

# Northern Territory PHN – PHN Primary Mental Health Care

## ACTIVITY WORK PLAN

phn NORTHERN TERRITORY
An Australian Government Initiative

RURAL Workforce AGENCY NT

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# Head to Health Intake and Assessment Phone Services

## 1. Aim of Activity

The aim of this activity is to establish and operate an intake and assessment phone service as an entry point for accessing mental health services across the Territory. The service will operate alongside the Head to Health (H2H) Centres.

## 2. Description of Activity

The implemented activity successfully offers enhanced accessibility to mental health services tailored to individual needs while ensuring cultural safety and inclusivity for all, including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse (CALD) communities, the LGBTIQ+ community and other marginalised groups.

A centralised intake and assessment service, operating alongside H2H centres, effectively facilitates streamlined access to mental health support. Northern Territory Primary Health Network (Northern Territory PHN) has diligently focused on strengthening and enhancing access to mental health services, with particular emphasis on the Intake and Assessment Phone service. Throughout implementation, Northern Territory PHN collaborates closely with commissioned providers and relevant stakeholders to address challenges and ensure ongoing quality improvement.

Priority has been given to developing comprehensive service directories, facilitating efficient referral processes and ensuring consumers are seamlessly connected with the most suitable mental health services.

The service operates on principles of inclusivity and a holistic approach to assessing consumer needs, ensuring a welcoming experience for all. Individuals encounter a seamless entry point and referral process, ensuring they receive the mental health support they require.

## 3. Needs Assessment Priorities

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

| Priority | Page reference |
|---|---|
| Mental Health - Support the recovery and healing of people and communities affected by family, domestic and sexual violence (FDSV). | 13 |

| | |
|---|---|
| Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations. | 51 |
| Population Health - Support both the development of specialised services and increased capacity of mainstream primary and mental health care services to identify and address the specific needs of at-risk population. | 51 |
| Mental Health - Contribute to informed, inclusive services that provide timely, integrated, compassionate and culturally safe suicide prevention responses that meet the diverse needs of people across the NT. | 35 |

## 4. Demographics

All NT residents.

## 5. Consultation and Collaboration

**Consultation**
Service commissioning process includes consultation with community and people with lived experience in the development of the program.

**Collaboration**

Ongoing collaboration will occur with the sector and community to inform quality improvement and adjustments to commissioned services at a service delivery level. A lived experience group has been established. They meet monthly and report back to management through operational meetings that are also held monthly. The activity will also be considered as part of the collaboration strategies aligned with the joint regional mental health planning in partnership with NT Health. The Aboriginal Community Controlled Health Services (ACCHS) sector, Aboriginal Medical Services Alliance NT (AMSANT) and consumer and clinical councils will be included in collaboration activities to ensure that a holistic view is applied, that duplication is reduced and consumers experience a culturally safe and seamless journey when accessing mental health services.

## 6. Milestones

Neami has developed a service directory for the NT that is updated monthly through service users.

# 7. Commissioning

Neami provides similar intake and assessment services in other jurisdictions. Co-design has occurred at both a national and local level to ensure services delivered are fit for purpose within the NT context.

# Youth mental health services

## 1. Aim of Activity

This activity aims to support region-specific, cross sectoral approaches to early intervention for children and young people with, or at risk of, severe or complex mental illness. It also aims to support the implementation of an equitable and integrated approach to primary mental health services for this population group.

## 2. Description of Activity

This activity involves commissioning services to support young people with, or at risk of, severe mental illness with complex needs. Commissioned services will be delivered across the Northern Territory (NT) and where appropriate, will be tailored to meet the needs of young people living in regional and remote locations. This may include development of e-mental health or outreach service delivery models, ensuring all methods are culturally appropriate and safe.

Commissioned services will include education and capacity building activities to support families, caregivers, and health professional's knowledge and understanding of mental health issues and challenges faced by young people. This will enable young people to feel better supported in managing their mental health and for families and caregivers to feel better informed.

Workforce access, capacity and capability are critical areas of need to support the delivery of commissioned programs by Northern Territory PHN. Where required, this activity could include workforce development initiatives to improve access, quality and sustainability of services to the communities in the NT.

## 3. Needs Assessment Priorities

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

| Priority | Page reference |
|---|---|
| Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations. | 51 |

| | |
|---|---|
| Population Health - Support both the development of specialised services and increased capacity of mainstream primary and mental health care services to identify and address the specific needs of at-risk population. | 51 |
| Mental Health - Contribute to informed, inclusive services that provide timely, integrated, compassionate and culturally safe suicide prevention responses that meet the diverse needs of people across the NT. | 35 |

# 4. Demographics

Young people aged 12-15 years in the Barkly, Darwin city, Palmerston, Darwin Suburbs and Alice Springs areas.

# 5. Consultation and Collaboration

**Consultation**

Northern Territory PHN consulted with ORYGEN National and the contracted service providers delivering the Youth Enhanced Service (YES) Program Core model.

**Collaboration**

Collaboration is ongoing with funded providers to support quality improvement and delivery of activities in alignment with the YES Core Model. The activity will also be considered as part of the collaboration strategies aligned with the joint regional mental health planning in partnership with NT Health. The ACCHS sector, AMSANT and consumer and clinical councils will be included in collaboration activities to ensure that a holistic view is applied, that duplication is reduced and consumers experience a culturally safe and seamless journey when accessing mental health services.

# Youth mental health services - Headspace

## 1. Aim of Activity

This activity aims to maintain the continuity of Headspace services delivered across the NT with emphasis on access to early intervention services.

## 2. Description of Activity

Northern Territory PHN will continue to commission Headspace service delivery and work in partnership with them to ensure deliverables are met, and youth friendly early intervention health services continue to provide for the needs of young people within the Alice Springs, Katherine and Darwin regions.

**Headspace Alice Springs activities:**

- Change management which includes service review, scope for outreach and increase of services and sustainability
- Integration with other local services with a focus on culturally appropriate Red Tails and NPY Women's Council
- Identification and recruitment of cultural and identified roles
- Workforce development including looking to retain and recruit student workforce.

**Headspace outreach**

The purpose of this activity is to support the provision of culturally safe, accessible, co-designed mental health outreach services for young people living in remote communities in the NT.

Workforce access, capacity and capability are critical areas of need to support the delivery of commissioned programs by Northern Territory PHN. Where required, this activity could include workforce development initiatives to improve access, quality and sustainability of services to the communities in the NT.

## 3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

| Priority | Page reference |
|---|---|

| | |
|---|---|
| Mental Health - Deliver mental health services in line with the Northern Territory Mental Health and Wellbeing Plan for Integration and Co-Investment. | 64 |
| Population Health - Provide access to health prevention, promotion, early intervention and navigation supports for at-risk populations. | 56 |
| Population Health- Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations. | 51 |
| Mental Health - Contribute to informed, inclusive services that provide timely, integrated, compassionate and culturally safe suicide prevention responses that meet the diverse needs of people across the NT. | 35 |

# 4. Demographics

NT residents aged 12 – 25 in Darwin city, Katherine and Alice Springs.

# 5. Consultation and Collaboration

**Consultation**

Regular consultation will occur with Headspace National and all lead agencies. Northern Territory PHN will support the consultation delivered by the lead agencies with community stakeholders in remote Aboriginal communities, to ensure the model continues to be culturally appropriate, safe and meets the needs of the communities they operate in.

