



MENTAL HEALTH & SUICIDE PREVENTION REGIONAL PLAN

central and eastern Sydney
FINAL REPORT

Oct 2019 – Jun 2022

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We would like to acknowledge the Traditional Custodians and Sovereign People of the Aboriginal land on which we work. We recognise their continuing connection to land, water and community and pay respect to Elders past, present, and emerging.

We would like to acknowledge people, families, and carers with living experience of mental health issues and a lived experience of suicide and recognise the valuable contributions of all community members in helping shape the support systems in our region.

We would like to thank all individuals and organisations involved with the implementation of the Central and Eastern Sydney Mental Health and Suicide Prevention Regional Plan and their commitment to improving the mental health, physical health, and wellbeing of people with or at risk of mental health issues or at risk of suicide living in our region.

COMMITMENT TO RECOVERY-ORIENTED LANGUAGE

Language is powerful and has the potential to shape individuals' experiences both positively and negatively. Regional planning partners have committed to using person-centred language and are guided by the [Mental Health Coordinating Council \(MHCC\) Recovery Oriented Language Guide \(Third Ed.\)](#)

FROM THE CHAIR OF THE STEERING COMMITTEE

Reflecting on the implementation of the Central and Eastern Sydney Mental Health and Suicide Prevention Regional Plan (the Plan) I am proud of our ongoing commitment to improving the mental health, physical health, and well-being of people with or at risk of mental health issues or at risk of suicide.

The Plan had a three-year focus, with implementation concluding on 30 June 2022. The Plan was developed in partnership by

- » Central and Eastern Sydney PHN (CESPHN),
- » Sydney Local Health District (SLHD),
- » South Eastern Sydney Local Health District (SESLHD),
- » St Vincent's Health Network (SVHN),
- » Sydney Children's Hospital Network (SCHN),
- » Being Mental Health Consumers NSW,
- » NSW Mental Health Carers, and
- » Mental Health Coordinating Council (MHCC).

Despite the difficulties caused by the COVID-19 pandemic, substantial progress was made against the 97 actions in the Plan. 84 per cent of these actions have been completed or substantially progressed. Through this implementation process, we have seen successful developments in providing mental healthcare resources, tools, and services. Importantly, regional planning partners have formed solid and outcome-driven relationships.

The learnings from implementing this Plan will be captured in an evaluation later in 2022 and used to develop a new Joint Regional Service Plan in 2023.

We look forward to sharing with you our triumphs and challenges as we share our implementation journey in this report and continue to work with you into the future.

Mariam Faraj

Chair of the Regional Plan Steering Committee
General Manager - Clinical Services, CESPHN

Graphic 1 - Steering Committee (2019)



SECTION ONE: INTRODUCTION TO REGIONAL PLANNING

1.1 PROJECT OVERVIEW

The Plan was developed in 2019 after an extensive consultation process in response to the Fifth National Mental Health and Suicide Prevention Plan.

The Plan committed the Central and Eastern Sydney PHN, Sydney Local Health District, South Eastern Sydney Local Health District, St Vincent's Health Network, and the Sydney Children's Hospital to work together to achieve integration in planning and service delivery.

Joining this consortium in developing and implementing the Plan were the peak bodies for people with lived experience (Being Mental Health Consumers NSW), for carers (NSW Mental Health Carers), and community-managed organisations (the Mental Health Coordinating Council).

The Plan aimed to improve the mental health, physical health, and well-being of people with (or at risk of) mental health issues or vulnerable to suicide. The Plan had a three-year focus (2019 – 2022) and aspired to support high-quality decision-making to ensure that resources were targeted to best respond to local mental health and suicide prevention needs. The plan identified seven key priority areas (see Figure 1).



Figure 1: Regional Plan Priority Areas

The Plan provided a regional platform for addressing many frustrations which people with lived experience of mental health issues or suicide risk and their carers and families face when accessing (or attempting to access) the local system. These frustrations included fragmented services and pathways, service gaps, inefficiencies in service provision, and a lack of person-centred care.

The Plan also acknowledged that there had been some exceptional work underway in central and eastern Sydney and sought to expand on what was working well.

1.2 DEVELOPING THE REGIONAL PLAN

The Plan was developed in partnership with local communities and stakeholders over 12 months. First, the Steering Committee analysed the most recent data to understand the local treatment and service needs. The Steering Committee then considered and mapped the expectations outlined in National and NSW Government policies. The Plan brought together insights from local service providers, people with lived experience, carers, and communities and included actions identified by the government as requiring regional attention.

In November 2018, the Steering Committee embarked on a community consultation process. The community consultation process involved discussions with (and input from) more than 250 local stakeholders, including health service providers, people with lived experience, carers, and family members. These consultations were critical to understanding treatment and service needs, working with the community to develop possible solutions and prioritising actions.

Following this extensive community consultation process, the Steering Committee developed the Consultation Draft of the Central and Eastern Sydney Regional Mental Health and Suicide Prevention Plan and sought feedback via public consultation. From April - June 2019, the Steering Committee released the Draft Actions and invited the community and stakeholders to provide feedback on the Draft Actions via an online survey, interviews, and written submissions.

