 2 commits to investing in the NT Health workforce and supporting further development of rural generalist training pathways. The health workforce needs of the NT are unique to service delivery in remote areas and some of the recommendations in the first draft report relating to workforce require further investigation.

The number of Aboriginal staff working in clinical areas in the NT is decreasing. This is under discussion amongst the NT Aboriginal Health Forum. Different levels of Aboriginal workers coupled with working with Aboriginal Community Controlled Health Organisations (ACCHOs) and training bodies to enable culturally appropriate training is needed.

The NT Government will contribute to the development of the National Mental Health Workforce Strategy and the National Mental Health Commissions Peer Workforce National Guidelines.

The Australian Government should produce a clear implementation plan to accompany the development and release of the National Mental Health Workforce Strategy and the Mental Health Commissions Peer Workforce National Guidelines.

The Mental Health Nurse Incentive Program (MHNIP) evaluation in 2012 showed positive results, The MHNIP now commissioned by the NT PHN and there are two positions funded in the NT - one FTE in Darwin and one FTE in Alice Springs.

The evaluation noted support for the program from GPs, psychiatrists and mental health nurses with evidence that patients experience improved health outcomes. However, the report highlighted a number of areas for improvement including the need to address the uneven geographic spread of MHNIP services, the

lack of control over program expenditure, and the need to strengthen operational guidelines and improve data collection.

Children and Youth Mental Health and Perinatal Mental Health

DRAFT RECOMMENDATION 5.3 — ENSURING HEADSPACE CENTRES ARE MATCHING CONSUMERS WITH THE RIGHT LEVEL OF CARE

DRAFT RECOMMENDATION 17.1 — PERINATAL MENTAL HEALTH

DRAFT RECOMMENDATION 17.2 — SOCIAL AND EMOTIONAL DEVELOPMENT IN PRESCHOOL CHILDREN

DRAFT RECOMMENDATION 17.3 — SOCIAL AND EMOTIONAL LEARNING PROGRAMS IN THE EDUCATION SYSTEM

DRAFT RECOMMENDATION 17.4 — EDUCATIONAL SUPPORT FOR CHILDREN WITH MENTAL ILLNESS

DRAFT RECOMMENDATION 17.5 — WELLBEING LEADERS IN SCHOOLS

DRAFT RECOMMENDATION 17.6 — DATA ON CHILD SOCIAL AND EMOTIONAL WELLBEING

DRAFT RECOMMENDATION 18.2 — STUDENT MENTAL HEALTH AND WELLBEING STRATEGY IN TERTIARY EDUCATION INSTITUTIONS

DRAFT RECOMMENDATION 18.3 — GUIDANCE FOR TERTIARY EDUCATION PROVIDERS

DRAFT RECOMMENDATION 18.1 — TRAINING FOR EDUCATORS IN TERTIARY EDUCATION INSTITUTIONS

NTG has implemented universal screening for depression in the perinatal period across public child and family health and maternity services. Postnatal screening data is collected and reporting abilities are being progressed. Antenatal screening data is collected and basic data is reported on in the PNMDs. There is ongoing commitment by the NTG to continue to implement and improve strategies to achieve universal levels of screening for perinatal mental illness for new parents. NTG will provide ongoing training for child and family health nurses and midwives. There is a potential need for increased perinatal and infant mental health services for the NT in response to increased numbers of women and babies identified through screening as needing specialist services.

Under Starting Early for a Better Future, the Northern Territory Government also committed to the expansion of nurse home visiting to support more families with pregnancy, new babies and the first years of life.

The Best Opportunities in Life - Child and Adolescent Health and Wellbeing Strategic Plan 2018-2028, led by the Department of Health, is closely aligned to Starting Early for a Better Future.

Nurse Home Visiting Programs

Australian Nurse Family Partnership Program (ANFPP)

- Since 2016, the Australian Government funded ANFPP has been provided to four remote communities within the Top End Health Service: Wadeye, Gunbalanya, Maningrida and Wurrumiyanga.
- There are currently 63 clients enrolled in ANFPP across the four communities.
- The program is provided as an outreach service with Nurse Home Visitors on community for four days per week. Family Partnership Workers live on community.