**Collaboration**

Northern Territory PHN representatives attend the Community Consortium network meeting in Darwin/Palmerston, Katherine and Alice Springs. Northern Territory PHN and Lead Agencies meet regularly to support the work of the Headspace s across the NT. The activity will also be considered as part of the collaboration strategies aligned with the joint regional mental health planning in partnership with NT Health. The ACCHS sector, AMSANT and consumer and clinical councils will be included in collaboration activities to ensure that a holistic view is applied, that duplication is reduced and consumers experience a culturally safe and seamless journey when accessing mental health services.

# 6. Milestones

Implementation of specific bilateral agreement deliverables, with two years remaining on the current agreement.

Northern Territory PHN have been funded to commission the evaluation of the Mutitjulu/Yulara outreach model after one year of service, this evaluation is to inform future services such as the Traditional Healing project.

# 7. Commissioning

The development of the Mutitjulu and Yulara Outreach service is a result of an extensive co-design process. A program implementation working group with representatives from NTPHN, Central Australian Aboriginal Congress and Headspace  National, was established to formalise the co-design process and to ensure the needs of the communities involved are at the forefront of decision making. The working group established a timeline of activities, which includes: community consultation, development of governance documents, program evaluation, and building specifications and location.



# Youth mental health services - Early Psychosis and Youth Service

## 1. Aim of Activity

This activity aims to maintain the continuity of Headspace services delivered across the NT with emphasis on access to early intervention services.

## 2. Description of Activity

Northern Territory PHN will continue to work with Headspace Darwin to support the effective operations of the Early Psychosis and Youth Service (EPYS) program in Darwin. Northern Territory PHN will continue to support Headspace Darwin to ensure the deliverables, and that service delivery aligns with the Early Psychosis Prevention and Intervention Centre (EPPIC) model and meets model fidelity. Commissioning includes provision for a dedicated Early Psychosis Youth Services (EPYS) Program Data Support Officer to support data quality assurance and transfer for evaluation purposes.

Workforce access, capacity and capability are critical areas of need to support the delivery of commissioned programs by Northern Territory PHN. Where required, this activity could include workforce development initiatives to improve access, quality and sustainability of services to the communities in the NT.

## 3. Needs Assessment

**Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27**

| Priority | Page reference |
|---|---|
| Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations. | 51 |
| Population Health - Support both the development of specialised services and increased capacity of mainstream primary and mental health care services to identify and address the specific needs of at-risk population. | 51 |

| | |
|---|---|
| Mental Health - Contribute to informed, inclusive services that provide timely, integrated, compassionate and culturally safe suicide prevention responses that meet the diverse needs of people across the NT. | 35 |

# 4. Demographics

NT residents aged 12 to 25 in Darwin city, Katherine and Alice Springs.

# 5. Consultation and Collaboration

**Consultation**

Regular consultation with Headspace  National and all lead agencies. Northern Territory PHN will support the consultation delivered by the lead agencies with community stakeholders in remote Aboriginal communities, to ensure the model continues to be culturally appropriate, safe and meets the needs of the communities they operate in.

**Collaboration**

Northern Territory PHN representatives attend the Community Consortium network meeting in Darwin/Palmerston, Katherine and Alice Springs. Northern Territory PHN and Lead Agencies meet regularly to support the work of the Headspace s across the NT. The activity will also be considered as part of the collaboration strategies aligned with the joint regional mental health planning in partnership with NT Health. The ACCHS sector, AMSANT and consumer and clinical councils will be included in collaboration activities to ensure that a holistic view is applied, that duplication is reduced and consumers experience a culturally safe and seamless journey when accessing mental health services.

# Commission suicide prevention services that are responsive to need

## 1. Aim of Activity

This activity aims to increase access to and provision of appropriate suicide prevention services and activities that are responsive to identified need for people living in the NT who may be at risk of suicide and self-harm.

## 2. Description of Activity

This activity will commission suicide prevention services and activities that are responsive to need for people living in the NT who may be at risk of suicide and self-harm.

Where required, Northern Territory PHN will undergo a procurement process to align the aims and outcomes of commissioned services more equitably with identified needs and priorities across the NT. This activity will encourage and promote a regional approach to suicide prevention including community-based activities and liaising with service providers to help ensure appropriate follow-up and support arrangements are in place for individuals after a suicide attempt and for other people at high risk of suicide.

Northern Territory PHN will identify and commission suicide prevention services that are aligned with the bilateral agreement in partnership and collaboration with NT Government.

Through this activity:

- Northern Territory PHN will engage with key stakeholders and service providers to design and contract innovative service models, including the systems-based service model(s) that are designed through the Darwin site of the National Suicide Prevention Trial
- Northern Territory PHN will seek to commission integrated service models that are outcomes focused and culturally accessible
- Northern Territory PHN may also commission time-limited projects that improve suicide prevention health literacy and/or the coordination an integration of suicide prevention services in the NT. Time-limited projects may include:
    - Workshops and resource development to promote shared understanding of suicide and its prevention in the context of indigenous culture and language
    - Localised suicide prevention response programs, activities and initiatives for high-risk communities/regions.

Workforce access, capacity and capability are critical areas of need to support the delivery of commissioned programs by Northern Territory PHN. Where required, this activity could include workforce development initiatives to improve access, quality and sustainability of services to the communities in the NT.

The Minimum Data Set (MDS) approach to collection is to work with providers to enhance the collection of suicide prevention data through the MDS and utilise continuous quality improvement activities.

# 3. Needs Assessment

**Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27**

| Priority | Page reference |
|---|---|
| Population Health - Improve health literacy through approaches that are culturally responsive, trauma informed, community-led and place-based. | 23 |
| Mental Health - Building stronger communities that have increased capacity to respond to and prevent suicidal behaviour through raising awareness and reducing stigma. | 64 |
| Population Health - Provide access to health prevention, promotion, early intervention and navigation supports for at-risk populations. | 56 |
| Mental Health - Contribute to informed, inclusive services that provide timely, integrated, compassionate and culturally safe suicide prevention responses that meet the diverse needs of people across the NT. | 35 |

# 4. Demographics

NT residents in Daly, Tiwi, West Arnhem, East Arnhem, Litchfield, Barkly, Darwin city, Darwin suburbs, Palmerston, Katherine and Alice Springs.

When commissioning Aboriginal-specific suicide prevention services, Northern Territory PHN will engage with AMSANT and the NT Aboriginal Health Forum (NTAF) to achieve collaborative and needs based planning in Aboriginal health, to direct contracting and procurement opportunities, where possible.

# 5. Consultation and Collaboration

**Consultation**
Northern Territory PHN consults with NT Health and other Territory peak bodies who all contribute to the regional planning for suicide prevention.

**Collaboration**
Northern Territory PHN staff work closely with the service providers to support service delivery and aligning with the program specifications. The activity will also be considered as part of the collaboration strategies aligned with the joint regional mental health planning in partnership with NT Health. The ACCHS sector, AMSANT and consumer and clinical councils will be included in collaboration activities to ensure that a holistic view is applied, that duplication is reduced and consumers experience a culturally safe and seamless journey when accessing mental health services.

# 6. Commissioning

Two current contracts will be ending 30 June 2024, with no plan on extending the service due to lack of capacity. Northern Territory PHN is actively engaging with alternative providers to reinvest with and support continued service delivery in those communities.

