Northern Territory Primary Health Network

Mental Health and Wellbeing Stepped Care Framework 2025

phn NORTHERN TERRITORY
An Australian Government Initiative

RURAL Workforce AGENCY NT

Acknowledgement

Northern Territory Primary Health Network acknowledges the First Nations people of the Country on which we work and live, and we recognise their continuing connection to land, waters and skies. We pay our deepest respects to Elders present, emerging and across time.

About the Stepped Care Framework

This framework provides an overview of how mental health services are delivered, navigated and funded in the Northern Territory (NT) through an innovative stepped-care model. It aims to show how mental health and social and emotional wellbeing (SEWB) models and concepts can be incorporated together to ensure all Territorians receive the right care at the right time.

This framework is also a demonstration of the Northern Territory Primary Health Network's (Northern Territory PHN) commitment to the National Agreement and Closing the Gap priority reforms[1], and the expected transition of mental health SEWB programs to community-controlled organisations.

This framework, along with the accompanying Stepped Care Guidelines document, has been developed through extensive consultation with mental health and SEWB service providers across the Territory. The framework and guidelines present culturally safe and appropriate supports clearly articulated alongside traditional westernised approaches to mental health care.

What is Stepped Care?

Stepped Care is an evidence-based, staged approach to mental health services, where individuals have access to interventions and support tailored to their needs and preferences[2]. As these needs evolve, the services are adjusted accordingly. This person-centred model supports early intervention to ensure that individuals experiencing mental illness receive appropriate support before their conditions worsen and require more intensive intervention.

Stepped care encourages more effective and efficient use of existing primary mental health care services, including Medicare-based psychological therapy services and SEWB programs.