Maternal Early Childhood Sustained Home-visiting Program (NT MECSH)

- The NT MECSH Program is a sustained nurse home visiting program specifically targeted to improve outcomes for children and their families by building parents' capacity to provide safe, responsive care and a home environment that supports children's learning.
- NT MECSH is the co-designed model developed by the four ACCHOs and the DOH, which differs from MECSH elsewhere in that it is provided until the child reached the age of three, instead of two years, the program includes Aboriginal Health Practitioners as Social Care Practitioners and many of the resources are being adapted for local usage.
- Four Aboriginal Community Controlled Health Organisations are implementing NT MECSH in three NT regions: Anyinginyi Health Aboriginal Corporation in Barkly; Katherine West Health Board and Sunrise Health Service in Big Rivers region; and Miwatj Health Aboriginal Corporation in East Arnhem.

Healthy Under Five Kids - Partnering with Families

- Budget 2018-19 allocated funding towards implementation of the Healthy Under 5 Kids - Partnering with Families (HU5K-PF) Program.
- Implementation of the HU5K-PF commenced in NT Health primary health care (PHC) centres in remote Central Australia in November 2018.

NTG Child and Family Health are implementing the Ages and Stages Social - Emotional -2 Questionnaire for all children aged 1 to 72 months to screen social emotional development.

FaFT programs in the NT use the Abecedarian Approach Australia to support social and emotional learning in children aged from birth to five years and their families. They also use ASQ-TRAK, which measures how Aboriginal children interact with others in their community. ASQ-3 used by FaFT in urban settings has a social and emotional component in a separate questionnaire for selected ages. Children's social and emotional wellbeing is included as part of the assessment and rating process for early childhood education and care services approved under the Education and Care Services National Law.

Education

The NT Government will play a key role in the contributing to the development of a national strategic policy on social and emotional learning in the Australian education system and provide input into the social and emotional wellbeing needs of children, particularly those that identify as Aboriginal and Torres Strait Islander, in the NT. The Department of Education has developed the Social and Emotional Learning Supplementary Resources for early, primary, middle and senior years, which are available to all schools. Schools also engage with other organisations such as Headspace to extend their learning in this area. Teaching staff are

encouraged to complete any of a number of evidence based, best practice courses such as: Youth Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST) and safeTALK.

The Department of Health provides funding to Lifeline Central Australia who has adapted Livingwork's safeTALK to create a 'safeTALK in schools' program which uses an integrated whole of school community and local services' approach to suicide prevention. Information relating to this program and its evaluation can be found on the Suicide Prevention Australia Resource Hub.

<https://suicidepreventionhub.org.au/program/safetalk-in-schools/>

The Department of Education (DOE) offers online training to all staff which includes mental health and wellbeing topics. Teaching staff are also encouraged to complete evidence based courses that better support students' mental health and wellbeing.

The NTG DOE applies the Response to Intervention Model, which sees a team of specialist staff such as school counsellors and school psychologists providing a range of services, guidance and support to schools. Three levels of support are offered: whole school/whole class programs; specific support programs for students; and intensive programs that target learning and behavioural challenges of students.

The Department of Education conducts an annual school survey that captures student, parent and staff feedback which informs policy and program development. In this year's school survey, new questions relating to wellbeing were included to provide a more holistic picture of students' social and emotional learning and wellbeing.

In the NT 'Youth Outreach and Engagement Teams (YORET) work with young people and their families to identify and address their needs through referral and other processes. If their needs include referrals to NDIS or other mental health professionals then this occurs. YORET work with schools and other providers to assist young people to return to mainstream education.'

Territory Families

Territory Families facilitates:

- service provision addressing the needs of individual statutory clients (including children and families) as circumstances arise - predominantly this relates to children in out of home care (and their carers); and young people in the youth justice system (including detention);
- training to meet the needs of agency staff who support these clients;
- community engagement activities – support for potential activities are generated by submissions from individuals or groups including youth services grant funding rounds, NT Youth Week funding for activities, Youth Roundtable research and projects; and
- exercising a duty of care to staff as a public sector employer.