All programs under this activity are developed through co-design. When commissioning these Aboriginal-specific suicide prevention services, Northern Territory PHN will engage with AMSANT, the NT Aboriginal Health Forum (NTAF), service providers, peak bodies and lived experience members/carers to design culturally safe and appropriate programs.

# Aboriginal and Torres Strait Islander mental health services

## 1. Aim of Activity

This activity aims to enhance and better integrate Aboriginal and Torres Strait Islander mental health services at a local level facilitating a joined-up approach with other closely connected services including social and emotional well-being, suicide prevention and alcohol and other drug services.

## 2. Description of Activity

This activity involves commissioning the delivery of mental health services through the SEWB model. Through a collaborative co-design process at the NTAHF, SEWB was identified as an appropriate framework through which to deliver drug and alcohol treatment and mental health services for Aboriginal and Torres Strait Islander people in the NT. Integration of mental health services, AOD, suicide prevention and other mental services is a key focus of the activities and forms a key component of consultation with stakeholders including ACCHS.

The SEWB model developed for the NT region includes three integrated 'stepped care' streams including:

- Medical Stream (i.e. General Practitioner)
- Therapeutic Stream (i.e. Clinical Psychologist, Mental Health experienced Social Worker)
- Social/Cultural (i.e. Senior Aboriginal position).

Northern Territory PHN will continue to commission activities to support SEWB program delivery including, but not limited to:

- SEWB therapeutic and social cultural service delivery within primary healthcare
- Continuous quality improvement of the SEWB program service model
- SEWB workforce development
- Facilitate access to training, supervision, professional development and peer support for people delivering drug and alcohol treatment and mental health services through a SEWB model
- Coordinate and facilitate activities that promote networking, knowledge sharing and skills development in drug and alcohol service delivery
- NT HealthPathways development
- Evaluation of the delivery of mental health services through a SEWB model

- Regional responses to emerging Indigenous mental health and suicide prevention needs
- Indigenous suicide prevention programs. Workforce access, capacity and capability are critical areas of need to support the delivery of commissioned programs by Northern Territory PHN.

Where required, this activity could include workforce development initiatives to improve access, quality and sustainability of services to the communities in the NT. Northern Territory PHN is committed to the potential transition of the funding for this program to ACCHS providers and notes that currently this funding is allocated to service provision by that sector.

# 3. Needs Assessment

**Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27**

| Priority | Page reference |
|---|---|
| Population Health - Improve health literacy through approaches that are culturally responsive, trauma informed, community-led and place-based. | 23 |
| Population Health - Equitable access to healthcare and social services, especially for those living in rural and remote areas. | 52 |
| Mental Health - Building stronger communities that have increased capacity to respond to and prevent suicidal behaviour through raising awareness and reducing stigma. | 64 |
| Health Workforce - Develop and grow the Aboriginal and Torres Strait Islander workforce – clinical and non-clinical with a particular focus on remote and ACHHSs. | 71 |
| Health Workforce - Develop locally responsive, sustainable models of care, including more community-based models, with a particular focus on remote settings. | 71 |
| Population Health - Provide access to health prevention, promotion, early intervention and navigation supports for at-risk populations. | 56 |

| | |
|---|---|
| Population Health - Address the impact of social and cultural determinants and system issues that affect health, including housing, food security, education, employment, historical and cultural factors. | 18 |
| Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations. | 51 |
| Population Health - Support both the development of specialised services and increased capacity of mainstream primary and mental health care services to identify and address the specific needs of at-risk population. | 51 |

# 4. Demographics

Aboriginal and Torres Strait Islander people requiring mental health support across all areas of the NT.

This activity is located across NT regional sites in ACCHOs, providing an opportunity for comprehensive engagement. Aboriginal and Torres Strait Islander engagement and support functions or roles would be supported through AMSANT, the peak body for Aboriginal Community Control in the NT and engages with members, program workers, ACCHSs and community members, as appropriate.

# 5. Consultation and Collaboration

**Consultation**

NTAHF is a peak-level partnership that provides strategic guidance and makes decisions about key policy issues to improve Aboriginal health and wellbeing. Northern Territory PHN is a member of this forum, and it is through this channel that key organisations, including Commonwealth Department of Health, Disability and Ageing (DHDA), come together to plan and coordinate programs and activities.

**Collaboration**

AMSANT provides SEWB workforce support and trauma-informed care training to Northern Territory PHN commissioned SEWB providers. Northern Territory PHN collaborates regularly with AMSANT to ensure that the workforce support provision is fit for purpose and supports community needs. The activity will also be considered as part of the collaboration strategies

aligned with the joint regional mental health planning in partnership with NT Health. The ACCHS sector, AMSANT and consumer and clinical councils will be included in collaboration activities to ensure that a holistic view is applied, that duplication is reduced and consumers experience a culturally safe and seamless journey when accessing mental health services.

Providers commissioned by Northern Territory PHN already have established relationships and involvement in mental health, SEWB, AOD and clinical services. These providers hold contracts across multiple programs, facilitating integration and holistic planning involving various stakeholders in the community.

Northern Territory PHN has initiated regional health committees to convene major organisations and discuss innovative solutions for addressing health needs within the region.

Northern Territory PHN hosts regional health committees. This is a new initiative aimed at bringing together major organisations to discuss innovative ideas and solutions for health needs within the region.

# 6. Commissioning

A co-design process was undertaken at the commencement of the SEWB program in 2016. This process involved representatives from the NT ACCHS sector, Top End Health Service, NT Health, National Indigenous Australians Agency (NIAA) and DHDA.

# Targeted Regional Initiatives to Suicide Prevention

## 1. Aim of Activity

The aim of the Targeted Regional initiatives for Suicide Prevention (TRISP) is to improve the effectiveness of suicide prevention initiatives throughout the NT, by working in partnership with NT Health and AMSANT. The partnership aims to ensure improved understanding of the system, regional challenges and gaps for co-commission in relation to tertiary, primary heath and community workforce needs with the intention of reducing suicide rates, in particular for Aboriginal and Torres Strait Islander people throughout the NT.

## 2. Description of Activity

Northern Territory PHN will engage, coordinate and integrate a suite of early intervention and suicide prevention activities tailored to the region-specific needs and priorities of communities, stakeholders and service providers.

Key partnerships for this activity are the NT Health, AMSANT and NIAA to develop joint regional suicide prevention plans.

Establishment of a strategic coordination group will ensure good coordination between the various suicide prevention roles and establishment ownership and accountabilities between service providers.

Workforce access, capacity and capability are critical areas of need to support the delivery of commissioned programs by Northern Territory PHN. Where required, this activity could include workforce development initiatives to improve access, quality and sustainability of services to the communities in the NT.

## 3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

| Priority | Page reference |
|---|---|
| Mental Health - Building stronger communities that have increased capacity to respond to and prevent suicidal behaviour through raising awareness and reducing stigma. | 64 |

| | |
|---|---|
| Mental Health - Contribute to informed, inclusive services that provide timely, integrated, compassionate and culturally safe suicide prevention responses that meet the diverse needs of people across the NT. | 35 |

# 4. Demographics

The target population for this activity is anyone in rural or regional NT affected by or at risk of suicide and behaviours. Those who have lived experience of suicide including individuals, families and communities of all ages groups and demographics. This funding is specifically for rural and regional locations and will target those most at risk of suicide including Aboriginal and Torres Strait Islander populations.

A strong component of the targeted regional initiatives is focused on improving suicide prevention activities and outcomes for Aboriginal and Torres Strait Islander people. Activities are in regional and remote communities, are led by ACCOs.

