MENTAL HEALTH, ALCOHOL AND OTHER DRUGS AND SUICIDE PREVENTION

NORTH COAST JOINT REGIONAL PLAN

2024 - 2029

HEALTHY NORTH COAST

phn NORTH COAST An Australian Government Initiative

NSW GOVERNMENT

Mid North Coast Local Health District

Northern NSW Local Health District

ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the Traditional Custodians of the lands across our region, which includes the Githabul, Bundjalung, Yaegl, Gumbaynggirr, Dunghutti and Birpai Nations. We pay respect to the Elders past, present and those on their journey. We recognise these lands were never ceded and acknowledge the continuation of culture and connection to land, sky and sea. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and honour the rich diversity of the world's oldest living culture.

When referring to Aboriginal peoples in this Plan, we are respectfully referring to both Aboriginal and Torres Strait Islander people.

We collectively acknowledge people with lived and living experience of mental ill-health, suicide and suicidal distress and problematic alcohol and other drug use. People with lived and living experience play an important role in advocacy and influencing change in health systems and programs. Lived experience and advice, and the shared desire to improve outcomes for others.

FOREWORD

We are delighted to present the endorsed Mental Health, Alcohol and Other Drugs and Suicide Prevention Joint Regional Plan (referenced as The Plan). The Plan is a foundational piece that has progressed through our meaningful partnership and our commitment to tackle local challenges together. The Plan provides a regional platform for addressing health challenges for people with lived and living experiences of mental ill-health, suicide and problematic alcohol and other drug use.

We recognise the significant impact natural disasters have had and will continue to have on North Coast communities. Workforce shortages, limited access to bulk billing general practices, limited pharmaceutical benefits scheme pharmacies, increasing demand for opiate antagonist treatment services, cost of living and our regional housing crisis are important factors we have considered as broader health and social determinants of mental health and wellbeing. As a result, The Plan has been designed through a holistic lens, as will be the associated implementation plan when developed. Where possible, we will prepare communities to build resilience and ensure services remain responsive in times of crisis, reducing the impact on vulnerable populations.

We look forward to progressing this Plan and the subsequent implementation to enrich the experiences of our communities, clinicians and service providers through the joining up of services to improve access, efficacy of care and outcomes that matter to people.

Dr Adrian Gilliland	Peter Carter	Peter Treseder
Chair	Chair	Chair
Health North Coast Board	Northern NSW	Mid North Coast
Primary Health Network	Local Health District	Local Health District

This Plan has been years in the making and represents a renewed collective effort to join North Coast primary and acute health services together with a ‘one health system’ mindset. The Plan is aligned to the National Mental Health and Suicide Prevention Agreement, the Bilateral Agreement between the Commonwealth and New South Wales, and our own Better Health Outcomes for North Coast Communities Memorandum of Understanding (MOU) (2024-2026). These documents recognise the commitment of our organisations to work together to improve health outcomes across the North Coast.

Using the National Mental Health Services Planning Framework as the scaffold, in 2024, we will build on The Plan by designing a comprehensive implementation plan. It is through the implementation plan that we establish the activities, outcome measures, services and projects required to best address the priorities included in the Plan. This will be completed by strong partnerships with key stakeholders, including people with lived and living experience, their families and carers, priority populations, and our valued workforce from clinical, community and government sectors across the North Coast region.

We recognise that reciprocal partnerships with Aboriginal Community Controlled Health Services (ACCHS) are critical to improving social and emotional wellbeing outcomes for Aboriginal communities. We look forward to codesigning Aboriginal-specific initiatives with ACCHS as part of the implementation plan.

We thank those who have contributed to The Plan and for the continued commitment to deliver the implementation plan, working towards our 'one health system' vision of improving health outcomes and addressing health inequities for North Coast communities.

Monika Wheeler
Chief Executive
Healthy North Coast
North Coast Primary Health Network

Tracey Maisey
Chief Executive
Northern NSW Local Health District

Stewart Dowrick
Chief Executive
Mid North Coast Local Health District

CONTENTS

Strategy on a page

1. ACCESS & INTEGRATION

- **1.1** People can navigate and access mental health (MH) and alcohol & other drugs (AOD) information and services that enable choice and maximise self-management.
- **1.2** Regional collaborations, commissioning and partnerships that are responsive to population health needs.
- **1.3** Innovative funding models and opportunities for co-commissioning and collaborative service design are designed to meet the needs of North Coast communities.
- **1.4** 'One health system' for MH and AOD services is facilitated by strong partnerships between the parties of The Plan, including AMSs, general practice, non-government organisations, local and state government, NDIS and community service providers.

2. MENTAL HEALTH FOR PRIORITY POPULATIONS

- **2.1** Reduce stigma associated with mental health issues and willingness to seek help as needed.
- **2.2** Focus on promotion, prevention and early intervention.
- **2.3** A health system that is flexible and responsive to the needs of priority target populations.
- **2.4** Delivery of quality, value based healthcare.
- **2.5** Improved mental health and physical health outcomes for priority populations.
- **2.6** People experience a 'one health system' approach to mental health and AOD care, as they step up or step down, or move across service systems.
- **2.7** Improved partnerships with organisations and services that can influence the social determinants of health.

3. ALCOHOL & OTHER DRUGS

- **3.1** Reduced impact of AOD-related harms through prevention and health promotion, early and brief intervention, treatment, relapse prevention and recovery.
- **3.2** People access and navigate place-based drug and alcohol treatment services.
- **3.3** People experience consistent care pathways between MH and AOD services.
- **3.4** Drug use for people with a mental illness is effectively managed.
- **3.5** Organisations and individuals have adequate capacity to prevent and respond to AOD-related problems and promote evidence-informed practice.

4. ABORIGINAL PEOPLES

- **4.1** Service design and delivery is driven by Aboriginal knowledge and wisdom in partnership with the Aboriginal Community Controlled Health Sector.
- **4.2** Services are culturally safe, flexible and responsive to the needs of Aboriginal peoples and facilitate self-determination.
- **4.3** The social inequalities and wider determinants of Aboriginal peoples' health are addressed.
- **4.4** Positively contribute to Closing the Gap between Aboriginal and non-Aboriginal inequalities and health status.

5. SUICIDE PREVENTION

- **5.1** Build a system of care that considers factors that relate to suicidal distress.
- **5.2** Enable recovery through aftercare and postvention.
- **5.3** Cross-sector collaboration between health and non-healthcare organisations effectively support suicide prevention and knowledge transfer.
- **5.4** Lived experience is integrated into planning, intervention and workforce.
- **5.5** Investment is prioritised in prevention and early intervention.
- **5.6** Prevalence of protective factors is increased.

6. WORKFORCE

- **6.1** A supported, safe, and healthy workforce now and into the future.
- **6.2** Responsive and flexible workforce and workplaces working at top of scope.
- **6.3** A 'one workforce' mindset to facilitate integrated patient centred care.
- **6.4** A well-supported and growing Aboriginal health workforce.
- **6.5** Psychosocial support services operating as partners with clinical service providers.
- **6.6** Available low-intensity MH workforce to take pressure off tertiary care and provide place-based services.

ENABLED BY: engaging with the voices of people with lived and living experience, commitment to collective action/joint planning, partnerships and governance, innovative models of care, digital health technology and systems, capable workforce and financial sustainability.

INTRODUCTION

This Plan is the culmination of collaborative work undertaken by key staff in the Mid North Coast Local Health District (MNCLHD), Northern NSW Local Health District (NNSWLHD) and Healthy North Coast delivering the North Coast Primary Health Network (HNC).