Graphic 2 - The Implementation Committee, 2019



SECTION TWO: IMPLEMENTATION

2.1 GOVERNANCE

The Implementation Committee oversaw the implementation of the Plan, with the Steering Committee providing executive sponsorship. The 97 actions were then assigned to a committee or working group for completion. On a need basis, additional consultation with existing stakeholder groups was sought, or new groups were formed (see Figure 2).

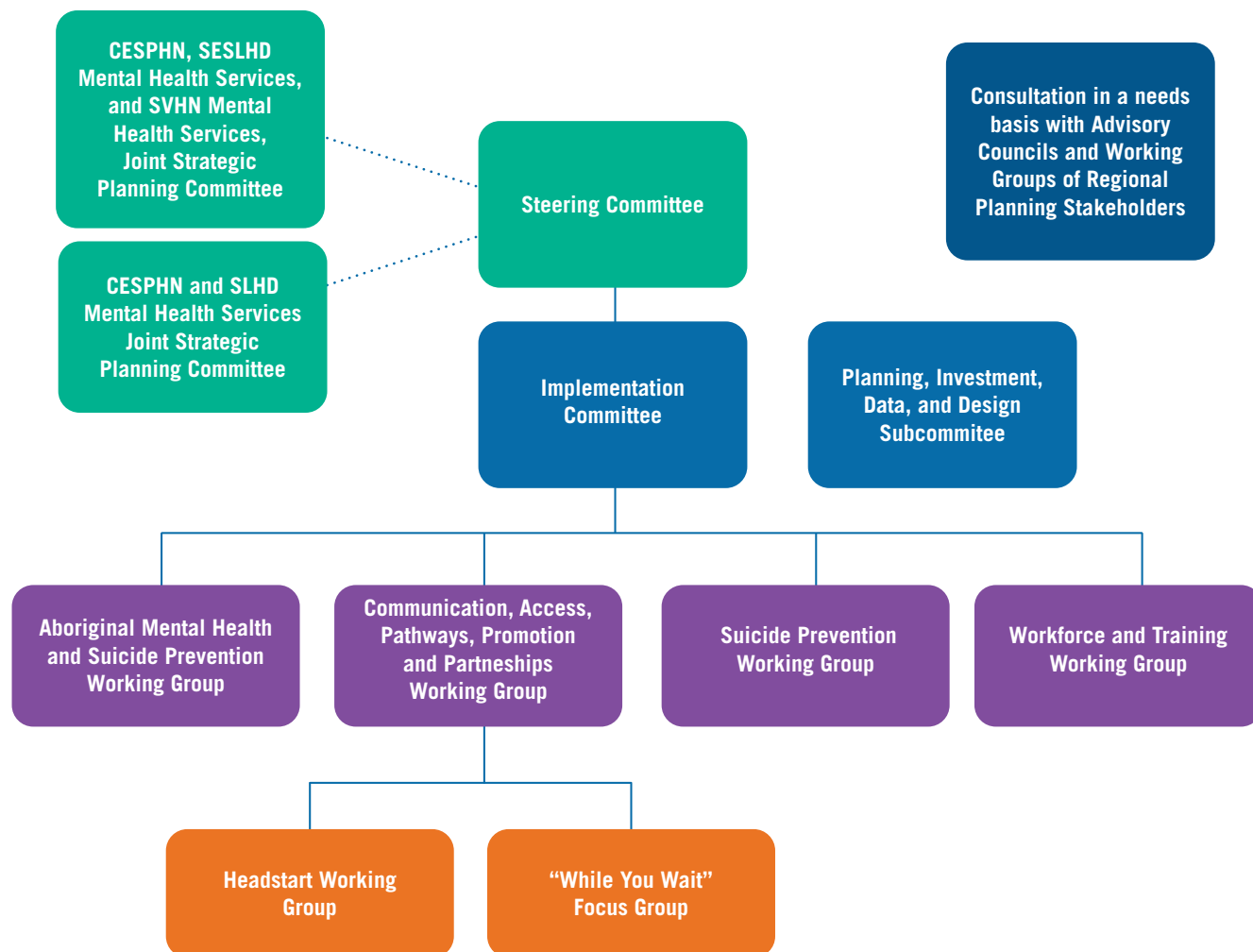


Figure 2: Regional Plan Governance Arrangements

2.2 ACHIEVEMENTS

Overall, implementation of the Plan has been a success, with 84 per cent of actions assessed as completed or substantial progress being made against implementation, 12 percent were postponed, and 4 percent not achieved. Implementation was undertaken collaboratively through activities undertaken by the committees and working groups of the Plan or through individual activities undertaken by partners. All actions have been assessed using a traffic light model to provide an action status (see following page).