# 5. Consultation and Collaboration

**Consultation**

As part of joint regional mental health planning, Northern Territory PHN, along with NT Health and AMSANT, have established arrangements to facilitate feedback from key stakeholders and community partners to inform suicide prevention planning at 8 locations around the Territory.

Northern Territory PHN's Suicide Prevention Lead met with key suicide prevention leaders in each of the regional areas of the NT to better understand current issues and opportunities. These consultations informed the strategic direction of the above-mentioned activities and revised understanding of the needs analysis for the NT.

NT Health, NIAA and AMSANT were all consulted prior to the TRISP funding procurement process, to ensure that the guidelines for the funding aligned with the overall goals of the NT suicide prevention space.

**Collaboration**

Northern Territory PHN, NT Health, and the NIAA worked in partnership with AMSANT, to develop the next iteration of the NT Suicide Prevention Implementation Plan and joint regional plans. This was released in 2023. This plan will be utilised to direct future strategic direction and goals of the NT.

In addition to this, the TRISP activities that have been commissioned will be monitored by the

Northern Territory PHN contract management team and updates of the programs can be reported back to the partners NT Health, NIAA and AMSANT.

## 6. Commissioning

Significant in-kind contributions from NT Health, AMSANT and NIAA including travelling to remote regions to hold consultations with local stakeholders and potential providers.

# Initial Intake and Assessment Officers

## 1. Aim of Activity

The aim of this activity is to support GPs and clinicians in the primary care setting, using the stepped care model to select the least intensive level of care, for a person presenting for mental health assistance by using the Initial Assessment and Referral (IAR) tool.

This will contribute to achieving nationally consistent levels of care for persons presenting with similar conditions.

## 2. Description of Activity

Northern Territory PHN will engage a full-time IAR Training and Support Officer (TSO) to support GPs and clinicians in learning and implementing the IAR into clinical practice and workflow.

The IAR TSO will:

- Participate in 'train the trainer' training delivered by the DoHDA National Project Manager to build capability and confidence in using the IAR, facilitating training and supporting GPs to implement the IAR
- Deliver training to build relationships with, and provide ongoing support to GPs and clinicians in AMHCs, GPs, ACCHSs and commissioned providers within the NT
- Deliver training to build relationships with and provide ongoing support to GPs and clinicians in Kids Mental Health Centres and Residential Aged Care Facilities as the IAR is adapted for specific vulnerable cohorts and as required by the DoHDA, as well as in Local Hospital Networks/Districts as jurisdictions in your region adopt the IAR
- Meet the GP training target set for the NT and maintain records to support the GP attendance and remuneration
- Build strong relationships across the TSO network and with other key stakeholders to explore opportunities for cross-boundary learning and collaboration
- Meet with the DHDA and the National Project Manager, as required, to report on training numbers for all staff trained, share enablers and discuss any barriers
- Work with the DHDA to promote integration of clinical software solutions, once developed, with clinical practices and practice managers within the NT
- Collect data and report on GP and other clinician training as detailed in the Program Guidance for Primary Health Network Initial Assessment and Referral Training and Support Officers

- Maintain a record of Frequently Asked Questions, hosted on the PHN SharePoint, and support continuous improvement to education and training.

In consultation with Clinical Councils and local GPs, Northern Territory PHN will develop a plan for disseminating and implementing the National IAR Guidelines locally.

Northern Territory PHN will also provide data and participate in activities as agreed with the DHDA to inform the IAR evaluation.

# 3. Needs Assessment

**Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27**

| Priority | Page reference |
|---|---|
| Health Workforce - Develop locally responsive, sustainable models of care, including more community-based models, with a particular focus on remote settings. | 71 |
| Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations. | 51 |

# 4. Demographics

GPs based in the NT.

# 5. Consultation and Collaboration

**Consultation**
Consultation has occurred with Neami nationally through community of practices. Furthermore, it has occurred within the primary health sector including GP and mental health providers.

**Collaboration**
Collaboration has occurred within the primary health sector and the community to inform quality improvement and adjustments to commissioned services at a service delivery level. This has focused on GP clinics as the IAR TSO will work closely with GP's.

# 6. Milestones

- IAR TSO to be trained in January 2024
- Training schedule to be sent out in February 2024
- The IAR TSO has engaged with over 50 GP practices
- The IAR TSO meets with the TSO network monthly
- 252 GP's to be trained by 30 June 2026.

# Strengthening the mental health workforce

## 1. Aim of Activity

The aim of this activity is to develop and deliver initiatives and programs to grow and to build the capacity of primary healthcare services in the NT through workforce development initiatives.

## 2. Description of Activity

The NT primary healthcare sector is reporting workforce access as the most significant barrier to delivering healthcare at this time. Support will be provided to the sector to improve workforce access and sustainability through a number of strategic projects.

In consultation with the NT Workforce Alliance, Northern Territory PHN will deliver funding to support current and future primary healthcare workforce needs including expansion of supported pathways to and through health careers in the Territory, development of the local Aboriginal health workforce and improved access to workforce through strategic recruitment and retention initiatives.

The initiatives have been codesigned with key local stakeholders and will target current urgent workforce needs as well as addressing workforce sustainability.

This work will leverage activities delivered through the organisation's function as the Rural Workforce Agency NT, and the recently established NT Workforce Alliance, a key Northern Territory PHN governance group that supports and provides direction to the Rural Workforce Agency NT.

Workforce access, capacity and capability are critical areas of need to support the delivery of commissioned programs by Northern Territory PHN. Where required, this activity could include workforce development initiatives to improve access, quality and sustainability of services to the communities in the NT.

## 3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

| Priority | Page reference |
|---|---|

| | |
|---|---|
| Population Health - Equitable access to health care and social services, especially for those living in rural and remote areas. | 52 |
| Health Workforce - Develop and grow the Aboriginal and Torres Strait Islander workforce – clinical and non-clinical with a particular focus on remote and ACCHSs. | 71 |
| Health Workforce - Attract, maintain and retain existing workforce within the NT, including with remote and ACCHSs, and across all types of primary care workforce. | 71 |
| Health Workforce - Develop locally responsive, sustainable models of care, including more community-based models, with a particular focus on remote settings. | 71 |
| Population Health - Support integrated and innovative health, aged care and disability support including locally responsive solutions to address thin market across health and social care sectors. | 56 |
| Population Health - Address the impact of social and cultural determinants and system issues that affect health, including housing, food security, education, employment, historical and cultural factors. | 18 |
| Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations. | 51 |

# 4. Demographics

Rural and remote communities across the NT.

# 5. Consultation and Collaboration

**Consultation**

- NT Aboriginal Health Forum.

**Collaboration**

- NT Workforce Alliance.

## 6. Milestones

Northern Territory PHN and Rural Workforce Agency NT participate in stakeholder networks to support the direction of mental health workforce recruitment, retention, training and education strategies.

## 7. Commissioning

Designed and to be delivered in consultation with the NT Workforce Alliance, a strategic group convened by Northern Territory PHN tasked with developing and delivering a shared workforce strategy for the NT. Membership comprises representation from Northern Territory PHN, AMSANT, NT Health, DHDA, Menzies, Batchelor Institute, Flinders University and Charles Darwin University.