Accessing specialist health services (including counselling) for children and families, particularly for children in out of home care and young people in detention can be challenging given the Northern Territory's geographic and demographic factors and the more limited nature of the service system. Territory Families is required to seek the services of interstate practitioners on a periodic basis.

Children in both care and detention can have more complex needs, co-morbidity of conditions, including neurodevelopmental conditions such as foetal alcohol spectrum disorders, and challenging behaviours meaning that ready access to evidence based risk assessments, services and trauma informed therapeutic treatment can be difficult. In recent years, Territory Families has focused on providing better support to carers, particularly authorised foster and Aboriginal family carers.

Training for carers has been improved, including access to technology based training for those who do not live in major urban centres and a carers handbook has been updated. Mental health self-care is one component. Access to respite for carers is an area of identified need.

Territory Families is working collaboratively with the NT Department of Health and other partners including the NT PHN, to better coordinate and address the health and wellbeing needs of our clients, with a particular focus on culturally appropriate services to a predominantly Aboriginal cohort of:

- young people in the care of the Chief Executive Officer with complex needs
- children in contact with the youth justice system , including youth detention where child and adolescent mental health services and forensic mental health services are challenged by the detention environment and young people must be presented to hospital for service.

headspace centres exist in Darwin, Katherine and Alice Springs. National models of distribution (funding) do not take into account the NT context.

Forensic Care and the Justice System

DRAFT RECOMMENDATION 16.2 — MENTAL HEALTHCARE STANDARDS IN CORRECTIONAL FACILITIES

DRAFT RECOMMENDATION 16.3 — MENTAL HEALTHCARE IN CORRECTIONAL FACILITIES AND ON RELEASE

DRAFT RECOMMENDATION 16.5 — DISABILITY JUSTICE STRATEGIES

DRAFT RECOMMENDATION 16.6 — LEGAL REPRESENTATION AT MENTAL HEALTH TRIBUNALS

DRAFT RECOMMENDATION 16.4 — INCARCERATED ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

At 30 June 2018, there were 1,633 prisoners in custody in the NT.

Those with complex needs (including multiple mental health diagnoses, as well as social and economic disadvantage) have higher rates of offending, convictions and imprisonment rates than persons with a single or no-diagnosis, both as a juvenile and as an adult.

The NT continued to have the highest imprisonment rate of all states and territories with 905 persons per 100,000 adult population, decreasing from 920 persons in the September quarter 2018 (ABS). As at 30 June 2018, 83% of prisoners at Darwin Correctional Centre and 93% of prisoners at Alice Springs Correctional Centre were Aboriginal. Many come from remote communities where English is their 4th or 5th most commonly used language.

The prisoner population presents with high levels of modifiable risk factors, biomarkers for chronic conditions, ill health and/or poorly managed chronic conditions. The period, during which the person is subject to a custodial sentence, whether they are on a community-based supervision order or in prison, presents an opportunity for addressing and managing their health, including stabilising their mental health. NT DOH provides primary health care for prisoners residing in prisons and NT Correctional Services implements programs such as *Smoke Free Prisons*.

The NTG DOH has recently commissioned a review of the complex Forensic Mental Health Area that is challenged and there is a major shortage in non-custodial community based supported accommodation. The review examined forensic mental health service delivery, forensic disability services, health services in youth justice detention leaving the criminal justice system, relevant legislation, and court processes, and interfaces between these elements will make recommendations for future investment.

Psychosocial Supports and Impacts of the NDIS reforms in the NT

DRAFT RECOMMENDATION 12.2 — GUARANTEE CONTINUITY OF PSYCHOSOCIAL SUPPORTS

DRAFT RECOMMENDATION 12.1 — EXTEND THE CONTRACT LENGTH FOR PSYCHOSOCIAL SUPPORTS

The NTG DOH continues to provide funding to Community Managed Mental Health Services (CMMHS) to deliver a range of psychosocial and carer support services. The NT Government will continue to work closely with NTPHN and the Australian Government to ensure there remains no gaps in service delivery as the National Disability Insurance Scheme (NDIS) continues to develop the appropriate market and services for individuals in the NT.