<p>PRIORITY AREA ONE:</p> <p>An accessible and equitable system</p>	<p>Objective: People in central and eastern Sydney have access to the information and services they need when they need them. Importantly, this priority area reinforces a commitment to a service system that adopts a no wrong door approach.</p>	<p>17/18 Completed/ Progressing</p> <p>0/18 Postponed</p> <p>1/18 Not Achieved</p>
<p>PRIORITY AREA TWO:</p> <p>Improving the mental health of priority populations</p>	<p>Objective: The service system delivers informed and responsive services that meet the needs of the diverse communities in the central and eastern Sydney region.</p>	<p>16/21 Completed/ Progressing</p> <p>4/ 21 Postponed</p> <p>1/21 Not Achieved</p>
<p>PRIORITY AREA THREE:</p> <p>The physical health of people with mental illness</p>	<p>Objective: Services work with consumers and implement actions that will improve the quality of life and life expectancy for people with mental health issues.</p>	<p>10/13 Completed/ Progressing</p> <p>2/ 13 Postponed</p> <p>1/ 21 Not Achieved</p>
<p>PRIORITY AREA FOUR:</p> <p>Aboriginal Mental Health and Suicide Prevention</p>	<p>Overarching Commitment: To support the implementation of Gayaa Dhuwi - a declaration on Aboriginal and Torres Strait Islander leadership across all parts of the local mental health system to achieve the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.</p> <p>Objective: Aboriginal and Torres Strait Islander peoples experience improved emotional well-being and experience improved access to, and experiences with, mental health and well-being services.</p>	<p>11/12 Completed/ Progressing</p> <p>1/ 12 Postponed</p>
<p>PRIORITY AREA FIVE:</p> <p>Suicide Prevention</p>	<p>Overarching Commitment: To support the implementation of the Strategic Framework for Suicide Prevention in NSW 2018-2023 and the Towards Zero Suicide initiatives.</p> <p>Objective: Integrated and coordinated suicide prevention activities across multiple sectors and settings, using a systems approach to prevent suicide attempts and reduce suicide deaths.</p>	<p>2/2 Completed/ Progressing</p>
<p>PRIORITY AREA SIX:</p> <p>Integrated Services</p>	<p>Objective: Services are integrated and tailored to the needs of consumers and carers. Services are easier to navigate and are delivered effectively and efficiently.</p>	<p>17/20 Completed/ Progressing</p> <p>3/20 Postponed</p>
<p>PRIORITY AREA SEVEN:</p> <p>Workforce</p>	<p>Objective: The workforce is skilled, experienced, and supported to deliver high-quality mental health care and support in a way that is valued by consumers, carers and family members and results in optimal recovery outcomes.</p>	<p>8/11Completed/ Progressing</p> <p>2/11 Postponed</p> <p>1/11 Not Achieved</p>

Table 1

IMPLEMENTATION TRACKING STATUS DEFINITIONS

Completed/ Progressing

The action is completed, or substantial progress has been made against implementation.

Postponed

This action has been reviewed and explored by working groups but has not progressed due to resourcing required. This action will remain a priority for future regional planning activities.

Not Acheived

The action has not been achieved and cannot be completed within current funding and policy environments.

This report captures both the joint work generated by the Plan’s committees and working groups and the ongoing activities that regional planning partners have undertaken during the implementation period.

Key implementation deliverables included:

- » The development of joint protocols to promote and embed best practice principles
- » The development of resources for service providers, consumers, and carers
- » Joint submissions to state and federal bodies underpinned by a joint commitment to co-commissioning
- » Demand and service mapping exercises to inform regional planning activity
- » Co-design of resources, including a regional service navigation platform.

Implementation highlights are outlined on pages 8-16.

2.3 CHALLENGES

The main barriers to implementation of the regional plan relate to external factors. The COVID 19 Pandemic and existing workforce shortages impacted the ability to engage with key stakeholders and progress work. In addition, the lack of dedicated resourcing to develop and implement regional plans further impacted the scale and scope of implementation activities.

Similarly, several actions required substantial partnership work with other stakeholders, potentially at a state-wide level. These stakeholders include, the National Disability Insurance Scheme (NDIS), social housing, Justice Health, Department of Education and others. With the timeframes and resourcing available, as well as the additional pressures from COVID-19, these were unable to be achieved. Due to the importance of these stakeholders and their intersections with mental health, these were identified as priorities for future work.

Finally, a key area of work that was delayed related to utilising the National Mental Health Service Planning Framework, a tool developed by the Department of Health to assist in workforce planning. Due to COVID-19, there were delays in releasing resources from the Department of Health. As a result, we have not been able to use the tool entirely.