# Stepped Care – Psychological therapies for rural and remote, under-serviced and/or hard to reach groups

## 1. Aim of Activity

The aim of this activity is to improve access to integrated, culturally appropriate and safe mental health services that offer intervention and support to individuals in a rural, remote, hard to reach or under serviced areas. Depending on where an individual may be based, individuals may require face to face clinical services through primary care, backed by psychiatrists where required.

## 2. Description of Activity

Individuals in rural or remote (hard to reach) areas can experience mild mental ill health (may be persistent or episodic) where there is not a high level of risk, complexity or disability.

Support for these individuals can include self-help resources, clinician-assisted digital mental health services and other low-moderate intensity interventions. Depending on where individuals are based, it may also include face to face clinical services through primary care, backed up by psychiatrists, where required. Individuals who experience moderate-severe mental ill health will need to have structured, reasonably frequent and intensive supports.

An example of what support for hard-to-reach individuals may look like:

- Regular community support (such as peer support or social participation) and lifestyle interventions. This can include going out on country, recreation activities such as fishing, hunting or art
- Social participation in sports is also a positive intervention for those at Level 3
- More regular visits with the mental health and wellbeing program, and/or checking in with the GP or cultural healers
- Regular SEWB team support and may have a GP mental health plan in place
- Connection to identity and culture

**Short Term Therapies**
This activity also provides for greater flexibility to target priority groups in the provision of access to free focused psychological services to individuals who have limited or no access to Medicare subsidised mental health services and/or may not be able to afford mental health services in the private sector.

It seeks to maintain service continuity in rural and remote communities that would otherwise have little or no access to mental health services, including in areas where access to Medicare-subsidised mental health services is unavailable or underutilised.

This activity will support commissioned services to engage in both one on one and group work as a method to engage with clients and identify possible clients in need of stepping up/down in the mental health stepped care model. This activity will also commission psychological treatment services for people with mental illness living in residential aged care facilities.

Workforce access, capacity and capability are critical areas of need to support the delivery of commissioned programs by Northern Territory PHN. Where required this activity could include workforce development initiatives to improve access, quality and sustainability of services to the communities in the NT.

# 3. Needs Assessment

**Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27**

| Priority | Page reference |
|---|---|
| Population Health - Equitable access to health care and social services, especially for those living in rural and remote areas. | 52 |
| Mental Health - Deliver mental health services in line with the NT Mental Health and Wellbeing Plan for Integration and Co-Investment. | 64 |
| Mental Health - Contribute to informed, inclusive services that provide timely, integrated, compassionate and culturally safe suicide prevention responses that meet the diverse needs of people across the NT. | 35 |

# 4. Demographics

All NT residents.

# 5. Consultation and Collaboration

**Consultation**
Northern Territory PHN conducted 15 consultations with key stakeholders and service providers including 12 ACCHOs across the 5 regions.

Included in these consultations was a focus on the stepped care guidelines, where Northern Territory PHN notified organisations that we are revising our framework and guidelines and are seeking their input to ensure the local context is captured accurately.

The consultations included questions such as:

- Do you currently use stepped care in your service models?
- Where do you think your programs fit in the intensity level steps and where activity might not – and why?
- What is the care environment? Where are you treating your clients? Are they at home, in a clinic?

The information obtained from the consultations helped to inform us of the revised NT specific stepped care framework and guidelines, which are due to be ready to support next financial year's contracts.

**Collaboration**
Excellent feedback from organisations has helped shape and mould the NT Stepped Care Framework and Guidelines appropriate to the NT.

The Stepped Care guidelines and framework have been pulled apart to ensure they remain relevant and impactful for service providers in appropriately providing care for their clients.

# Stepped Care – low intensity mental health services

## 1. Aim of Activity

The aim of this activity is to improve access to integrated, culturally appropriate and safe mental health services that offer intervention and support to individuals requiring lower intensity support from self-management to early and effective intervention when needed.

## 2. Description of Activity

This activity covers Level 1-2 on the Stepped Care Framework which supports those requiring lower intensity support from self-management followed by early and effective intervention when needed. Stepped Care encourages more effective and efficient use of existing primary mental health care services. It also improves the use of evidence-based self-help and clinician moderated digital mental health services. The approach is person-centred and demonstrates how an individual can move across the spectrum of care needs by recognising their changing requirements over time.

For Level 1-2, Northern Territory PHN will focus on individuals experiencing a mild mental health challenge or problem to prevent an onset of illness or prevent further mental illness. The supports are non-clinical and can be provided in a community, group or casual setting by non-clinical staff, including cultural workers, peers, lived experience and community groups. Northern Territory PHN will commission telephone-based counselling services teamTALK, lived experience and peer support groups, art therapy, and counselling and cultural roles within SEWB services. Northern Territory PHN work with commissioned providers to include referral to Head to Health services where appropriate based on the level of care needed. Other examples of Level 1-2 supports that Northern Territory PHN will explore includes:

- Regular check ins from social supports, whether that be regular engagement with their community, sporting or recreational groups, or family and friends
- Routine check ins from a social support outreach program, early support from a mental health and wellbeing program, an initial check in with the GP
- Accessing digital resources like AIM-Hi, Smiling Mind or the Stay Strong apps
- Support with community, family or friends, including attending groups such as art therapy
- Spending time on country or reconnecting to culture through organised men's and women's groups.

# 3. Needs Assessment

**Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27**

| Priority | Page reference |
|---|---|
| Digital Health - Support digital health initiatives. | 60 |
| Population Health - Improve health literacy through approaches that are culturally responsive, trauma informed, community-led and place-based. | 23 |
| Population Health - Equitable access to health care and social services, especially for those living in rural and remote areas. | 52 |
| Mental Health - Deliver mental health services in line with the NT Mental Health and Wellbeing Plan for Integration and Co-Investment. | 64 |
| Population Health - Provide access to health prevention, promotion, early intervention and navigation supports for at-risk populations. | 56 |
| Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations. | 51 |
| Mental Health - Contribute to informed, inclusive services that provide timely, integrated, compassionate and culturally safe suicide prevention responses that meet the diverse needs of people across the NT. | 35 |

# 4. Demographics

All NT residents.

# 5. Consultation and Collaboration

**Consultation**

Northern Territory PHN conducted 15 consultations with key stakeholders and service providers including 12 ACCHs across the 5 regions to focus on Stepped Care Guidelines including the types of services required for people who meet the criteria for Level 1-2 on the Stepped Care framework.

More broadly the consultations included questions such as:

- Do you currently use stepped care in your service models?
- Where do you think your programs fit in the intensity level steps and where activity might not – and why?
- What is the care environment? Where are you treating your clients? Are they at home, in a clinic?

The information obtained from the consultations helped to inform us of the revised NT specific Stepped Care Framework and Guidelines, which will be used to guide next contracts for future financial years.

**Collaboration**

Excellent collaboration resulting in feedback from organisations has helped us shape and mould the NT Stepped Care Framework and Guidelines appropriate to the NT.

The Stepped Care guidelines and framework have been strongly revised to ensure they remain relevant and impactful for service providers in appropriately providing care for their clients.

# Stepped Care – Mental health services for people with severe and complex mental illness including care packages

## 1. Aim of Activity

The aim of this activity is to improve access to integrated, culturally appropriate and safe mental health services that offer intervention and support to individual's requiring high intensity services as well as psychosocial and community supports.

## 2. Description of Activity

Stepped Care encourages more effective and efficient use of existing primary mental health care services, including Medicare-based psychological therapy services and prescribing of pharmaceuticals under the PBS. It also improves the use of evidence-based self-help and clinician moderated digital mental health services. The approach is person- centred and demonstrates how an individual can move across the spectrum of care needs by recognising their changing requirements over time. The levels of need and service care provision should be understood as a continuum and be flexible, matching individuals with the right supports at the right time.