A Steering Committee was established in July 2023, with the purpose of bringing together key representatives from the three organisations to develop The Plan. The Steering Committee drew on current National and State policies and frameworks and integrated these concepts through a local lens, drawing on community and service landscapes, consultation efforts and datasets to establish our collective priorities for The Plan.

We also acknowledge that improving health outcomes across the community requires advancement of positive social determinants over the life course, which depends on systemic, collective and community effort, not solely addressed in tertiary and primary care settings. The Steering Committee will prioritise planning with a broad range of stakeholders, who lead provision of services and support across areas impacting social determinants of health, such as housing, employment, education, justice and local government, to identify where improvements can be made to support better health outcomes.

When implementing systems-based suicide prevention, there is a need to identify where to target activities to reach people at risk of suicide. The literature states about one in five people who die by suicide have contact with primary care services within a month before their death.[1,2,3] This is supported by current data from the NSW Suicide Data Monitoring System. Further targeted approaches are needed for at-risk cohorts not engaged with primary care services. Designing solutions will require innovative approaches across systems, services and community.

The Plan has a five-year horizon and provides solutions-focused approaches to address local issues. The focus of this work has been to privilege the patient journey across the care continuum, from community and primary care settings through to sub-acute and acute care services. This is at the centre of creating a value based healthcare (VBHC) approach[4] that incorporates the quadruple aim of patient care based on:

- multidisciplinary and integrated care (referred to as ‘one health system’ within this Plan)
- patient, consumer and clinician experience of care
- effectiveness of care founded in efficacy and outcomes that matter to patients
- efficiency in providing the best possible care in the most efficient and sustainable way

[1] Luoma JB, Martin CE, Pearson JL. (2002). Contact with mental health and primary care providers before suicide: a review of the evidence. Am J Psychiatry. Accessed January 2024

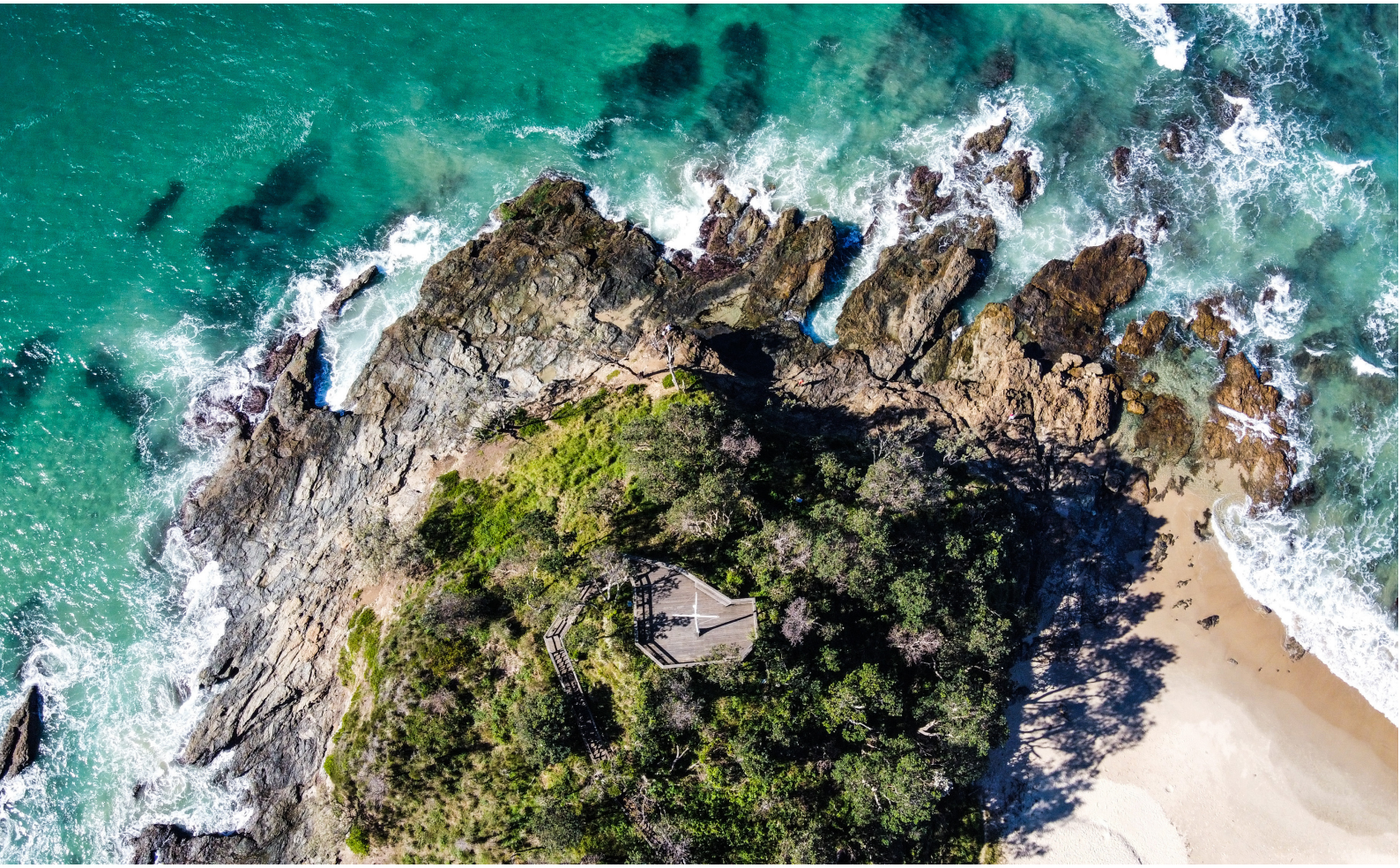
[2] Stene-Larsen, K. & Reneflot, A. (2017). Contact with primary and mental health care prior to suicide: A systematic review of the literature from 2000-2017. Scandanivian Journal of Public Health. Accessed January 2024

[3] NSW Health Value based healthcare https://www.health.nsw.gov.au/Value/Pages/about.aspx.

The continued development of VBHC and reviewing our impact against the quadruple aim in the context of this Plan will be overlaid with an equity lens. This will be informed by local demographic information such as socio-demographics, voices of people with lived and living experience, their families, carers and friends, as well as priority populations, clinicians, service providers and government and non-government agencies.

The Plan is the first step in the journey to establishing this joined-up, 'one health system' approach. Central to effective collaborative planning is integrated governance. The establishment of these structures will lead the next phases of The Plan in developing comprehensive implementation, monitoring and evaluation frameworks.

Priorities in The Plan are consistent with key national and state policy and strategy documents. These have been adapted to reflect the North Coast community. Further information on the specific documents can be found in section three.



PRINCIPLES

A set of key principles has been drafted to underpin The Plan and subsequent governance, planning, implementation and evaluation. These principles are to be refined by the partners and endorsed through the governance structures.

- Service planning is lived experience and consumer informed.
- We will work together as partners with a 'one health system' mindset. We will prioritise prevention, early intervention and harm minimisation.
- Decisions are based on the analysis of data and information. We will align with national policy, with place-based adaption.

How To Read This Document

This Plan is arranged in four distinct sections that outline the goals and aims, background and next steps in progressing this work. These comprise:

Section one	Key priority areas This provides each of the five key priority areas outlining the overarching goal, aims for achievement and background.
Section two	Socio-demographics and alcohol and other drug (AOD) and mental health profile of the North Coast region.
Section three	Policy context and enablers An overview of the key drivers for progressing the priorities, the policy contexts that inform the priorities and the enablers that will support streamlined and effective service provision.
Section four	Next steps This provides an overview of the actions required to guide a comprehensive implementation plan and related frameworks.