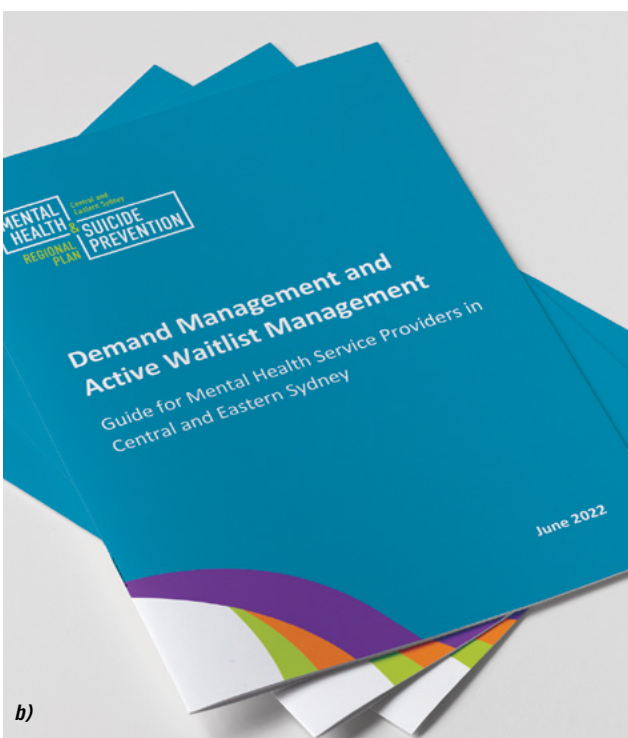
2.4 IMPLEMENTATION HIGHLIGHTS

PRIORITY AREA ONE: AN ACCESSIBLE AND EQUITABLE SYSTEM



ACTIVITY	HOW THE ACTIVITY MEETS THE OBJECTIVE OF REGIONAL PLANNING?
<p>Commissioning Headstart Central and Eastern Sydney to support service navigation.</p>	<p>Consultation with consumers and carers identified challenges in finding appropriate mental health services. To address this need, CESP HN commissioned (with in-kind support from regional planning partners), the Bright Agency to develop and implement Headstart Central and Eastern Sydney, a service navigation platform.</p> <p>The Headstart platform was codesigned with representatives from CESP HN, SLHD, SESLHD, consumers, carers, and Aboriginal community advisors. The working group was responsible for:</p> <ul style="list-style-type: none"> » Defining the scope of the navigation tool » Providing feedback on user experience and navigation » Identifying content for the Headstart platform » Providing input into the development of a promotional strategy for the tool

ACTIVITY	HOW THE ACTIVITY MEETS THE OBJECTIVE OF REGIONAL PLANNING?
	<p>This website has been live and promoted to the public since March 2021, with the number of new users visiting the site increasing. In June 2022, the site reached 1,649 monthly users.</p> <p>Increased access comes from the promotion of the platform. The Headstart Working Group has championed the promotion. For example, one lived experience representative and peer worker has distributed 20 posters, 600 postcards and 2,000 wallet cards at key locations in South Eastern Sydney Local Health District.</p> <p>Feedback received from consumers, carers and service providers has been positive. One local pharmacist noted the ease with which they can help their clients use Headstart to find local support.</p>
<p>Developing resources to address service demand.</p>	<p>Many mental health services have experienced high demand levels since the beginning of the Covid-19 pandemic. To support service providers in the region, two best practice resources were developed to provide them with the evidence, tools, and examples to respond effectively to this demand.</p> <p>ACTIVE WAITLIST AND DEMAND MANAGEMENT GUIDE</p> <p>The Active Waitlist Management and Demand Management Guide was developed to share best practice techniques with organisations providing mental health services that they can use to manage demand better. The guide was tested with several organisations for usability and is now available to mental health providers in this region through the CESP HN website.</p> <p>WHILE YOU WAIT GENERAL PRACTITIONER (GP) RESOURCE PACK</p> <p>The While You Wait GP Resource Pack was developed with a small group of GPs and lived experience representatives through funding from the Mental Health Commission's Health Literacy Initiative and support from researcher Kath Thorburn. These resources support GPs and their clients in planning for managing well-being while waiting for mental health services. The PHN has distributed this through marketing channels aimed at GPs.</p>
<p>Responding to consumer feedback.</p>	<p>Understanding consumer and carer feedback as part of the quality improvement cycle is essential in ensuring that services in our region are appropriate and safe. One tool that regional plan stakeholders use to collect user experience data is the Your <i>Experience of Service</i> suite of measures supplied by the Australian Mental Health Outcomes and Classification Network (AMHOCN).</p> <p>The Implementation Committee and the Planning, Investment, Data and Design (PIDD) Subcommittee developed a protocol to:</p> <ul style="list-style-type: none"> » Construct, compare, analyse, and report experience indicators relevant to the CES Regional Mental Health and Suicide Prevention Plan » Inform and support areas for joint quality improvement initiatives, and » Understand variation in the services being provided across the sector, identifying areas of good practice. <p>The PIDD Subcommittee has implemented this protocol six monthly since October 2021. Over time this data is expected to provide valuable insight into consumer experiences in the region to support ongoing quality improvement activities.</p>