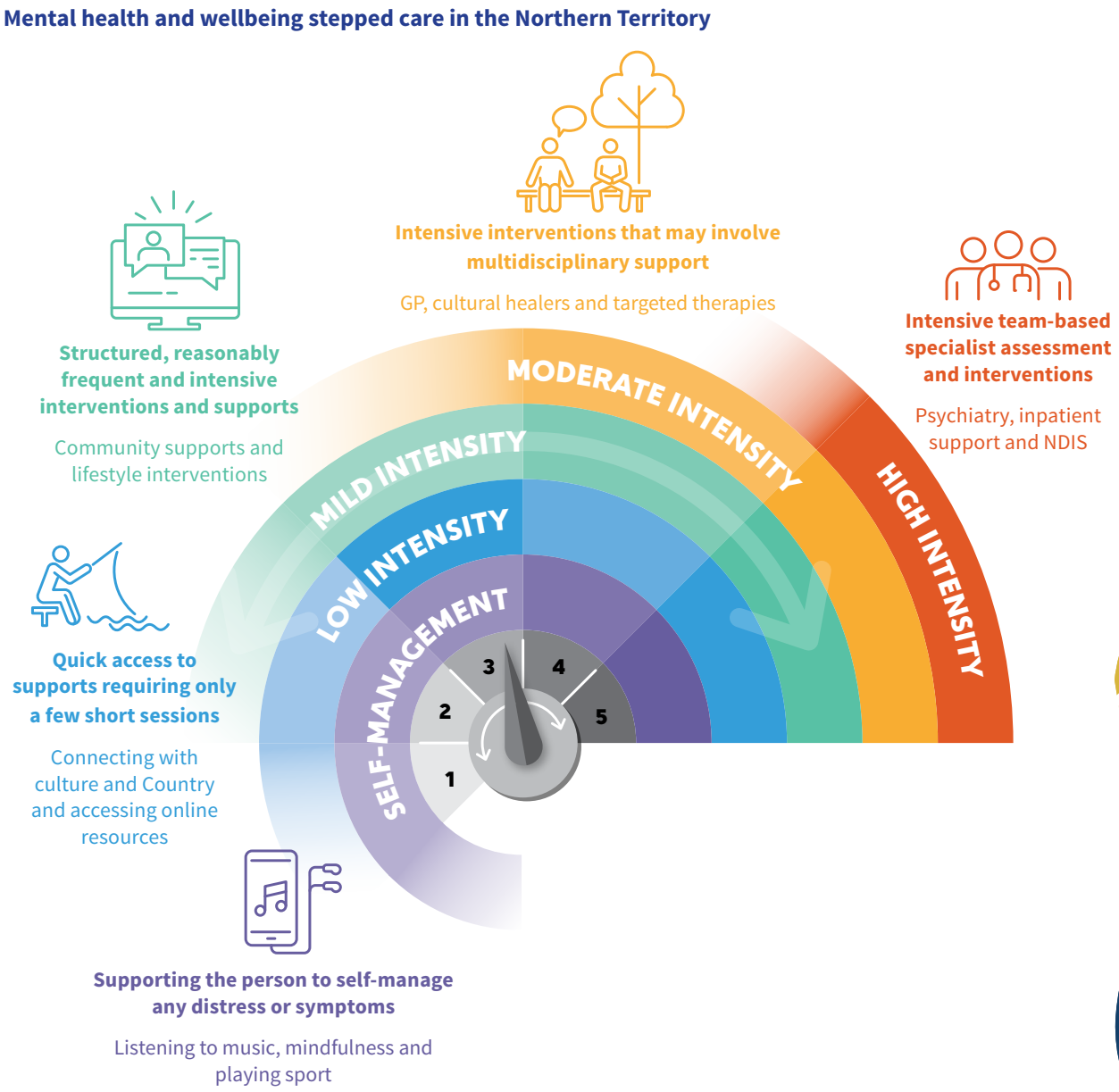


Figure 1: Stepped Care Model adapted in line with PHN Primary Mental Health Care Flexible Funding Pool Programme Guidance for Stepped Care.[2]

The renewed Stepped Care Model

There are five steps in the renewed Stepped Care model, ranging through levels of intensity. Movement through these steps is considered a 'dial-up' or 'dial-down approach'. When support levels are increased, individuals can continue to access services at lower levels, with the overall amount of services and supports expanding. This differs from the previous model, where individuals moved from one level of care to another. Please refer to NT Stepped Care Program Guidelines for a detailed breakdown of the Stepped Care Framework, including considerations of how this may look within the NT context.

This framework acknowledges that while westernised mental health approaches focus on the individual, the SEWB model draws strength from a collective family and community involvement. Therefore, although the examples provided in Appendix A focus on the individual, it is recommended that the family, carers, loved ones and community members are also to be considered and involved, as appropriate.

What is Social and Emotional Wellbeing and how does it relate to Stepped Care?

SEWB represents a comprehensive understanding of wellbeing that is beyond physical or mental health concepts[3]. For thousands of years Aboriginal and Torres Strait Islander peoples have connected their health and wellbeing to a strong sense of identity and self-determination. This connection is demonstrated through participation in their cultures, languages, bonds with families and communities, relationship with their lands, seas and ancestors, and their spiritual dimension of existence.

Social and Emotional Wellbeing Diagram



Figure 2: SEWB Diagram[4]

SEWB is also rooted in the Aboriginal and Torres Strait Islander peoples' control over their physical environment, dignity and self-esteem, respect for their rights and a perception of just and fair treatment.[5]

In upholding the National Agreement and Closing the Gap priority reforms[1], SEWB-specific funding will soon be managed by Aboriginal Community Controlled Health Organisations (ACCHOs). NT PHN acknowledges and recognises the integrated way ACCHOs deliver mental health services using a SEWB model.

This renewed Stepped Care model now aligns with SEWB concepts by providing a flexible, responsive and culturally sensitive framework that ensures individuals receive the right level of support at the right time.

In addition the Stepped Care model:

- Allows for interventions to be matched to an individual's level of social and emotional wellbeing, ranging from psychological therapies to community and cultural support
- Emphasises early identification and intervention, which is crucial for SEWB. Early, low-intensity interventions can help prevent the escalation of social and emotional challenges, potentially reducing the need for more intensive treatment later
- Encourages self-management and empowerment, which are important for SEWB. By starting with less intensive interventions, individuals are given the opportunity to take an active role in managing their wellbeing, fostering a sense of control and resilience
- Can be adapted in the context of SEWB to ensure that interventions are culturally appropriate and aligned with the community's values and practices.

What dœs Stepped Care look like in the Northern Territory?

The NT encompasses almost 1.4 million square kilometres with more than 58% of the NT's population living in remote areas.[6]

Due to the unique geographic nature of the NT and limited access to mental health support, implementation of the Stepped Care approach requires a different adaptation from the rest of the country considering its isolation, workforce capacity and access to services.

Some defining examples include:

- Services supporting clients at all levels in a community health service setting due to limited resources in remote communities
- Remote mental health support for individuals includes activities such as engaging in fishing, hunting, art or sports or cultural activities
- Health promotion can be seen as an example of early intervention for those at Steps 1-2
- Alternative therapies that align with the SEWB model (such as engaging in cultural ceremony) can be an appropriate way to support one's mental health
- Community support is integral to supporting individual's mental health and may be preferred over clinical and individual ways
- Addressing social determinants can be low-intensity ways to support people's mental health in community
- Staff require ongoing training in mental health, trauma informed practice, alcohol and other drug (AOD) harm minimisation, suicide prevention and wellbeing
- High workforce turnover being common in the NT, developing a rapport and trust with the service rather than the clinician is essential for continuity of care.