Note on language

People who identify as Aboriginal and/or Torres Strait Islander are referred to as Aboriginal peoples throughout this document. The Plan can be read consecutively or by section, depending on the reader's purpose and interest.

SECTION ONE

KEY PRIORITY AREAS

HEALTHY NORTH COAST
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Mid North Coast Local Health District
Northern NSW Local Health District

PRIORITY:

ACCESS AND INTEGRATION

Goal: People can access quality, affordable services and experience seamless ‘one health system’ care consistent with their needs.

What do we want to achieve?

- People can navigate and access mental health (MH) and alcohol and other drugs (AOD) information and services that enable choice and maximise self-management.
- Regional collaborations, commissioning and partnerships that are responsive to population health needs, based on reliable data.
- Innovative funding models and opportunities for collaborative service design and co-commissioning that meet the needs of North Coast communities.
- ‘One health system’ for mental health and AOD services is facilitated by strong partnerships between the parties of The Plan, including Aboriginal Community Controlled Health Services (ACHHS), general practice, non-government organisations, local and state government, National Disability Insurance Service (NDIS) and community service providers.

Why is it important?

Equitable access to integrated and affordable mental health, AOD and suicide prevention services is fundamental to improving help-seeking behaviour. Navigating the sometimes fragmented mental health system can be difficult for both consumers and health professionals.

A ‘one health system’ view recognises the importance of the social determinants of health (SDOH) and addresses inequities in access, provides value for people moving towards self-management and active participation in their own health care decisions. This approach adopts a shared vision and goals, where teams adapt solutions for local communities. This supports collaboration across disciplines and sectors at planning, policy, service delivery, and data and information system levels that improve access, continuity and quality of care.

Through the 2021 HNC Health Needs Assessment process, the challenges in accessing services were identified as:

- gaps in communication among staff
- services operating independently to each other
- services that are not responsive to unique needs of priority target populations
- limited shared data and information systems resulting in people repeating their story
- multiple entry points contributing to both consumer and workforce confusion in wayfinding efforts.

PRIORITY:

MENTAL HEALTH FOR PRIORITY POPULATIONS

Goal: Improved mental health and wellbeing of priority populations.

What do we want to achieve?

- Reduce stigma associated with mental health issues and willingness to seek help as needed.
- Focus on promotion, prevention and early intervention.
- A health system that is flexible and responsive to the needs of priority target populations.
- Delivery of quality, value based healthcare.
- Improved mental health and physical health outcomes for priority populations.
- People experience a ‘one health system’ approach to mental health and AOD care, as they step up or step down, or move across service systems.
- Improved partnerships with organisations and services that can influence the social determinants of health.

Why is it important?

Understanding the unique needs of the diverse North Coast communities is essential to ensuring that the mental health system can achieve person-centred, value based care with better health outcomes. While we aim to deliver a 'one health system', it is fundamental that the needs of priority populations underpin the approach to service design and delivery, and that we target priority populations, ensuring health inequity is addressed.

The social determinants of health (SDH) are societal factors that influence our opportunity to achieve good physical and mental health outcomes and are key to understanding the needs of priority populations. Some examples of SDH include our access to education, housing, income, food security, social inclusion, discrimination and experiences of violence. The World Health Organisation identifies that 30-55% of health outcomes are a result of the SDH and not delivery of healthcare or lifestyle factors[4]. Influence over SDH sits outside the scope of health service delivery and requires a multi-system approach, including government legislation offices, housing, transport, employment, education, not for profit and police service providers[5].

What is within scope of health services, however, is the capacity to deliver quality, value based healthcare that recognises the importance of promotion, prevention and early intervention and is underpinned by the National Safety and Quality health Service Standards[6]. With 1 in 5 people aged 16-85 experiencing a mental disorder[7], the Australian Government Productivity Commission Inquiry Report (2020) identifies a focus on promotion, prevention and early intervention as key factors to enabling good mental health outcomes for communities[8]. Interventions such as reducing stigma associated with seeking help, building the resilience of individuals and families and their capacity to self-manage mental health where possible and enabling early intervention of mental health conditions, both in life and in the development of a condition, will enable us to achieve better health outcomes.

[4] World Health Organisation. (2024). Accessed February 2024.

[5] Australian Government Productivity Commission. (2020). Productivity Commission Inquiry Report Volume 1: Mental Health, no.95. Accessed February 2024.

[6] Australian Commission on Safety and Quality in Health Care. (2024). The NSQHS Standards. Accessed February 2024.

[7] ABS (2022). National Study of Mental Health and Wellbeing, ABS, accessed February 2024.

[8] Australian Government Productivity Commission. Productivity Commission Inquiry Report Volume 1: Mental Health, no.95. Accessed February 2024.

PRIORITY:

ALCOHOL AND OTHER DRUGS (AOD)

Goal: People live in safe, healthy, and resilient communities where alcohol and drug harm is minimised.

What do we want to achieve?

- Reduced impact of AOD-related harms through prevention and health promotion, early and brief intervention, treatment, relapse prevention and recovery.
- People access and navigate place-based drug and alcohol treatment services.
- People experience consistent care pathways between mental health and AOD services.
- AOD use for people with a mental illness is effectively managed.
- Organisations and individuals have adequate capacity to prevent and respond to problematic AOD use and promote evidence-informed practice.

Why is it important?

Problematic alcohol and other drug use presents significant costs to individuals, families, communities, government, and the economy. Impacts on health include:

- the development of chronic conditions
- early mortality
- social harms, such as an increase in violent behaviours
- economic harms such as decreased productivity, and
- reinforcement of marginalisation and disadvantage.

The North Coast had the highest age-standardised percentage of illicit drug use for people aged 14 years and over in Australia and the 6th highest rate for standard alcoholic drinks per day[9]. NSW Health data reports that in 2021-22, there were 427.7 alcohol-related hospitalisations per 100,000 population in the HNC area, which was below the state rate of 500.2[10]. The Health Needs Assessment 2022-25[11] indicated that people with AOD challenges, including those from priority populations, find it difficult to get help when needed due to stigma, shame, lack of services, cost, transport and worry about lack of confidentiality[12]. This is further exacerbated for people living in rural and regional areas when compared to major cities.

The relationship between alcohol and other drug use and mental health conditions can be mutual[13]. Co-occurring AOD and mental health conditions, both diagnosed and undiagnosed, can lead to poorer outcomes. People with both AOD and mental health challenges have higher rates of relapse, presentation to hospital, imprisonment, unemployment and other family challenges[14].

[9] Healthy North Coast. (2022) Health Needs Assessment 2022-2025 accessed January 2024

[10] HealthStats NSW, Alcohol attributable hospitalisations, FY2021-22, by PHN

[11] Healthy North Coast. (2022) Health Needs Assessment 2022-2025 accessed January 2024

[12] Healthy North Coast. (2022) Health Needs Assessment 2022-2025 accessed January 2024

[13] Marel C, Siedlecka E, Fisher A, Gournay K, Deady M, Baker A, Kay-Lambkin F, Teesson M, Baillie A, Mills KL. (2022). Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings. Sydney: Centre of Research Excellence in Mental Health and Substance Use, Centre NDaAR; 2016. Accessed January 2024

[14] Victorian Government Department of Human Services (2007). Dual diagnosis: key directions and priorities for service development. Melbourne: Government of Victoria. Accessed January 2024

PRIORITY:

ABORIGINAL PEOPLES

Goal: Aboriginal peoples experience positive social and emotional wellbeing and can access culturally safe services.

What do we want to achieve?

