NORTH COAST JOINT REGIONAL PLAN
YEAR 1 ACTION PLAN

INTRODUCTION

The Mental Health, Suicide Prevention and Alcohol and Other Drug Joint Regional Plan Implementation Plan is a partnership between the Mid North Coast and Northern NSW Local Health Districts and Healthy North Coast.

Based on the Mental Health Services Planning Framework, the Plan incorporates data analysis and insights from people with lived experience, their families and carers, community representatives, and health professionals. Together, we've identified key actions to improve mental health services across the region through to 2029.

Annual action plans will be developed, outlining our yearly priorities. Initiative implementation progress will be tracked and reported on quarterly, with annual review and evaluation results to be shared.

The prioritised initiatives for 2025-2026 are below:

HEALTHY NORTH COAST
phn NORTH COAST An Australian Government Initiative
NSW GOVERNMENT
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 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 co-commissioning and collaborative service design are designed to 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 (ACHHSs), general practice, non-government organisations, local and state government, National Disability Insurance Service (NDIS) and community service providers.

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1.1 Support the implementation of the NSW Health Single Front Door initiative to enable for consumers easier entry into appropriate services, establishment and maintenance of a service directory support seamless referrals, encompassing:

> primary mental health
>
> suicide prevention
>
> drug and alcohol treatment
>
> psychosocial programs

1.2 To enable 'single front door' entry into services, identify and promote structure to screen for:

> best practice e-health tools for self-management
>
> clinically safe private mental health providers

1.3 Collaboratively build mental health and suicide prevention lived experience /peer workforces to:

> lead navigation and facilitate warm transfer of care between tertiary and primary care services
>
> support warm discharge planning and referral
>
> reduce need for consumer to re-tell their story support consumers in suicidal crisis in the emergency departments
>
> meet the needs of priority populations (including workforces made up of representatives of priority populations)

1.5 In collaboration and with guidance from Aboriginal Community Controlled Health Services (ACCHS), investigate opportunities to co-locate tertiary, primary care and non-clinical services that meet the needs of Aboriginal populations and other priority populations across mental health and AOD service streams.

1.7 Increase access to primary mental health, AOD, suicide prevention and psychosocial services in rural/ remote locations, targeting priority populations and addressing Aboriginal health through:

> initiatives or partnerships increasing access to transport
>
> delivery of outreach services
>
> expansion of telehealth
>
> improving digital literacy

1.9 Conduct joint service planning to design, commission and deliver services that minimise duplication of North Coast mental health, alcohol and other drugs and/or suicide prevention services.

1.11 Support workforce collaboration and education to improve knowledge of referral pathways, service relationships and needs-based service delivery across primary and tertiary mental health, suicide prevention and Aboriginal health care. Avenues include:

> reviewing interagency meetings across the region
>
> developing two-way workforce education strategies
>
> establishing partnership meetings at the clinical service delivery and project management level across service streams

1.12 Develop integrated structures for accountability and monitoring of partnerships across primary and tertiary services, including:

> standardised KPIs across all services that relate to facilitation and monitoring of integration and strong cross-sector partnerships, in alignment with value based health care requirements.
>
> integrated performance framework across tertiary and primary care

PRIORITY: MENTAL HEALTH FOR PRIORITY POPULATIONS

Priority: Mental health for priority populations

Goal: Improved mental health and wellbeing for priority populations.

What 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, values-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.

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2.1 Design health promotion and help-seeking campaigns that:

> engage voices of leaders and celebrities who have lived experience
>
> are targeted to different priority populations
>
> encourage early help seeking
>
> use non-stigmatising language
>
> align with existing National and international days – (for example, mental health week)

2.2 Embed non-clinical therapeutic spaces into facilities and service delivery models, with particular consideration given to priority populations and Aboriginal health services.

2.5 Implement/replicate effective models in schools to build capacity in in-reach mental health wellbeing teams.

2.8 Establish mental health clinician roles in GP practices, for example, mental health nurses or other allied health, to provide brief intervention, clinical services and assessment.

PRIORITY: ALCOHOL & OTHER DRUGS

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

What 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.

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3.3 Establish a co-commissioned alcohol and other drugs primary care coordinator role to work in partnership with primary and tertiary services to address priorities (for example, OTP support in MNC).

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 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-health care organisations 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.

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5.1 Upskill frontline workforce to recognise and respond to suicidality

5.2 Expand aftercare supports across the North Coast.

5.4 Support evolving postvention suicide collaborative/s across the region.

5.5 Target interventions for suicide prevention to priority cohorts.