Individuals at this level, will experience moderate mental ill health (may be persistent or episodic) where there is not a high level of risk, complexity or disability.

Individuals at this level will require face to face clinical services through primary care, backed up by psychiatrists where required with access to self-help resources, clinician-assisted digital mental health services and other low-intensity interventions.

An example of what support those at this Level might need can include:

- Clinical high intensity services including periods of intensive intervention that may involve multidisciplinary support
- Individuals in the community attend cultural ceremonies as a form of mental health support
- SEWB services which work alongside clinicians and mental health nurses to support individuals with 1:1 intervention
- Family counselling
- Taking community members out on country with local elders
- Assertive outreach services

- Strong community engagement.

# 3. Needs Assessment

**Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27**

| Priority | Page reference |
|---|---|
| Mental Health - Building stronger communities that have increased capacity to respond to and prevent suicidal behaviour through raising awareness and reducing stigma. | 64 |
| AOD - Holistic, integrated and Aboriginal and Torres Strait Islander led responses to alcohol and other drug use in line with the SEWB model of service delivery. | 41 |
| Population Health - Address the impact of social and cultural determinants and system issues that affect health, including housing, food security, education, employment, historical and cultural factors. | 18 |
| Population Health- Support both the development of specialised services and increased capacity of mainstream primary and mental health care services to identify and address the specific needs of at-risk population. | 51 |

# 4. Demographics

All NT residents.

# 5. Consultation and Collaboration

**Consultation**

Northern Territory PHN conducted 15 consultations with key stakeholders and service providers including 12 ACCHOs across the 5 regions.

Included in these consultations was a focus on the Stepped Care Guidelines, where organisations were notified that the framework and guidelines were being updated and that their input was being sought to ensure the local context is captured accurately.

The consultations included questions such as:

- Do you currently use stepped care in your service models?
- Where do you think your programs fit in the intensity level steps and where activity might not – and why?
- What is the care environment? Where are you treating your clients? Are they at home, in a clinic?

The information obtained from the consultations helped to inform us of the revised NT specific Stepped Care Framework and Guidelines.

**Collaboration**
Excellent feedback from organisations has helped shape and mould the NT Stepped Care Framework and Guidelines appropriate to the NT.

The Stepped Care Framework and Guidelines have been pulled apart to ensure they remain relevant and impactful for service providers in appropriately providing care for their clients.

# Residential Aged Care

## 1. Aim of Activity

The aim of this activity is to deliver mental health support to older Australians, their communities and aged care staff. Through building workforce capacity and improving system integration for aged care services and communities, the program aims to improve social and emotional wellbeing for older Australians.

## 2. Description of Activity

The program employs 2 mental health nurses who provide services on a Fly-in/Fly-Out basis across all 5 regions of the NT including remote communities. Program delivery requirements are flexible to meet the individual needs of eligible clients and services. However, the provider must deliver at least one of the following identified activities:

1. Capacity building for social and emotional wellbeing.
2. System integration.
3. Clinical nursing services.
4. Psychological therapy.

## 3. Needs Assessment

**Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27**

| Priority | Page reference |
|---|---|
| Population Health - Improve health literacy through approaches that are culturally responsive, trauma informed, community-led and place-based. | 23 |
| Population Health - Equitable access to health care and social services, especially for those living in rural and remote areas. | 52 |
| Mental Health - Deliver mental health services in line with the NT Mental Health and Wellbeing Plan for Integration and Co-Investment. | 64 |
| Population Health - Support integrated and innovative health, aged care and disability support including | 56 |

| | |
|---|---|
| locally responsive solutions to address thin market across health and social care sectors. | |
| Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations. | 51 |
| Population Health - Support both the development of specialised services and increased capacity of mainstream primary and mental health care services to identify and address the specific needs of at-risk population. | 51 |

# 4. Demographics

Older people in the NT.

This activity functions as an outreach service that includes outreach to National Aboriginal and Torres Strait Islander Flexible Aged Care Sites. Providing SEWB support and capacity building of local staff to support wellbeing of residents as well as brief interventions when required. It also provides linkages to culturally appropriate locally run cultural healing groups.

# 5. Consultation and Collaboration

**Consultation**

The activity was designed through stakeholder engagement with Aged Care division of both the DHDA and NT Health and NT Health's psychogeriatric team, residential aged care providers and NATSIFAC facilities. Local psychologist and social workers providing services in aged care facilities.

**Collaboration**

- Psychogeriatric Team Northern Territory Government
- Aged Care Services
- National Aboriginal and Torres Strait Islander Flexible Aged Care Services.

# 6. Commissioning

Co-designed with Psychogeriatric Team NT Health, Aged Care Services and NATSIFAC services.

# Supporting Recovery Pilot – Mental Health Services

## 1. Aim of Activity

The Supporting Recovery from Family, Domestic and Sexual Violence (FDSV) pilot program aims to provide FDSV-specific trauma-informed care and access to trauma-informed mental health care to victims-survivors as part of their longer-term recovery. The service delivery aspect of the program will provide access to trauma-informed services to holistically support victim-survivors and their children. This will include up to 2 years of ongoing mental health support. Services will also be culturally safe, holistic, and include traditional healing, where appropriate to the victim-survivor.

## 2. Description of Activity

Northern Territory PHN have commissioned a provider to co-design and establish the Supporting Recovery Program, which will support victim-survivors and their children across the breadth of the expansive Big Rivers region. The program, currently under development, aims to provide long-term therapeutic support for individuals focused on recovery from FDSV.

The Supporting Recovery Provider, in partnership with two ACCHOs and remote health clinics will provide services through an outreach model to maximise client reach and provide access to culturally appropriate therapeutic supports that are otherwise unavailable.

Northern Territory PHN, in response to the identified priority group of young people commencing relationships, and the extremely high rates of sexually transmissible infections (STI) in young people in the NT, has commissioned the establishment of a Youth Sexual Health Clinic which will provide screening and education about healthy relationships. Access to FDSV, STI screening and referral into counselling supports and other appropriate services further complements this unique service offering that centres the healing and recovery of young people.

To provide support to regional NT hospitals who routinely act as an entry point to the NT health system for Aboriginal populations, Northern Territory PHN is also funding discrete social worker positions to provide both care coordination and recovery supports to victim-survivors of FDSV.

The function of these roles across 4 regional hospital locations in the NT, is to provide both care coordination through warm referrals to therapeutic and social supports but also to provide culturally responsive recovery care to clients.

# 3. Needs Assessment

**Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27**

| Priority | Page reference |
|---|---|
| Mental Health - Support the recovery and healing of people and communities affected by FDSV. | 13 |
| Population Health - Improve indicators of sexual health and support reduction of infectious disease. | 10 |

# 4. Demographics

This program will focus on providing recovery supports to Aboriginal and Torres Strait Islander communities and young people in the NT with the most need.

The funding for this program will focus on providing recovery supports to Aboriginal and Torres Strait Islander communities. Once Northern Territory PHN has selected a preferred provider a co-design phase will occur with the Aboriginal and Torres Strait Islander sector in the design, implementation and evaluation of the pilot.