- Service design and delivery is driven by Aboriginal knowledge and wisdom in partnership with the Aboriginal Community Controlled Health Sector (ACCHS).
- Services are culturally safe, flexible and responsive to the needs of Aboriginal peoples and facilitate self-determination.
- The social inequalities and wider determinants of Aboriginal peoples' health are addressed.
- Positively contribute to Closing the Gap between Aboriginal and non-Aboriginal peoples inequities and health status.

Why is it important?

Aboriginal peoples' concept of social and emotional wellbeing (SEWB) is a holistic concept that incorporates many dimensions, including mental health. Aboriginal SEWB places an individual as part of a larger community and Country comprising seven interrelated domains of:

- body and behaviours
- mind and emotions
- family and kin
- community
- culture
- Country and land
- spirituality and ancestors[15]

There are a range of structural determinants that have the potential to enhance or disrupt SEWB. These include social, historical, political, and cultural determinants that have shaped and continue to shape both the environments and experiences of Aboriginal peoples and communities, including shared experiences of trauma, institutional racism, displacement and resistance.

Aboriginal peoples represent 6 in 100 people on the North Coast. The footprint of the North Coast region covers the Traditional Lands of the Githabul, Bundjalung, Yaegl, Gumbaynggirr, Dunghutti, and Birpai peoples.

A high proportion of Aboriginal peoples experience poor SEWB, which can affect mental health conditions and functioning, especially when additional complexities are present, such as housing and employment. 57.3% of Aboriginal and Torres Strait Islander respondents in the Healthy North Coast 2021 Community Survey, rated their mental health as poor or fair, compared to 39.7% for non-Aboriginal respondents[16].

In order to improve health outcomes, we need to better understand the needs of Aboriginal peoples in our region, particularly SEWB, and how it contributes to mental health and wellbeing, ensuring that the same opportunities and options for a healthy life are available to all people.

15 Gee, G, et al (2014) Chapter 4: Aboriginal and Torres Strait Islander Social and Emotional Wellbeing; Working Together, accessed January 2024.
16 Healthy North Coast (2021) Speak Up Community Health Needs Assessment Survey. Unpublished.

PRIORITY:

SUICIDE PREVENTION

Goal: Reduce the incidence of suicide on the North Coast through a systems-based approach to suicide prevention, aftercare and postvention.

What do we want to achieve?

- Build a system of care that considers factors that relate to suicidal distress.
- Enable recovery through aftercare and postvention.
- Cross-sector collaboration between health and non-healthcare organisations to effectively support suicide prevention and knowledge transfer.
- Lived experience is integrated into planning, intervention and workforce.
- Investment is prioritised in prevention and early intervention.
- Prevalence of protective factors is increased.

Why is it important?

Suicide is a complex issue. The causes of suicide and suicide distress vary, though there is growing evidence that the social determinants of health play an important role in determining the risk of suicide[17]. Suicide prevention efforts nationally are fragmented, driven by funding from multiple sources, across dispersed geography and needs. A systems approach is required where multiple evidence-based strategies are implemented simultaneously within a localised population[18]. With multiple agencies (including health, justice, social, education, welfare and more) at multiple levels (system, population and individual) collaborating to deliver suicide prevention.

The voices of people with lived and living experience of suicide can provide valuable insights and will be incorporated to shape suicide prevention strategies and support systems. People with lived and living experience are uniquely placed to contribute valuable insights for prevention planning, education and providing hope and support.

Research shows that suicide prevention is most effective when informed by credible data and grounded in evidence[19]. The Implementation Plan will develop strategies to respond to current at-risk population cohorts, service demands and system gaps. The implementation phase will include cycles of data review, to identify changes in local trends or at-risk population groups across the region.

17 Blakely TA, Collings SCD, and Atkinson J (2003). Unemployment and Suicide. Evidence for a causal association. Journal of Epidemiology and Community Health, 57 (8): 594–600. Accessed January 2023.

18 Black Dog Institute (2019) Guidance for a systems approach to suicide prevention for rural and remote communities, accessed January 2023.

19 Brownson, R. C., Fielding, J. E., & Maylahn, C. M. (2009). Evidence-based public health: A fundamental concept for public health practice. Annual Review of Public Health, 30(1), 175–201. Accessed January 2024

PRIORITY:

WORKFORCE

Goal: A sustainable, capable and well-resourced compassionate workforce that is supported to deliver services that meet the current and future population needs.

What do we want to achieve?

- A supported, safe and healthy workforce now and into the future.
- Responsive and flexible workforce and workplaces working at top of scope.
- A ‘one workforce’ mindset to facilitate integrated patient-centred care.
- A well-supported and growing Aboriginal health workforce.
- Psychosocial support services operating as partners with clinical service providers.
- Available low-intensity mental health workforce to take pressure off tertiary care and provide place-based services.

Why is it important?

The mental health workforce supports early intervention, treatment, recovery, health promotion and prevention across the life course both in the community and acute health care and other settings. The workforce spans both health and social services and includes a variety of professionals that can be broadly classified as specialist, generalist or peer workforce.

The mental health workforce supports the needs of diverse consumers, their families, carers and community, including priority target populations such as Aboriginal peoples, culturally and linguistically diverse (CALD), lesbian, gay, bisexual, trans, and gender diverse, intersex, queer and questioning (LGBTIQ+) and people with disability.

The key workforce challenges are responding to the changing needs and expectations of increasingly complex and diverse consumers, workforce shortages such as high staff turnover and an ageing workforce, time-limited clinical services, increasing natural disasters and pandemics.

Attracting and maintaining a skilled multidisciplinary mental health workforce is an ongoing challenge in regional and rural areas, and demand is outstripping supply[20]. For example, the Aboriginal mental health workforce in NSW is growing at a slower pace than demand[21]. Workforce planning, now and into the future, needs to consider innovative solutions, technology, and partnerships to address skills gaps.

Recognition of the complementary yet different roles played by the clinical and psychosocial workforce can potentially take pressure away from hospital-based care and increase opportunities for place-based services. The wellbeing of the workforce is important to enable the workforce to sustainably and effectively deliver services.

20 NSW Ministry of Healthy (2018) NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022: A Framework and Workforce Plan for NSW Healthy Services. Accessed January 2024.

21 NSW Mental Health Commission (2020) Living Well in Focus 2020-2024. Accessed January 2024.

SECTION TWO

SOCIO-DEMOGRAPHICS AND POPULATION HEALTH PROFILE OF THE NORTH COAST REGION

HEALTHY NORTH COAST
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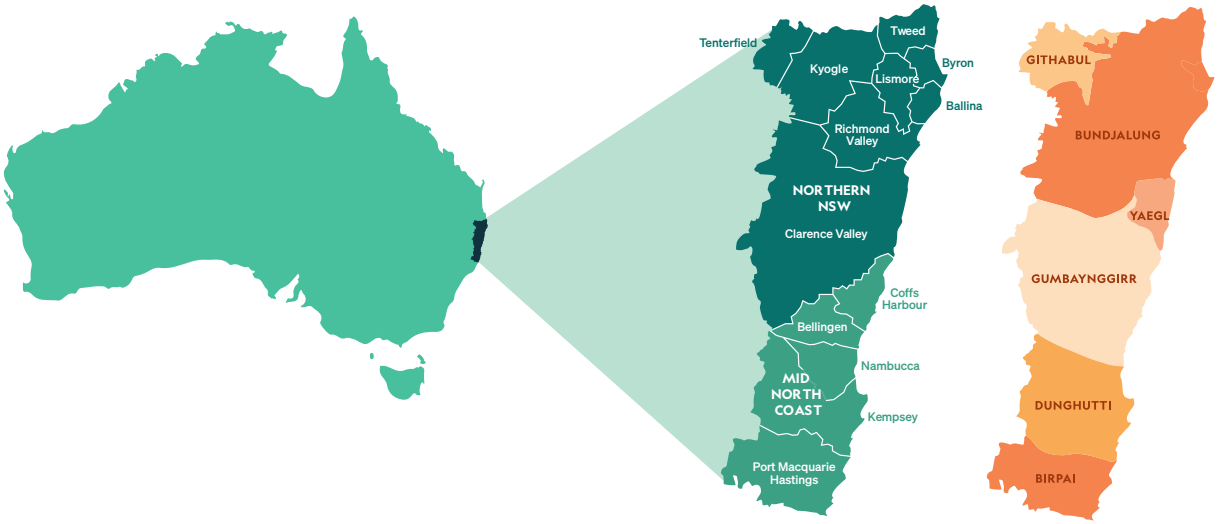
Mid North Coast Local Health District
Northern NSW Local Health District