a) Headstart Central and Eastern Sydney, a service navigation platform

b) Demand Management and Active Waitlist Management Guide

c) Handout 1 of the While You Wait Suite of resources

PRIORITY AREA TWO: IMPROVING THE MENTAL HEALTH OF PRIORITY POPULATIONS

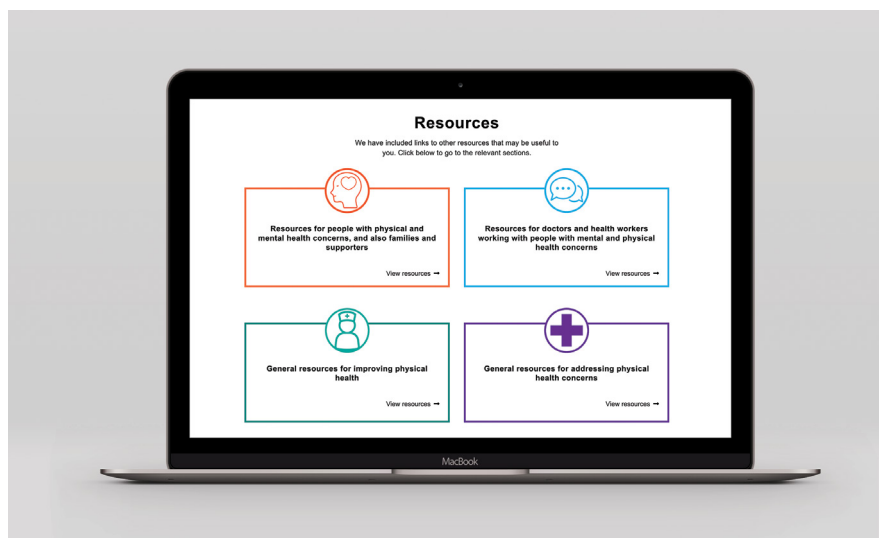
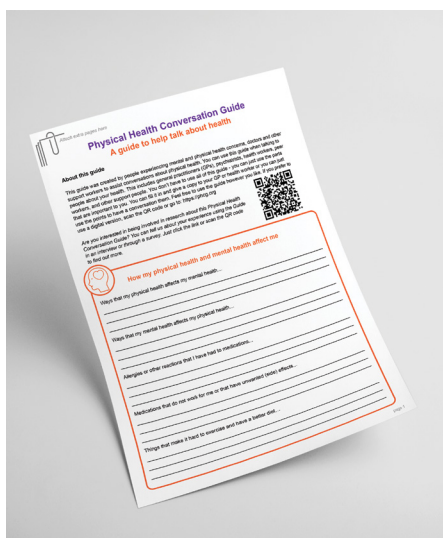


ACTIVITY	HOW THE ACTIVITY MEETS THE OBJECTIVE OF REGIONAL PLANNING?
<p>Supporting the professional development of the mental health workforce to better support diverse communities.</p>	<p>Many actions within the Plan focus on improving access to continuing professional development for mental health, suicide prevention, and broader health and community workforces. The Workforce and Training Working Group developed a resource summarising available mental health and suicide prevention training. This information is categorised by the priority population groups identified in the Plan.</p> <p>This resource is housed on the CESPHN website, and the Working Group developed a communication strategy to promote the resource and continued professional development. The resource has been positively received and seen as culturally appropriate. Members of the CESPHN Aboriginal Advisory Council reviewed sections of the resource. They commented on the appropriateness of the resource and the benefit of having a section that looks at future career opportunities for Aboriginal Health Workers.</p>
<p>Supporting mental well-being for Culturally and Linguistically Diverse Communities during COVID-19.</p>	<p>Mental health providers and community advocates identified in early 2020 that there was a need to support the mental well-being of culturally and linguistically diverse communities to minimise the impacts of COVID-19. In response, the Communications, Access, Pathways, Promotion and Partnerships (CAPPP) Working Group undertook several activities to understand how CALD communities in our region are being supported.</p> <p>As a starting point, the Transcultural Mental Health Centre (THMC) were invited to present to the CAPPP Working Group and share resources that the CAPPP Working Group could promote to service providers.</p> <p>In mid to late 2020, in the context of service delivery during COVID-19 and the Beirut Explosion, a review of available resources was undertaken to:</p> <ul style="list-style-type: none"> » Identify available supports for CALD communities » Identify current gaps in service provision for CALD communities » Use available information to promote referral pathways for CALD communities <p>It was hoped that through education and awareness, members of culturally and linguistically diverse communities had the knowledge they needed to support their well-being or make a self-referral.</p>

PRIORITY AREA THREE: THE PHYSICAL HEALTH OF PEOPLE WITH MENTAL ILLNESS



ACTIVITY	HOW THE ACTIVITY MEETS THE OBJECTIVE OF REGIONAL PLANNING?
<p>Supporting the implementation of the Equally Well Consensus Statement.</p>	<p>The Plan commits to implementing the Equally Well Consensus Statement in the region. Regional planning partners will implement strategies that collectively bridge the life expectancy gap between people with mental health issues and the general population. As part of this work, signatories to the Plan explored their role in service delivery and commissioning services that support physical and mental well-being. In 2021 the Keeping the Body in Mind program was expanded with CESPHN commissioning Keeping the Body in Mind Primary, providing access to the program for a new cohort, adults who are not currently supported by public mental health services. In addition, CESPHN, the local health districts, and hospital networks are committed to strengthening shared care arrangements and are implementing quality improvement activities to improve communication between primary and secondary health services.</p>
<p>Supporting GPs to address physical and mental well-being.</p>	<p>Several actions in this priority area focused on the role of GPs in supporting mental and physical well-being and empowering mental health consumers to take an active role in looking after their well-being. We partnered with PhD candidate Kath Thorburn who used a codesign process to develop a conversation guide for GPs to use with clients. This guide aims to support conversations about the interaction of mental health and physical health. The Physical Health Conversation Guide was published online and promoted through our communication channels with health services and professionals.</p> <p>The SESLHD Eastern Suburbs Adult Community Mental Health Service trialed this resource as part of the evaluation of the guide. We hope the conversation guide will encourage providers and consumers to start a dialogue and explore ways to support physical and mental well-being.</p>



Resources generated from the codesign process undertaken by Kath Thorburn to develop the Physical Health Conversation Guide.