# 5. Consultation and Collaboration

**Consultation**

Northern Territory PHN has undertaken an extensive consultation process to understand needs, gaps and opportunities for the Supporting Recovery Pilot program. Key stakeholders involved and impacted by FDSV were mapped and identified, to enable a comprehensive view of the issue in the NT.

Northern Territory PHN consulted their Community and Clinical Councils to seek strategic guidance and locally relevant advice. Both Council's include members with deep knowledge of the health priorities in their communities from their personal and professional experiences. Northern Territory PHN also hosted a strategic forum and conducted semi-structured interviews with key stakeholders to deepen our understanding of the policy and service landscape. Stakeholders that Northern Territory PHN have consulted, and continue to consult, include:

- AMSANT
- Northern Territory Government including staff from Territory Families, NT Health and Multi Agency Community Child Safety Team

- Northern Territory Council of Social Services – NT's peak body for specialist FDSV services and implementation agency for the NT Framework on FDSV
- Women's Safety Services of Central Australia
- Various (ACCHOs from across different regions of the NT
- Key allied health working in FDSV (social workers) based in both primary and tertiary settings
- Primary care practitioners including GPs, Remote Area Nurses and SEWB workers
- A Senior Registrar at Royal Darwin Hospital
- Sexual Assault Referral Centre (SARC) based GP
- Northern Territory Aids and Hepatitis Council (NTAHC)
- HHeadspace  National Youth Mental Health Foundation
- Head to Health – Community and social perspective including mental health services, justice and housing
- Dawn House – a Top End women's Shelter and counselling service; lead of the Top End Regional Network.

Northern Territory PHN continues to engage with the sector through the planning and commissioning of activities under the Supporting Recovery Pilot. In addition, Northern Territory PHN have met with other PHNs nationally to discuss collaboration opportunities and the program requirements.

**Collaboration**

Northern Territory PHN continues to collaborate with key stakeholders in the NT to contribute to the ongoing development and delivery of pilot activities.

A strategic forum comprising of key subject matter experts and lived experience advocates was established to support the development of a set of principles to inform the programs guidelines and key selection criteria for the formal tender process. The members included:

- Lived experience advocates
- Academic
- Social workers
- Northern Territory Government including Territory Families and Health –Policy advice
- Midwife / Nurse based in remote location
- GP
- Specialist FDSV
- Sexual Assault nurse
- Peak body for ACCHSs
- Arc Blue – Probity support.

The extensive consultation process has enabled Northern Territory PHN to establish a wide range of key partnerships across the FDSV sector in the NT. Northern Territory PHN participates in a series of networks and project advisory groups in the NT to support implementation of pilot activities, identify new opportunities and mitigate potential duplication of services.

Northern Territory PHN leverages shared knowledge from various departments at Northern Territory PHN including Primary Health Care, Workforce, Regional Health Partnerships and the Strategy, Planning and Integration Teams. These teams support us to understand the workforce needs and collaborate on capacity building opportunities.

Additionally, Northern Territory PHN continues to work internally with the Primary Health Care Team to include relevant capacity building initiatives, such as locally relevant HealthPathways updates.

Northern Territory PHN is committed to contributing to the national evaluation associated with this pilot.

# 6. Commissioning

Northern Territory PHN is supportive of co-design activities that enable culturally appropriate development of the Supporting Recovery portfolio of activities.

# Supporting Recovery Pilot – Sector Workforce Development

## 1. Aim of Activity

Supporting Recovery from FDSV is a pilot program that aims to provide FDSV-specific trauma-informed care and access to trauma-informed mental health care to victims-survivors as part of their longer-term recovery. This aspect of the program will seek to develop Aboriginal mental health and AOD workforce capacity in the NT to support the delivery of SEWB services including trauma-informed care.

## 2. Description of Activity

This activity focuses on increasing the skills and capability of the SEWB Aboriginal Mental Health and Alcohol and Other Drugs (MHAOD) workforce in the NT non-government sector. Through workforce development initiatives, the project seeks to enhance primary healthcare services and expand access to culturally appropriate SEWB supports across the NT.

**Key Activities**

Engagement and Needs Assessment:

- Work with non-government service providers to assess workforce strengths and training needs
- Align activities with findings from regional consultations and forums to ensure responsiveness to community needs.

Training & Workforce Development:

- Connect workforce with existing third-party training programs that are culturally appropriate and can be delivered on-country
- Commission training to address identified gaps
- Support workforce growth by investing in local Aboriginal and Torres Strait Islander mental health workers and developing a lived experience workforce.
- Build workforce capacity in FDSV trauma-informed care within an NT cultural context.

The activity aligns with the Mental Health and Suicide Prevention Joint Regional Plans and broader Northern Territory PHN strategic priorities.

Ongoing consultation with Northern Territory PHN, Rural Workforce Agency NT and sector stakeholders to identify workforce accessibility (student pathways and recruitment) and quality (skills development) challenges.

The project will include an action evaluation process to measure the effectiveness of training and workforce initiatives. The goal is to create sustainable-led mental health and AOD workforce solutions that meet the unique needs of NT communities.

# 3. Needs Assessment

**Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27**

| Priority | Page reference |
|---|---|
| Population Health - Support a trauma-informed primary care sector response to FDSV. | 13 |
| Mental Health - Support the recovery and healing of people and communities affected by FDSV. | 13 |
| Mental Health - Deliver mental health services in line with the NT Mental Health and Wellbeing Plan for Integration and Co-Investment. | 64 |
| AOD - Diagnosis of co-morbid mental illness and alcohol or other drug misuse and the coordination and integration of care. | 66 |
| Health Workforce - Develop and grow the Aboriginal and Torres Strait Islander workforce – clinical and non-clinical with a particular focus on remote and ACCHSs. | 71 |
| Health Workforce - Develop pathways into and through primary health care careers, including with remote and ACCHSs and across all types of primary care workforce. | 71 |
| Health Workforce - Attract, maintain and retain existing workforce within the NT, including with remote and ACCHSs, and across all types of primary care workforce. | 71 |

| | |
|---|---|
| Health Workforce - Develop locally responsive, sustainable models of care, including more community-based models, with a particular focus on remote settings. | 71 |
| AOD - Holistic, integrated and Aboriginal and Torres Strait Islander led responses to alcohol and other drug use in line with the SEWB model of service delivery. | 41 |
| AOD - Health professional awareness and capability for AOD screening, intervention and referral, particularly for younger Aboriginal men, pregnant women and children with a high risk of FASD. | 11 |
| Population Health - Contribute to and support opportunities to increase transparency, cross-sector networking and partnership opportunities for FDSV. | 28 |
| Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations. | 51 |
| Population Health - Support both the development of specialised services and increased capacity of mainstream primary and mental health care services to identify and address the specific needs of at-risk population. | 51 |

# 4. Demographics

Northern Territory PHN will be targeting the mental health workforce sector in this activity. It will focus on workforce that supports particular at-risk populations that have been identified as having gaps in workforce capacity to meet their needs.

The funding for this program will focus on providing workforce development for Aboriginal and Torres Strait Islander workers in the Top End and Big Rivers Regions.

# 5. Consultation and Collaboration

**Consultation**
The Mental Health, AOD and Suicide Prevention (MHAODSP) team have been working closely with Northern Territory PHN's internal Workforce and Strategy, Commissioning and Integration branches, and external partners AMSANT and NT Health to ensure that resources are being put towards agreed priority areas. This process ensures that we are not doubling up on training already provided to the sector. Charles Darwin University, the lead agency, engage with the local NT sector to deliver the training that is relevant within the local context and appropriate to the target audience of primary health care workers in the NT. They have established an expert advisory committee and Aboriginal advisory committee to ensure the consultation phase is consultative and place based.