OUR REGION

The geographic region serviced by HNC and two Local Health Districts, Mid North Coast (MNCLHD) and Northern New South Wales (NNSWLHD), covers approximately 32,047 square kilometres. It consists of 12 local government areas (LGAs) and six Aboriginal Nations with six ACCHS.

About 541,046 people live in the region[22]. Current population projections estimate the region will increase 20% by 2036, with the highest proportion of growth expected in the 65+ age group. This indicates that the 65+ aged population will continue to be the highest proportion of the HNC population.[23, 24] Currently, the North Coast has 1 in 4 people across the region aged 65+ years compared to less than 1 in 6 in both NSW and Australia.[25] Aboriginal peoples represent 5.8% (31,633) of the North Coast population, which is higher than the proportion for both NSW (3.4%) and Australia (3.2%).[26]



The North Coast region's social disadvantage is high when applying the Socioeconomic Indexes for Areas (SEIFA) Disadvantage score. When examining the 12 local government areas that make up the HNC region, it is evident that the region is more socio-economically disadvantaged than the national mean.[27]

22 Australian Bureau of Statistics (2021) Census Data. Accessed January 2024

23 Healthy North Coast (2022) Health Needs Assessment 2022-2025. Accessed January 2024

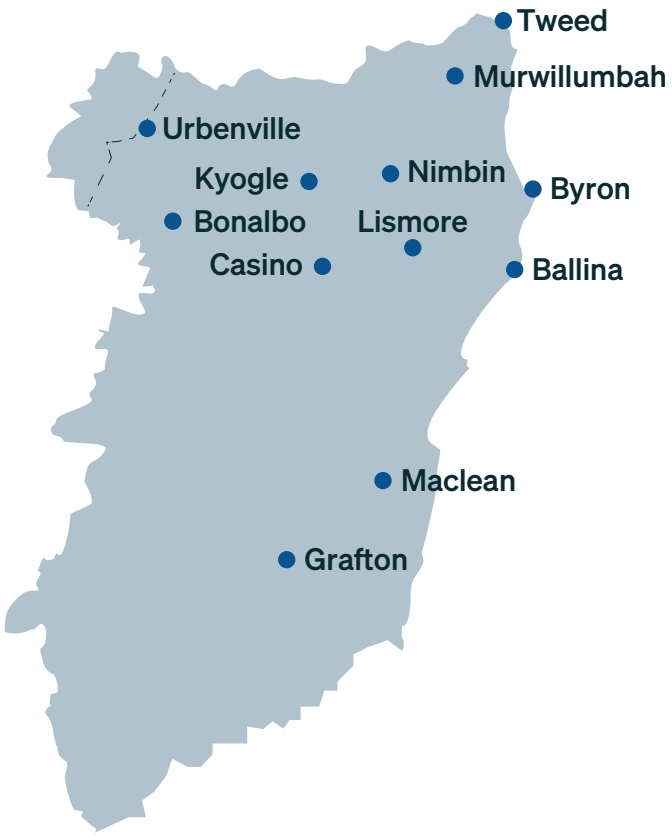
24 NSW Population Projections (2024) Planning Portal - Department of Planning and Environment NSW Population Projections. Accessed January 2024.

25 ABS (2021) Census of Population and Housing. Accessed January 2024

26 Australian Bureau of Statistics (2021) Census Data. Accessed January 2024

27 Healthy North Coast (2018) North Coast Primary Health Network General Population Needs Assessment. Accessed January 2024

NORTHERN NSW LOCAL HEALTH DISTRICT



The Traditional Custodians of the land within NNSWLHD region are the Bundjalung, Githabul, Gumbaynggirr and Yaegl Nations.

The region spans from Tweed Heads in the north to Tabulam and Urbenville in the west, reaching Nymboida and Grafton in the south, covering an area of 20,732 square kilometres.[28]

Northern NSW Local Health District provides a range of public health care across the district through 12 hospitals and multi-purpose services, 20 community health centres and other facilities.

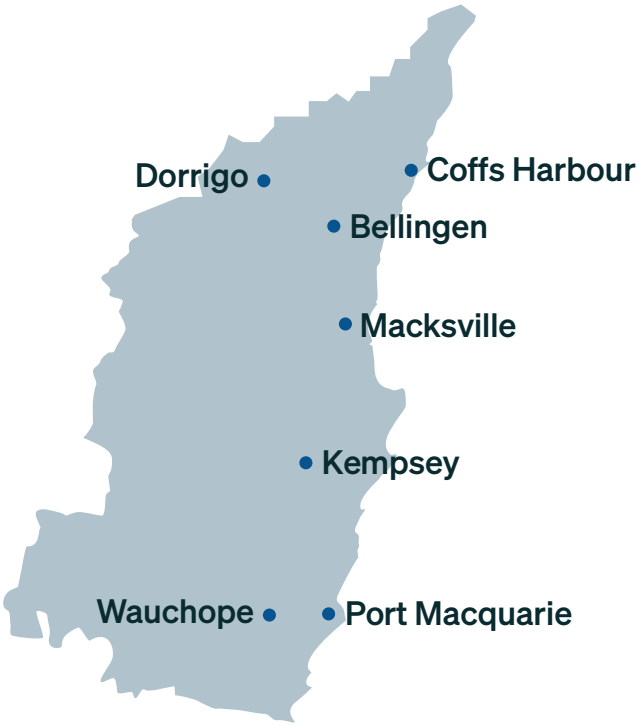
In 2021, the estimated population was 311,177. 5.2% identified as Aboriginal and Torres Strait Islander and 40% were aged 55 years and over.[29]

The area covers the local government areas (LGAs) of Tweed Shire, Kyogle, Lismore, Ballina, Byron, Clarence Valley, Richmond Valley and the Urbenville part of the Tenterfield LGA.

28 NSW Government (2024) Mid North Coast Local Health District. Accessed January 2024

29 Australian Bureau of Statistics (2021) Census Data. Accessed January 2024

MID NORTH COAST LOCAL HEALTH DISTRICT



The MNCLHD region comprises the LGAs of Coffs Harbour, Bellingen, Nambucca, Kempsey and Port Macquarie-Hastings.

Traditional custodians of the land within MNCLHD are the Gumbaynggirr, Dunghutti and Birpai Nations.

The region extends from the Port Macquarie-Hastings LGA in the south to Coffs Harbour LGA in the north. The MNCLHD provides healthcare services across a geographic area of approximately 11,335 square kilometres.