PRIORITY AREA FOUR: ABORIGINAL MENTAL HEALTH AND SUICIDE PREVENTION



ACTIVITY	HOW THE ACTIVITY MEETS THE OBJECTIVE OF REGIONAL PLANNING?
<p>Supporting cultural safety in the commissioning cycle for service providers and consumers.</p>	<p>The Aboriginal Mental Health and Suicide Prevention Working Group developed The Commissioning for Cultural Safety Protocol with consultation from the Aboriginal Health Advisory Group. The protocol included amendments to all stages of the commissioning cycle to ensure Aboriginal representation, the inclusion of key performance indicators and mechanisms for ongoing monitoring. CESPHN has now fully implemented the protocol into business as usual. As part of this process, regional plan stakeholders shared their processes and learnings around supporting cultural safety and meaningful engagement.</p>
<p>Investing in the Aboriginal community and workforce.</p>	<p>The Aboriginal Mental Health and Suicide Prevention Working Group identified a gap in the availability of Aboriginal Mental Health First Aid (MHFA) in our region due to a lack of instructors. The working group identified an opportunity to coordinate and fund an instructor course in Sydney. These new instructors would then play an essential role in educating the community. The Working Group identified several key organisations in the central and eastern Sydney region with Aboriginal staff who may be interested in the training. To share the expenses with other organisations that could benefit from a course held in Sydney, the working group has reached out to contacts in other PHNs, LHDs, Hospital Networks, the Department of Education, and the Department of Justice. We expect to host training in the second half of 2022. Members of the working group will continue to work together to ensure coordination of Aboriginal MHFA sessions delivered in the region and enhance the sustainability of this investment.</p>
<p>Supporting the implementation of Gayaa Dhuwi.</p>	<p>The Plan was developed with consideration of National and NSW Government expectations. As part of this work, partners were expected to implement the Gayaa Dhuwi - Proud Spirit Declaration. In 2021 Gaya Dhuwi identified the need for a renewal of the strategy and submitted a draft suicide prevention strategy for consultation. The Aboriginal Mental Health and Suicide Prevention Working Group reviewed this draft and submitted a joint feedback statement.</p>

PRIORITY AREA FIVE: SUICIDE PREVENTION



ACTIVITY	HOW THE ACTIVITY MEETS THE OBJECTIVE OF REGIONAL PLANNING?
<p>Evidence-informed care planning.</p>	<p>To better understand the region’s needs and coordinate a strategic response to the Suicide Prevention Working Group, there was a need to access a regional data set. As the available data sets were limited in their application for our region, SLHD and SESLHD, as part of work for the Towards Zero Suicides Initiative, commissioned the Black Dog Institute (BDI) to develop a Suicide Data Analysis Report for the region. BDI presented their findings to the Suicide Prevention Working Group, and these will continue to be used by the Suicide Prevention Working Group to inform collaborative suicide prevention activities in our region.</p>
<p>Exploring new service models.</p>	<p>Best practice in suicide prevention involves a systems approach to deliver holistic care for individuals and communities. The Suicide Prevention Working Group have been exploring and advocating for innovative service models to be delivered in the region. One area of work included mapping referral pathways into suicide prevention programs to better assist clients in finding suitable services. This activity focussed on services delivered outside the hospital setting, such as Safe Haven and the Way Back Support Service.</p> <p>The Suicide Prevention Working Group have worked with Lifeline and headspace to implement their suicide prevention collaborative model in the St George region, ensuring that the model was suitable for our region and identifying key stakeholders.</p>