Appendix A

Categories	Self-Management (Level 1)	Low Intensity (Level 2)	Mild Intensity (Level 3)	Moderate Intensity (Level 4)	High Intensity (Level 5)
What do we need to achieve?	**Focus on promotion and prevention by providing access to information, advice and self-help resources.**  **Example:** Routine social supports (family and friends) and supports targeting situational stressors and lifestyle factors e.g. financial issues. Engaging in preventative activities to support one's mental health including community sport, art, hunting, fishing. Access to self-help resources at community centres.	**Increase early intervention through access to lower cost, evidence-based alternatives to face-to-face psychological therapy services.**  **Example:** Routine social support (family and friends) and support targeting situational stressors e.g. financial issues. Engaging in preventative activities to support one's mental health including community sport, art, hunting, fishing. Access to self-help resources at community centres.	**Provide and promote access to lower cost, lower intensity services.**  **Example:** Community supports such as peer support or social participation and/or lifestyle interventions. Social participation in community activities/ initiatives. Increased regular visits with the running mental health and wellbeing program, and/or checking in with the GP or cultural healers.	**Increase service access rates maximising the number of people receiving evidence-based intervention.**  **Example:** Psychosocial support and community support such as peer support, social participation or lifestyle interventions. Examples include individuals in community who attend cultural ceremony as a form of mental health support. Different SEWB services work alongside clinicians and mental health nurses to support individuals with 1:1 intervention.	**Improve access to adequate level of primary mental health care intervention to maximise recovery and prevent escalation.** **Provide wraparound coordinated care for people with complex needs.**  **Example:** Psychosocial disability support services and community supports such as peer support, daily living support, social participation or lifestyle interventions. Non clinical support for those at Level 5, should be in collaboration with team-based specialist care by NT Mental Health Services, involving case managers, psychiatrists, GPs, allied health and SEWB/ Aboriginal health professionals.

Categories	Self-Management (Level 1)	Low Intensity (Level 2)	Mild Intensity (Level 3)	Moderate Intensity (Level 4)	High Intensity (Level 5)
What services are relevant? (Service level matched to individual clinical need suitability)	**Mainly publicly available information** and self-help resources	**Mainly self-help resources**, including digital mental health, psychosocial, community, sporting and recreational support programs	**Mix of resources** including digital mental health services and low intensity face-to face services Psychological and SEWB services for those who require them	**Mainly face-to-face primary care services** backed up by Psychiatrists or links to broader social supports. Clinician-assisted digital mental health services and other low intensive services for a minority	**Face to face clinical care** using a combination of GP care, Psychiatrists, Mental Health Nurses, Psychologists and Allied Health coordinated multi-agency services for those with severe and complex mental illness
What are the typical workforce requirements?	No workforce required	Low-intensity workforce with appropriate skills, training and qualifications to deliver evidence-based mental health services, but not at the level required for recognition as a mental health professional. The minimum entry qualification is a Certificate III or IV equivalent and all staff must complete recognised cognitive behaviour therapy. • Trainee Staff • Individuals with Lived Experience • Youth Workers • Peer Workers • Domestic Violence Workers • Child Protection Workers • School Liaison Workers.	Low intensity workforce as well as some services by GPs, psychologists, SEWB workers and other appropriately trained and qualified allied health professionals Peer workforce to supplement higher intensity workforce, as appropriate.	Central role of GPs with contribution of psychological/ SEWB therapy provided by psychologists and other allied/ Aboriginal health professionals Private psychiatrists and paediatricians sometimes involved, particularly for assessment and review of clinical needs Cultural Staff/ Healers including: • Elders • Recognised and endorsed Male + Female community leaders/cultural knowledge holders • Support Workers.	Psychological therapy provided by psychologists/ SEWB and other allied/ Aboriginal health professionals Mental health nurses involved in coordinating clinical care and supporting the role of GPs and private psychiatrists Cultural Staff/ Healers including: • Elders • Recognised and endorsed Male + Female community leaders/cultural knowledge holders • Support Workers.

References

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6. idCommunity, Community Profile Northern Territory https://profile.id.com.au/australia/about?WebID=160 (accessed January, 2025)

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