The MNCLHD provides a range of public healthcare across the district through 7 hospitals and 12 community health centres.[30]

In 2021, the estimated population was 229,869, 6.7% identified as Aboriginal and Torres Strait Islander and 41% were aged over 55.[31]

30 NSW Government (2024) Mid North Coast Local Health District. Accessed January 2024

31 Australian Bureau of Statistics (2021) Census Data. Accessed January 2024

POPULATION HEALTH PROFILE

Access

In 2021, the Speak Up Survey was completed as part of the HNC Comprehensive Health Needs Assessment. The Speak Up Survey included questions about access and found that the primary reasons for stopping or delaying contact with a health service was reported as:

- concerns about affordability (30%)
- time taken to receive an appointment (28%)
- access to transport (15%).

A total of 32% of surveyed Aboriginal respondents reported an inability to access culturally safe services.[32]

Mental health

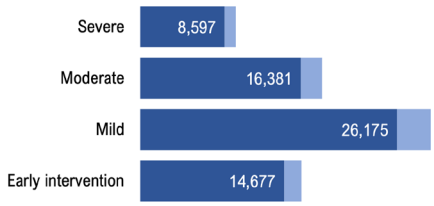
In 2021, 19% of respondents on the Mid North Coast reported experiencing high or very high psychological distress, while 18.4% of respondents in Northern NSW reported experiencing high or very high psychological distress. These figures surpassed the overall NSW state average of 16.90%.[33]

Amongst active patients within the North Coast GP clinics, anxiety was the chronic condition with the highest presence across general practices in the North Coast. Depression was the chronic condition with the fourth highest presence across general practices across the region.

The prevalence of mental illness in the North Coast population is estimated using national data from the National Mental Health Service Planning Framework (NMHSPF). Figure 1 indicates the prevalence of mental illness for Northern NSW LHD LGAs, and Figure 2 denotes the prevalence of mental illness for Mid North Coast LHD LGAs.

Figure 1:
In Northern NSW LHD 65,829 people are estimated to have mental health support needs in 2023-24.

This is expected to increase by 13% in the next 10 years.

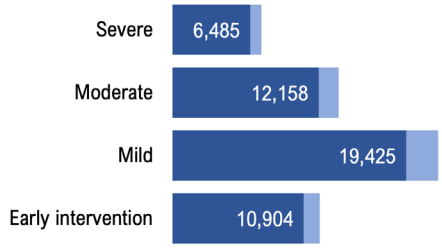


32 Healthy North Coast (2022) Health Needs Assessment 2022-2025. Accessed January 2024

33 NSW Health (2023) . Accessed November 2023

Figure 2:
In Mid North Coast LHD 48,971 people are estimated to have mental health support needs in 2023/24.

This is expected to increase by 13% in the next 10 years.



Alcohol and other drugs

The North Coast has a higher percentage of daily alcohol consumption compared to NSW as a whole. Both Mid North Coast and Northern NSW have a lower percentage of never drinking when compared to NSW. In the year 2021-22, there were just over 14,400 unplanned presentations to NSW public hospital emergency departments for problematic alcohol use for people aged 15 years and over.

The North Coast region has a higher level of substance use challenges in comparison with the rest of NSW. The HNC Needs Assessment 2022-2025 indicated that:

- In 2019, the North Coast NSW region had the highest age-standardised percentage of illicit drug use by people aged 14 and over in Australia with 25.7% in the North Coast region compared to 16.8% in Australia.
- 1 in 5 people in the North Coast region aged 18 years and over consumed more than two standard alcoholic drinks per day. This was the 6th highest rate in Australia with NNSW at 30.2%, and MNC at 34.5% compared to NSW at 32.5%.
- The rate of opioid-related hospitalisations in NSW was second highest in the HNC region.[34]

34 Healthy North Coast (2022) Health Needs Assessment 2022-2025. Accessed January 2024

Suicide

Over the 2008-2019 10-year period, the North Coast has higher rates of suicide than NSW as a whole. In 2021, Mid North Coast had a rate of 23.1 per 100,000 people and Northern NSW had a rate of 21 per 100,000, compared with NSW at 10.5 per 100,000.

On the North Coast, age-standardised rates of deaths by suicide (Northern NSW 21 per 100,000; Mid North Coast 23 per 100,000) were double that of NSW (10.5) in 2021. Suicide was the 10th leading cause of death for males between 2017-2021 on the North Coast at 26.7 per 100,000 people.[35]

Workforce

The North Coast population is expected to grow by 6.4% to a total of 549,979 by 2026, with the highest proportion of growth expected to be in the 65+ age group. This indicates that the 65+ population will continue to be the highest proportion of the North Coast population[36]. Consequently, there will be further pressures placed on workforce capacity due to a decrease in the proportion of the working population living in the region.[37]

The HNC 2022 Health Workforce Report highlights the under-representation of Aboriginal peoples in the health workforce.[38] Additionally, workforce development with supporting infrastructure, through the lens of disaster preparedness and facilitation of climate-ready communities is essential.

Difficulty accessing general practitioners (GPs), particularly in the Richmond Valley, Kyogle, Kempsey and Clarence Valley LGAs, puts pressure on Emergency Departments (Eds) as people present for mental health conditions. Mental health units on the Mid North Coast are in high demand and experience ongoing workforce shortages, with a particular need for case management roles. The region faces difficulties finding staff with the skill mix and experience to deliver AOD services for children and adolescents. There is a lack of developmental pediatricians, and many services lack access to allied health clinicians, particularly for clinical psychology, social work, occupational therapy and dietetics.[39]

35 NSW Health (2023) HealthStats NSW. Accessed November 2023

36 ABS (2021) Census of Population and Housing, accessed January 2024

37 NSW Government, NSW Health (2018) NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022 Accessed January 2024

38 Healthy North Coast (2022) Health Workforce Trends and Forecast Report 2022. Accessed January 2024

39 NSW Government (2023). Mid North Coast Local Health District. Clinical Service Plan Mental Health, Alcohol and Other Drugs. Accessed January 2024 (unpublished paper)

Priority Populations

To ensure that priority populations identified under each priority area remain relevant to current needs within the North Coast community, the Implementation Advisory Group will proactively work with the Focus Area Working Groups to ensure that reform and associated activities are targeted appropriately.

The following priority populations have been identified in the North Coast Region at the time of writing The Plan:

Older people: The North Coast is home to an aging population with 1 in 4 people across the region aged 65+, a population that is set to increase to 1 in 3 by 2036.[40] Ageing brings an increased risk of dementia, in 2022 it was estimated that 84 per 1,000 Australians over 65 were living with dementia.[41] Additionally, as the ageing population increases, so too do the rates of dementia and the rates of older people living with a mental health condition.[42]

Children and young people: In 2021, the North Coast region rates of intentional self-harm hospitalisations for 15-24 year olds were 251.3 per 100,000 population, higher than the NSW average of 238.3 per 100,000 population.[43] Further, half of all mental illnesses manifest before the age of 14,[44] therefore, a greater emphasis on early intervention and promotion is needed to increase resilience and the capacity for families and carers and young people to take ownership over their own health outcomes.[45]

Lesbian, gay, bi-sexual, transgender, intersex and/or queer: Two-thirds of people who identify as LGBTIQ+ in NSW experienced a mental health condition, and a quarter had experienced suicidal thoughts.[46] The 2021 HNC Needs Assessment reported that of the survey participants who identified as gay or lesbian, 44.4% said that being unable to find an LGBTIQ+ friendly service was the reason they stopped or delayed getting healthcare,[47] while 43.9% reported their reason as not being able to afford to pay for health services.[48]

People with co-occurring physical and mental health conditions: People living with mental illness have poorer physical health than other Australians, with rates of cardiovascular, metabolic and respiratory conditions being double for people living with a mental illness.[49] The Fifth National Mental Health and Suicide Prevention Plan (2017) highlights that this is often due to needs associated with the mental health condition taking precedence over physical health concerns. Identifying systems improvements to capture and address physical health concerns within the mental health system is paramount.[50]

40 ABS (2021) abs.gov.au, accessed January 2023.

41 NSW Department of Planning and Environment (2022), NS Common Planning Assumption Projections, accessed January 2023.

42 AIHW (2023). Dementia in Australia, accessed February 2024.

43 NSW Health (2017). NSW Older People's Mental Health Services Plan 2017-2027. Accessed February 2024.

44 Kessler, R.C. et al, (2007). "Age of onset of mental disorders: a review of recent literature", Current Opinion Psychiatry 20(4): 359. (page 30)

45 Mental Health Commission of NSW (2014). Living well: a strategic plan for mental health in NSW 2014-2024.

46 Urbis (2020). Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report. Commissioned by the NSW Ministry of Health Sydney.