PRIORITY AREA SIX: INTEGRATED SERVICES



ACTIVITY	HOW THE ACTIVITY MEETS THE OBJECTIVE OF REGIONAL PLANNING?
<p>Supporting stepped care approach to service delivery in our region.</p>	<p>Finding a common language to communicate the level of support required by a consumer and the level of support offered by a service assists with service navigation. This results in a more streamlined and integrated mental health system. The Commonwealth government has rolled out the National Initial Assessment and Referral (IAR) Project across Australia. The IAR Guidance and Decision Support Tool (IAR-DST) aims to provide a nationally consistent decision support tool to guide clinical judgement and consumer choice. The IAR underpinned several recommendations within the Productivity Commission report. In 2021 information about the IAR Guidance and IAR-DST was provided to the Steering Committee, Implementation Committee, and CAPPP Working Group of the Plan. Through these discussions, the committees identified the key stakeholders who needed to be involved in the tertiary health sector to ensure effective implementation across different levels of care.</p>
<p>Joint Submission and Multiagency shared care agreements.</p>	<p>Several actions in the Plan relate to supporting existing shared care arrangements and multi-disciplinary hubs and advocating for more of these. Consumers, carers and providers have identified these models as providing best practice care.</p> <p>CESPHN, SLHD, and SESLHD continue to support shared care agreements through commissioning arrangements. Multiagency care has also been supported by the review of the Shared Care program, implementation of the IAR, creation of service navigation roles and establishment of Head to Health pop-ups and hubs.</p> <p>In response to the 2021 -22 Federal budget announcement on expanding the Head to Health and headspace programs, the Implementation committee worked together to identify local needs across the region. The Implementation Committee submitted a joint response to the Department of Health in September 2021 outlining prioritised locations for an adult Head to Health Hub. Later, the Implementation Committee submitted a joint response to the Department of Health in April 2022 outlining prioritised locations for a Kids Head to Health Hub.</p> <p>The ongoing commitment to best practice in service provision with integrated care models supports the mental well-being of our community.</p>
<p>Quality Improvement through joint oversight.</p>	<p>The Plan offered a platform for implementing a regional coordination function. This function would enable greater integration of services and allow for reflective practice. As part of this work, the Implementation Committee developed the Mental Health Joint Review of Adverse Events Regional Protocol to facilitate regional coordination.</p> <p>This regional protocol aimed to establish processes for monitoring aggregated trended data on adverse events occurring in the mental health sector in the central and eastern Sydney region and for system improvement activities. The protocol focuses on adverse events in the context of collaborative mental healthcare and care planning.</p> <p>In late 2021, the Suicide Prevention Working Group discussed the systems barriers to supporting clients with repeated emergency department presentations in suicidal distress. To address this, the working groups implemented the protocol with the dual purpose of testing the protocol and reviewing the systems barriers.</p> <p>The implementation resulted in a review of current information-sharing processes which will continue to be explored as part of the ongoing collaboration between stakeholders working on the Towards Zero Suicides initiative. This quality improvement exercise has shown the importance of ongoing integration and information sharing to ensure the safety of consumers accessing mental health and suicide prevention services in our region.</p>

PRIORITY AREA SEVEN: WORKFORCE



ACTIVITY	HOW THE ACTIVITY MEETS THE OBJECTIVE OF REGIONAL PLANNING?
<p>Exploring workforce capacity now and into the future.</p>	<p>Several actions in the Workforce priority relate to responding to areas of workforce shortages and increasing diversity of the workforce. Initial exploration highlighted difficulties in the availability of data that could provide benchmarks. General workforce shortages in the mental health sector presented additional problems in growing the workforce. Regional plan activities that address workforce growth and development through partnering with education facilities have been identified as a future priority.</p>
<p>Supporting the growth and the development of the peer workforce.</p>	<p>The Workforce and Training Working Group explored how they could promote the growth and development of mental health peer work. The working group developed The Commissioning to Grow and Develop the Peer Workforce Protocol. The protocol included amendments to all stages of the commissioning cycle to ensure lived experience representation and the inclusion of key performance indicators and mechanisms for ongoing monitoring. CESP HN has now fully implemented the protocol into business as usual.</p> <p>In addition, the working group explored how peer workers in the region were already supported and connected. Sector mapping exercises revealed variable support levels that largely depended on where peer workers were employed.</p> <p>The working group promoted the newly launched Being Connected forum to address this need. The conference was hosted by the NSW peak body for mental health consumers and provided networking and professional development opportunities.</p> <p>These ongoing activities will support the capacity and capability of peer workers in our region.</p>
<p>Undertaking Workforce Planning.</p>	<p>A directive of the Fifth National Mental Health Plan was to commence joint service planning using evidenced based tools such as the National Mental Health Services Planning Framework (NMHSPF). Using tools such as the NMHSPF assists in planning for the region's future health care needs and ensuring there is an adequate workforce to support demand. Initially, there were barriers to accessing and using the NMHSPF. The PIDD Subcommittee advocated for further training and support materials and identified key data sources. Training and access have since been expanded and the PIDD has kept a log of all staff trained in the use of the NMHSPF in our region to coordinate future collaborative work. The PIDD Subcommittee began the service mapping process to be able to effectively use the NMHSPF for joint service planning in 2023.</p> <p>The PIDD subcommittee explored the potential to undertake a workforce census, however, during the life of The Plan, no additional resources were available to undertake this important work. The PIDD subcommittee continue to look for opportunities to progress this priority.</p>

SECTION THREE: ENGAGEMENT

3.1 PARTICIPATION

There were 81 individuals involved in regional planning from 1 Nov 2019 – 30 June 2022 as organisational delegates. Some participants were engaged throughout the entire period, others may have participated for several months before leaving. The main reasons identified for leaving were a change in job roles, extended leave, or changed responsibilities during the COVID-19 pandemic.

These individuals represented 16 organisations who were involved in regional planning. The organisations involved were diverse and included state and federal services, advocacy peak bodies, mental health community managed organisations and alcohol and other drug community managed organisations (see 7.3).

The aim was to have a wide range of expertise consulting on implementation projects. Organisations appointed a delegate to one or more of the committees or working groups.

There were 111 meetings over the three years of implementation. Overall engagement was high despite the interruptions of COVID-19 which affected staff availability. During years two and three the average meeting cancellation rate across all working groups was 28 percent (see Appendix D). Endorsers and signatories of the Plan had overall high engagement with a mean attendance rate of 81 per cent (see Appendix E). Despite these interruptions, there was a high level of commitment from those participating in implementation.