The primary concern in the NT in remote regions is thin markets. The NTG DOH is working in collaboration with the NTPHN and the NDIA to develop strategies to deal with these issues.

- The NT Government, through the Department of Health, extended funding for all Community Managed Mental Health Services for five years to 2022. This was to support the testing of eligibility and transition of people with psychosocial disability to the NDIS.
- The NT Government continues to work in partnership with the NT Primary Health Network, the NDIA and other stakeholders to support the transition of people with psychosocial disability to the NDIS who have not yet tested eligibility, and to plan for future service system requirements.

The total funding through the NT Department of Health for community based mental health support services and suicide prevention initiatives is approximately \$9 million per annum. Total investment in the sector continues to be monitored in line with people accessing NDIS services.

Monitoring, Evaluation and Data Collection

DRAFT RECOMMENDATION 22.5 — BUILDING A STRONGER EVALUATION CULTURE

DRAFT RECOMMENDATION 23.1 — REVIEW PROPOSED ACTIVITY-BASED FUNDING CLASSIFICATION FOR MENTAL HEALTHCARE

DRAFT RECOMMENDATION 25.1 — A DATA LINKAGE STRATEGY FOR MENTAL HEALTH DATA

DRAFT RECOMMENDATION 25.2 — ROUTINE NATIONAL SURVEYS OF MENTAL HEALTH

DRAFT RECOMMENDATION 25.3 — STRATEGIES TO FILL DATA GAPS

DRAFT RECOMMENDATION 25.4 — STRENGTHENED MONITORING AND REPORTING

DRAFT RECOMMENDATION 25.5 — REPORTING SERVICE PERFORMANCE DATA BY REGION

DRAFT RECOMMENDATION 25.6 — STANDARDISED REGIONAL REPORTING REQUIREMENTS

DRAFT RECOMMENDATION 25.7 — PRINCIPLES FOR CONDUCTING PROGRAM EVALUATIONS

DRAFT RECOMMENDATION 25.8 — REQUIRING COST-EFFECTIVENESS CONSIDERATION

DRAFT RECOMMENDATION 25.9 — A CLINICAL TRIALS NETWORK SHOULD BE ESTABLISHED

In response to the Fiscal Strategy Panel's 'A Plan for Budget Repair Final Report' released in April 2019, the NT Government is developing a whole-of-government program and regulatory evaluation framework that drives a culture of continuous improvement across the NT Public Sector (NTPS) and supports evidence-based decision making.

The NT has specific challenges when implementing data collection processes. The Australian Mental Health Care Classification (AMHCC) is currently being implemented across mental health services in the NT and reportable data will be available by July 2020. NT Health will continue to liaise and consult with the Independent Hospital Pricing Authority (IHPA) regarding the Phase of care variable, inter-rate reliability, and any proposed changes to the phase of care variable.

The YES and Carer Surveys are yet to be fully implemented in NT Mental Health Services.

In the upcoming National Mental Health and Well-being Survey, specific questions should be included to be able to differentiate the degree of overlap between the public and the private specialist mental health services. This would provide valuable data and information for overall Australian mental health care planning. Consideration should also be given to a culturally appropriate version of the survey, to collect high quality data on the prevalence of mental illness in Aboriginal and Torres Strait Islander communities.

Medicare Benefits Scheme

DRAFT RECOMMENDATION 5.4 — MBS-REBATED PSYCHOLOGICAL THERAPY

DRAFT RECOMMENDATION 5.8 — INCREASE CONSUMER CHOICE WITH REFERRALS

DRAFT RECOMMENDATION 10.3 — SINGLE CARE PLANS FOR SOME CONSUMERS

DRAFT RECOMMENDATION 5.5 — ENCOURAGE MORE GROUP PSYCHOLOGICAL THERAPY

DRAFT RECOMMENDATION 5.7 — PSYCHOLOGY CONSULTATIONS BY VIDEOCONFERENCE

DRAFT RECOMMENDATION 7.2 — PSYCHIATRY CONSULTATIONS BY VIDEOCONFERENCE

The continuation of the Medicare Benefits Scheme (MBS) items 353-370 – consultations with psychiatrists via the phone in regional and remote areas is a critical services option for Territorians. Any changes to these items will reduce Territorians access to seeking private psychiatry services with clinicians interstate. Territorians already face significant challenges accessing psychiatry services and any changes to these items may negatively affect Territorians access to this service.