47 Healthy North Coast (2021), Speak Up Community Health Needs Assessment Survey.

48 Healthy North Coast (2021), Speak Up Community Health Needs Assessment Survey.

49 National Mental Health Comission, National consensus

50 Fifth National Mental Health and Suicide Prevention Plan (2017).

SECTION THREE

POLICY CONTEXTS AND ENABLERS

HEALTHY NORTH COAST
phn NORTH COAST An Australian Government Initiative
NSW GOVERNMENT
Mid North Coast Local Health District
Northern NSW Local Health District

POLICY CONTEXTS

The Plan provides the blueprint to address local health priorities using local strategies and funding programs. While the purpose of The Plan is to address local needs, it is underpinned by the national and state policy landscape and echoes the priority populations, interventions and approaches identified in these documents.

The key national and state policy influences and frameworks that inform strategic directions addressing mental health, suicide prevention and alcohol and other drug concerns include:

National policy influences and frameworks:

- The Fifth National Mental Health and Suicide Prevention Plan: 2017-2022
- Vision 2030: For Mental Health and Suicide Prevention in Australia
- The National Drug Strategy 2017-2026
- Mental Health Inquiry Report (Productivity Commission, 2020)
- National Aboriginal and Torres Strait Islander Health Plan 2013-2023
- National Strategic Framework for Aboriginal peoples' Mental Health and Social and Emotional Wellbeing (2017).

State policy influences and frameworks:

- Strategic Framework for Suicide Prevention in NSW 2018-2023
- Living Well – Strategic Plan for Mental Health in NSW 2014-2024
- NSW Strategic Framework and Workforce Plan for Mental Health – 2018-2022
- NSW Older People's Mental Health Service Plan 2017-2027
- NSW Service Plan for People with Eating Disorders 2021-2025
- NSW Health Clinical Care Standards for Alcohol and Other Drug Treatment
- NSW Family Focused Recovery Framework 2020-2025.
- Future Health Strategy 2022-2032
- NSW Regional Health Plan 2022-2032.

Local strategic plans and agreements:

- Better Health Outcomes for North Coast Communities Memorandum of Understanding between HNC, MNC LHD and NNSW LHD (2024-2026)
- Healthy North Coast Strategic Plan 2030
- Mid North Coast Local Health District Strategic Plan 2022-2023
- Northern NSW Local Health District Strategic Plan 2019-2024
- Healthy North Coast Aboriginal Partnership Agreement (2023-2026)

A key piece of work providing local context to inform The Plan is the 2022 Mental Health, Suicide Prevention and Alcohol and Other Drug service reform undertaken by HNC. This analysis formed part of the Health Needs Assessment[51] and was conducted with significant community engagement.

People with lived and living experience, including carers, families and supports, as well as service providers and local governments, were engaged through a participatory action research approach, identifying local challenges and gaps in service provision and access in the region. A key outcome of this was a deep understanding of the challenges faced by communities in the region in accessing mental health, suicide prevention and alcohol and other drug services, as well as collaboratively designed solutions.

While the identified policy influences and frameworks vary in their key focus, they have significant similarities in their identification of priorities and focus areas driving the work. They each highlight the importance of intervention design to be grounded in the voices of people with lived and living experience.

The Plan reflects current policies, with a commitment to fostering strong relationships between MNCLHD, NNSWLHD, HNC and the community-managed sector, to build a 'one health system' approach to regional planning and service delivery. This is supported through the NSW Health Joint Statement[52] with a focus on to person-centred care through improving service navigation and seamless referral pathways.

Key priorities to be included in future system reforms need to consider culturally appropriate approaches to improving the social and emotional wellbeing needs of Aboriginal communities, and the capacity of innovative online solutions to expand reach and address co-morbidities of people presenting with mental health and alcohol and other drug concerns.

While The Plan is underpinned by policy, considerations need to be made regarding the impact of natural disasters and climate change. The increased vulnerability of people living in the areas most at risk of bushfires or flooding have higher rates of riskier lifestyle-related behaviours, pre-existing mental health conditions and poorer health.

51 Healthy North Coast (2022) Health Needs Assessment 2022-2025. Accessed January 2024

52 NSW Health and NSW Primary Health Networks (n.d) Working together to deliver person-centred healthcare Joint Statement. Accessed January 2024

ENABLERS

Engaging with the voices of people with lived and living experience	The voices of people with lived experience are recognised, engaged and meaningfully embedded into the strategy to ensure they are influencing decision-making processes at every stage. Continuing partnerships along with stakeholder and community consultation is needed to ensure the voice of people with lived experience is present as the strategy moves into detailed program development and service planning. Doing so helps identify and address the needs of people with lived experience, their carers and service providers. People with lived experience can be recognised through engagement of the peer support workforce.
Joint planning, partnerships and governance and a commitment to collective action	Collaborative relationships and partnerships between HNC, MNCLHD, NNSWLHD, ACCHS, primary health care and the non-government sector are essential to successful implementation of the Plan. The partners will collaboratively understand needs, plan, commission services and evaluate outcomes. This will facilitate a coordinated approach from planning through to evaluation through assessment of: • continuity of care for people with severe and complex needs • allocation of resources, including support for rural services • patient-centred care and effective targeting of resources aligned to needs • seamless pathways and integrated services • accountability • aftercare services ensuring appropriate follow-up and support for people who have attempted suicide.
Digital health technology and systems	Digital health technology tools are needed to support a connected and integrated service network. Digital health solutions can reduce or remove service access barriers experienced by disadvantaged and priority target populations. The use of virtual health can complement in-person care and provide access to services and continuity of care in areas where there may be insufficient workforce.
Innovative models of care	To achieve results and bring about change, innovation and new ways of working informed by evidence and learning from other proven models of care are needed. Measuring and evaluating both new and existing services or projects enables continuous improvement and drives innovation to help create a system that is both adaptable and meets community needs.

Financial sustainability	Investment and resourcing are needed to support mental health, suicide prevention and alcohol and other drug services. Access to and use of available funding must be maximised as demand often exceeds available funding in the current service models. The partnership will continue to work to be effective in coordination of existing funding, identifying opportunities for collaborative commissioning and in identifying new funding streams.
Capable workforce	An experienced, skilled and appropriately resourced and supported workforce is a critical enabler in achieving strategy objectives. This includes building the specialist mental health and alcohol and other drug workforce along with engagement of the peer support workforce. Building the capability of the workforce is key to delivering evidence-based, safe and quality mental health alcohol and other drug services.

SECTION FOUR

NEXT STEPS

HEALTHY NORTH COAST
phn NORTH COAST An Australian Government Initiative
NSW GOVERNMENT
Mid North Coast Local Health District
Northern NSW Local Health District

NEXT STEPS

The Plan is the first step in driving the establishment of 'one health system' across the North Coast region. Integral to this is an effective collaborative planning approach and strong governance that is reflective of the local community.