3.2 LIVED EXPERIENCE ENGAGEMENT

The Plan was committed to hearing the voices of community members to better understand the needs of the region. During the development of the Plan, numerous community consultations were held to ensure we captured the needs and priorities of consumers, carers, and community members. CESP HN, SESLHD, SLHD, SCHN and SVHN committed funding for positions in working groups to ensure that lived experience voices were heard throughout the implementation of the Plan.

In addition to the 81 organisational delegates, 17 Lived Experience Representatives (LER), including consumers, carers, Aboriginal community members, and peer workers were involved in regional planning, between 1 Nov 2019 – 30 June 2022 (see Table 2).

YEAR 1 NOV 2019 – OCT 2020	YEAR 2 NOV 2020 – OCT 2021	YEAR 3 NOV 2021 – JUN 2022
3 Consumer Representatives	3 Consumer Representatives	3 Consumer Representatives
3 Carer Representatives	3 Carer Representatives	3 Carer Representatives
4 Aboriginal Community Representatives	4 Aboriginal Community Representatives	4 Aboriginal Community Representatives
		2 Peer Work Representatives

Table 2

Documentation and professional development opportunities were provided to all LER to support meaningful engagement processes. This support included the development of an Orientation Pack and the requirement for LER to attend the Safe Storytelling course offered at the SESLHD Recovery College before attending their first regional plan meeting. In addition, all meetings were held in a trauma-informed way with a commitment to use recovery-oriented language. These processes were reviewed annually with an anonymous feedback survey shared with all LER as part of continuous improvement processes.

In addition, professional development opportunities were sought for LER to develop their professional insight and to engage more deeply with regional planning. These opportunities included an expression of interest to attend conferences or events as delegates, such as the Consumer Health Forum, National PHN Mental Health Lived Experience Engagement Network (MHLEEN) Annual Forum, NSW Mental Health Commission Health Literacy Initiative and more. Delegates were then invited to present an update at the following meeting.

SECTION FOUR: FUTURE OF REGIONAL PLANNING IN THE REGION

The development and implementation of the Plan marks the end of one phase of regional planning. Activity will continue in line with state and federal policy directives.

In this phase, we have developed and implemented what is considered a 'foundational plan' with the requirement to jointly develop a Joint Service Plan in the next phase of regional planning.

National Cabinet has endorsed the National Mental Health and Suicide Prevention Agreement (the National Agreement). The National Agreement is expected to strengthen collaborative planning and commissioning at the regional level.

Following the endorsement of the National Agreement, the Australian Department of Health and Aged Care will work with jurisdictions to develop national and regional planning and commissioning guidelines. The guidelines will be provided in March 2023, at which point the next phase will be planned and implemented in central and eastern Sydney. This will use a process evaluation currently under development to ensure that future regional planning efforts will build on the successes of the current initiative.

We look forward to developing the Joint Service Plan and building on the successes of regional planning to date.

APPENDIX ONE: COMMONLY USED ACRONYMS

AMHOCN	the Australian Mental Health Outcomes and Classification Network
BDI	Black Dog Institute
CALD	Culturally and linguistically divers
CAPPP	Communication, Access, Pathways, Promotions and Partnerships
CESPHN	Central and Eastern Sydney Primary Health Network
GP	General Practitioner
IAR	National Initial Assessment and Referral
IAR-DST	National Initial Assessment and Referral Guidance and Decision Support Tool
LER	Lived Experience Representatives
LHD	Local Health District
MHFA	Mental Health First Aid
MHCC	Mental Health Coordinating Council
MHLEEN	National PHN Mental Health Lived Experience Engagement Network
NDIS	National Disability Insurance Scheme
NMHSPF	National Mental Health Services Planning Framework
SCHN	Sydney Children's Hospital Network
PHN	Primary Health Network
PIDD	Planning, Investment, Data and Design
SESLHD	South Eastern Sydney Local Health District
SLHD	Sydney Local Health District
the Plan	the Central and Eastern Sydney Mental Health and Suicide Prevention Regional Plan
the National Agreement	the National Mental Health and Suicide Prevention Agreement
TMHC	Transcultural Mental Health Centre
SVHN	St Vincent's Health Network

APPENDIX TWO: REGIONAL PLANNING PARTNERS

ORG NAME	ENGAGEMENT STATUS
Central and Eastern Sydney PHN	Signatory
South Eastern Sydney Local Health District	Signatory
St Vincent's Health Network Sydney	Signatory
Sydney Children's Hospital Network	Signatory
Sydney Local Health District	Endorser
BEING Mental Health Consumers	Endorser
Mental Health Carers NSW Inc	Endorser
Mental Health Coordinating Council	Member
Flourish Australia	Member
LGBTIQ+ Health Australia	Member
Mission Australia - NSW	Member
Neami National	Member
Network of Alcohol and other Drugs Agencies	Member
Stand By Support Service	Member
Stride	Member
Weave Youth and Community Services	Member



Health
South Eastern Sydney
Local Health District



Health
Sydney
Local Health District