Conclusion

- Supportive of the majority of draft findings and recommendations that maintain and build on the mechanisms NTG's reforms already underway
- Welcome working with a coordinated Australian Government to support implementing these reforms and realising the shared responsibilities of the Australian and the States and Territories.
- Welcome continued work with PC and look forward to release of Final Report in May 2020.

See attachment.

See attachment.

Appendix C

Coordinated Government Response in East Arnhem Region to Suicide

The East Arnhem region is located on the north eastern corner of the Northern Territory and is home to roughly 14,000 people, of which 70% are Aboriginal, and who are situated over 33,000km² of very remote country.

For the last few years Yolngu leaders have been deeply concerned about an alarming decline in the social and emotional wellbeing of Yolngu children in East Arnhem Land. This has become evident through alarmingly high rates of volatile substance use (Avgas), self-asphyxia risk-taking behaviour, self-harm and suicide in the region. The East Arnhem region has the lowest school attendance in the NT.

The Gove Peninsula is the north eastern corner of Arnhem Land and includes the Yolngu communities of Gunyangara and Yirrkala and the regional centre of Nhulunbuy. In August 2018, the Gove Peninsula experienced a number of suicide deaths of young people over a short period. Most, if not all, involved alcohol. In response to this, the Department of the Chief Minister (DCM) convened multiple agencies/stakeholders to consider a coordinated response. The group was referred to as the Critical Incident Response Team (the Team). A high level of coordination across governments and service providers aimed to ensure consistent community engagement and messaging, agreed actions and services provided.

Many agencies have a responsibility to report critical incidents to their Departments and what often occurs is that multiple agencies contact the families involved, sometimes before the right cultural protocols have been followed. This can result in the families being approached by many different and unknown people at a time when they are trying to manage their own grief and cultural processes. The Team made the decision for Yolngu staff from the Team to engage with the community in a considered and respectful manner to establish what support the community needed from government.

This response was the first of its kind and proved to be a great success. It was largely made possible by having the right people in the right jobs who knew the region, the language and its people, and could very quickly respond to the situation and understand the right steps.

The outcomes of this response were:

- All three levels of government and local stakeholders, including Aboriginal Community Controlled health services, coordinated a response. This is the first time a coordinated response has occurred in a critical incident.
- Additional recognition and appreciation for Aboriginal Medical Services, such as Mitwatj Health, whom were at the forefront of this crisis response.
- Government listening to the community about their issues and what support they needed before acting.
- Whilst the short term response was effective in addressing the immediate suicide and self-harm issues, the chronic underlying causal factors remain unresolved and the Team identified service gaps in mental health services, regional AoD and VSA rehabilitation services and child, family and youth support services. The Team stood down but these areas of concern have continued to be a focus of the NT Regional Coordination committee, VSA Working Group, and Regional Child and Families Committee.
- The outcomes of the Team's work has also seen the reinvigoration of the Gove Peninsula Harmony group (Alcohol Reference Group) which continues to work on alcohol and other drugs related demand, harm and reduction measures.
- Processes and procedures are now in place across agencies in the region that can be used in the future if required.

References

ⁱ Australian Institute of Health and Welfare (AIHW) Mental Health Services in Brief Report (2018). Retrieved 5 February 2019 from <https://www.aihw.gov.au/getmedia/0e102c2f-694b-4949-84fb-e5db1c941a58/aihw-hse-211.pdf.aspx?inline=true>

ⁱⁱ Department of Health (DoH), 2014. Mental Health data from the Community Care Information System (not previously published), Department of Health, Darwin.