**Collaboration**
Northern Territory PHN have been working closely with internal Workforce and Strategy, Commissioning and Integration branches, and external partners AMSANT and NT Health to ensure that resources are being put towards agreed priority areas.

More broadly in the FDSV space, Northern Territory PHN has also established key contacts and roles in Territory-wide networks to ensure coordinated contributions to service delivery and capacity building.

Northern Territory PHN leverages off the shared knowledge from within the organisation. Shared team knowledge allows us to learn about workforce needs and share any relevant capacity building opportunities. Northern Territory PHN's Clinical Council provides guidance from a health care practitioner perspective, and the Community Advisory Council provides guidance from a community perspective.

# 6. Milestones

On 7 November 2023, Northern Territory PHN met with the Commonwealth Government Supporting Recovery Team to confirm the arrangement for this aspect of the pilot

Funding arrangements for the program were confirmed on 16 November 2023.

Joint Regional mental health planning will inform future procurement activities.

# 7. Commissioning

Procured service providers will be supported to co-design the service with their target population. Northern Territory PHN will allocate resources to support this work by providers.

# Supporting Recovery Pilot – Local Care Team

## 1. Aim of Activity

The supporting recovery pilot program aims to provide FDSV-specific trauma-informed care and access mental health care to victims-survivors as part of their longer-term recovery through a local care team.

## 2. Description of Activity

Northern Territory PHN has commissioned a provider to co-design and establish the Supporting Recovery Program which will provide up to 2 years recovery and healing support to victim-survivors of FDSV. The program, currently under development, will support clients across the Big Rivers region of the NT through delivery of culturally appropriate outreach services.

A care coordination and case management function is key to delivery of this program to ensure that throughout the client's engagement with the service they are appropriately matched with therapeutic and other holistic supports that meet them where they are at in their healing journey.

The partnership arrangement for this program enables care coordination teams to provide supports to clients of 3 ACCHSs with multi clinic presence across the Big Rivers region.

This pilot provider will participate in the independent evaluation activities required for this program.

In response to an identified priority group of young people commencing relationships, as well as the extremely high rates of sexually transmissible infections in young people in the NT, Northern Territory PHN has commissioned the establishment of a Youth Sexual Health Clinic which will provide screening and education about healthy relationships. Access to FDSV screening and referral into counselling supports and other appropriate services further complements this unique service offering that centres the healing and recovery of young people.

Clients of the program will receive case management support throughout their engagement with this program.

To provide support to regional NT hospitals who routinely act as an entry point to the NT Health system for Aboriginal populations, Northern Territory PHN is also funding discrete social worker positions to provide both care coordination and recovery supports to victim-survivors of FDSV.

The function of these roles across 4 of the regional hospital locations in the NT, is to provide both care coordination through warm referrals to therapeutic and social supports but also to provide culturally responsive recovery care to clients.

# 3. Needs Assessment

**Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27**

| Priority | Page reference |
|---|---|
| Mental Health - Support the recovery and healing of people and communities affected by FDSV. | 13 |
| Population Health - Improve indicators of sexual health and support reduction of infectious disease. | 10 |

# 4. Demographics

The funding for this program will focus on providing recovery supports to Aboriginal and Torres Strait Islander communities and young people in the NT.

A significant portion of the funding for this program will focus on providing recovery supports to Aboriginal and Torres Strait Islander communities through local care teams.

# 5. Consultation and Collaboration

**Consultation**

Northern Territory PHN has undertaken an extensive consultation process to understand needs, gaps and opportunities for the Supporting Recovery Pilot program. Key stakeholders involved and impacted by FDSV were mapped and identified, to enable a comprehensive view of the issue in the NT.

As a starting point, Northern Territory PHN consulted their Community and Clinical Councils seeking strategic guidance and locally relevant advice. Both Council's include members with deep knowledge of the health priorities in their communities from their personal and professional experiences. Following this consultation, Northern Territory PHN have also consulted the following organisations and people to better understand the policy and service landscape regarding FDSV:

- AMSANT
- Northern Territory Government including staff from Territory Families, NT Health and Multi Agency Community Child Safety Team

- Northern Territory Council of Social Services – NT's peak body for specialist FDSV services and implementation agency for the NT Framework on FDSV
- Women's Safety Services of Central Australia
- Various ACCHOs from across different regions of the NT
- Key allied health working in FDSV (social workers) based in both primary and tertiary settings
- Primary care practitioners including GPs, Remote Area Nurses and SEWB workers
- A Senior Registrar at Royal Darwin Hospital
- SARC based GP
- Head to Health – Community and social perspective including mental health services, justice and housing
- Dawn House – a Top End women's Shelter and counselling service; lead of the Top End Regional Network.

Northern Territory PHN have consulted with a Strategic Forum comprising of key subject matter experts and lived experience advocates to support a successful dialogue on the ideas and opportunities shared through the Northern Territory PHNs recently opened non-selective Expression of Interest (EOI) regarding the Supporting Recovery Pilot program. The Strategic Forum supported Northern Territory PHN to develop a set of principles to inform the programs guidelines and key selection criteria for the formal tender process.

In addition, Northern Territory PHN have met with other PHNs nationally to discuss collaboration opportunities and the program requirements.

**Collaboration**

Northern Territory PHN is collaborating with key stakeholders across multiple sectors in the NT to best develop this program, including the following:

- A Strategic Forum comprising of key subject matter experts and lived experience advocates was established to support the development of a set of principles to inform the programs guidelines and key selection criteria for the formal tender process. The members included:
  - Lived experience advocates
  - Academic
  - Social workers
  - Northern Territory Government including Territory Families and Health – Policy advice
  - Midwife / Nurse based in remote location
  - GP
  - Specialist FDSV
  - Sexual Assault nurse
  - Peak body for Aboriginal Community Controlled Health Services
  - Arc Blue – Probity support.

Through its consultation process outlined above, Northern Territory PHN has now established key contacts across the FDSV sector in the NT and will be participating in the Top End regional network and an NT Health Advisory Group to ensure aligned, value-add collaboration, across implementation activities in the NT, rather than a siloed and potentially duplicative approach to activities. This is an important approach being taken by Northern Territory PHN as there are a number of initiatives underway across sectors to implement the NT Framework for FDSV reduction and will ensure Northern Territory PHN is aligned and contributing in a locally relevant way.

We leverage off the shared knowledge from the various departments at Northern Territory PHN including Primary Health Care, Workforce and the Strategy, Commissioning and Integration Teams. These teams allow us to learn about workforce needs and share any relevant capacity building opportunities.

Northern Territory PHN's Clinical Council will provide guidance from a health care practitioner perspective, and the Community Advisory Council will provide guidance from a community perspective.

Additionally, Northern Territory PHN will work internally with the Primary Health Care Team to include relevant capacity building initiatives, such as locally relevant HealthPathways updates.

A local evaluation partner to support monitoring and continuous improvement and ensure measurable demonstration of outcomes within the local context (feeding into national evaluation).

Resourcing procured providers to conduct co-design activities with the target community as part of their design and implementation approach.

NT Health will also be consulted to support the design of this program.

# 6. Commissioning

Procured service providers will be supported to co-design the service with their target population. Northern Territory PHN will allocate resources to support this work by providers.