A regional governance structure will be established to steer the work and lead development of a comprehensive set of actions included in a detailed Implementation Plan. The overarching Joint Regional Plan's governance structure shown in Figure 3 will provide oversight to the Joint Regional Plan Implementation committees as shown in Figure 4.

Figure 3:

Better Health Outcomes for North Coast Communities

Health organisations working together as one health system

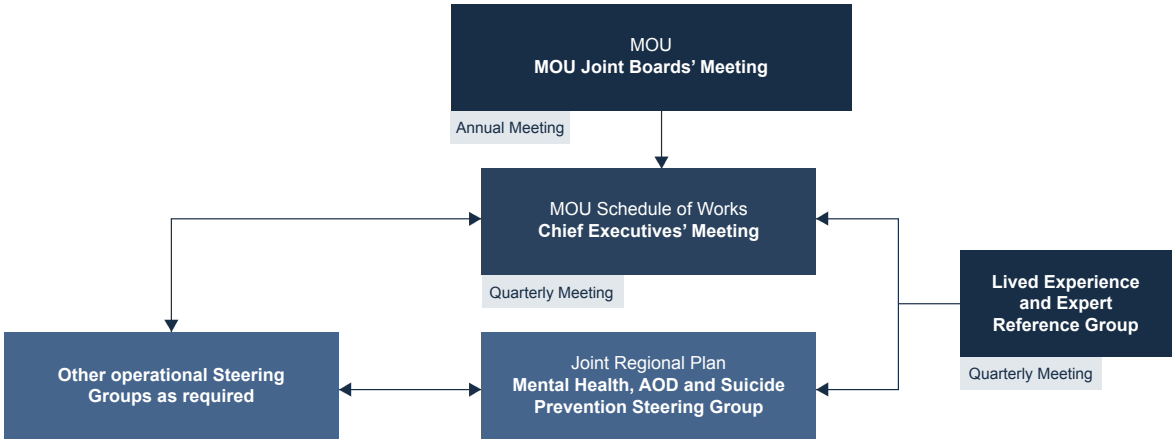
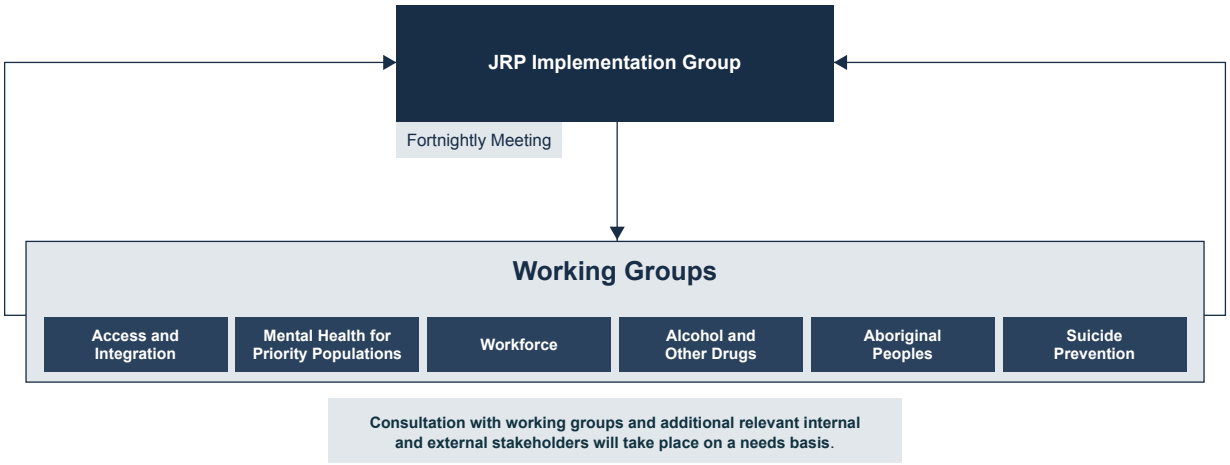


Figure 4:

Joint Regional Plan Implementation Governance Structure



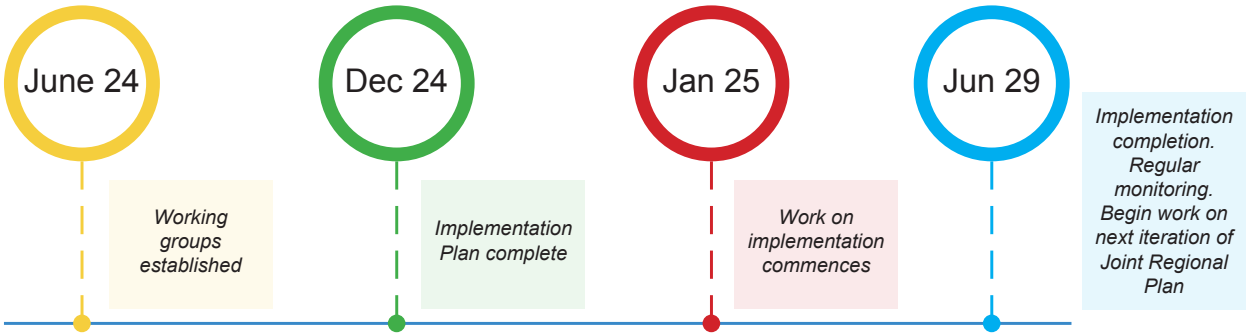
The governance structure will be responsible for:

- Development of a ‘ways of working’ agreement setting out shared roles, responsibilities and deliverables.
- The approval of a robust implementation plan of the key priority areas founded on sound implementation science approaches and scaffolded by the National Mental Health Planning Framework.
- Development of a comprehensive monitoring, formative, outcome and impact evaluation framework.
- Continuous monitoring, reflection and improvement processes.
- Shared data approaches to support a ‘one health system’ data resource.
- Being courageous and seeking new innovations to address community needs within existing resources.
- Adopting/adapting a VBHC approach to progress outcomes that matter to people, including equitable and high-quality care and treatments, good patient and clinician experience and effective and efficient services that deliver value to patients, consumers and the system more broadly.

The Implementation Plan will be established as a live webpage where community members and service providers can:

- See activities established relating to each priority area,
- Monitor implementation progress, and
- Stay up to date with Implementation Plan reviews and news.

The timeline for the Joint Regional Plan Implementation Plan is as follows:



ACRONYMS

ACCHS	Aboriginal Community Controlled Health Services
AOD	Alcohol and other drugs
CALD	Culturally and linguistically diverse
ED	Emergency department
GP	General practice or general practitioner
HNC	Healthy North Coast
NCPHN	North Coast Primary Health Network
LBVC	Leading Better Value Care
LGA	Local Government Area
LGBTIQ+	Lesbian, gay, bisexual, trans, intersex, queer and other sexuality and gender diverse people
MNCLHD	Mid North Coast Local Health District
MoH	Ministry of Health
NDIS	National Disability Insurance Scheme
NNSWLHD	Northern NSW Local Health District
OOHC	Out of home care
SDOH	Social determinants of health
SEWB	Social and emotional wellbeing
VBHC	Value based healthcare

GLOSSARY

Place-based	Local approaches that address the needs of specific populations. Not necessarily geographically based. Best structured with collaboration across government, non-government and communities of interest.
Lived experience	Respect the individual principles and diverse perspectives in co-design, co-production and co-management approaches. This includes direct experiences and choices of individuals.
One health system	Integrated approach to balance and optimise the health of people whereby multiple service systems work together to create sustainable solutions.