

MURRUMBIDGEE MENTAL HEALTH, SUICIDE PREVENTION AND ALCOHOL AND OTHER DRUGS REGIONAL PLAN

2021 - 2024



Murrumbidgee Primary Health Network and Murrumbidgee Local Health District acknowledge the Traditional Custodians of the land in the Murrumbidgee region. We pay respect to past and present Elders of this land: the Wiradjuri, Yorta Yorta, Baraba Baraba, Wemba Wemba and Nari Nari peoples.

KEY READING

[Fifth National Mental Health and Suicide Prevention Plan and Implementation Plan](#)

[Living Well - A Strategic Plan for Mental Health in NSW](#)

[Strategic Framework for Suicide Prevention in NSW 2018-2023](#)

[MPHN Health Needs Assessment](#)

[Equally Well Consensus Statement](#)

[Gayaa Dhuwi \(Proud Spirit\) Declaration Implementation Guide](#)

[NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022](#)

[National Drug Strategy 2017-2026](#)

**The information contained in this document refers to the Murrumbidgee unless otherwise stated.*

**THIS PLAN HAS BEEN
DEVELOPED BY**



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STATEMENT OF COMMITMENT

The development of a joint Primary Health Network and Local Health District Regional Plan, is a key component of the Fifth National Mental Health and Suicide Prevention Plan, endorsed by the Council of Australian Governments Health Council in August 2017. The Fifth Plan calls for a national collaborative approach to a range of priority areas including strengthening regional integration to support a more effective, person-centred service system.

In partnership, the Murrumbidgee Primary Health Network (MPHN) and Murrumbidgee Local Health District (MLHD) have led this regional integration work around service planning and delivery to develop the Murrumbidgee Mental Health, Suicide Prevention and Alcohol and Other Drugs Regional Plan. It has included input from the Murrumbidgee Mental Health and Drug and Alcohol Alliance, an alliance of key service providers in the mental health and drug and alcohol field.

The purpose of this regional plan is twofold. First it stands as an official document outlining the commitment of the region's mental health, suicide prevention, drug and alcohol service providers and healthcare agencies to improving and strengthening coordination of services

with a vision of a one-health system. This will be achieved through transformative and collaborative partnerships as organisations work together to implement actions on the ground to guide people in their journey and recovery.

Second, it recognises the importance and value of listening and learning from people with lived experience. Their experience, whether as a consumer, carer or affected loved one, is critical to delivering the best possible supports. People who generously share their experiences are the reason why transformative change can occur in the delivery of mental health, suicide prevention, and drug and alcohol services in the region. It is the voices of people with lived experience that help guide decision making and make change possible.

We know the mental health, suicide prevention, and drug and alcohol system is a complex and challenging area of health. It is critical for organisations to work in partnership to increase awareness and access to services and to better coordinate service delivery. This plan will help guide activities across the region over the coming years, with the aim of improving the mental health and wellbeing of communities across our region.




Melissa Neal
Chief Executive Officer
Murrumbidgee Primary Health Network




Jill Ludford
Chief Executive
Murrumbidgee Local Health District

PROFILE OF MURRUMBIDGEE

136,898 KM²
21 Local Government
Areas (LGAs).

136,898 KM²

POPULATION
242,962

0.1% AVERAGE
POPULATION GROWTH

POPULATION
DECLINE IN 14 LGA's

67,428 UNDER 24 YEARS
46,958 OVER 65 YEARS

5.1% (12,350)
ABORIGINAL
(MORE THAN DOUBLE
NSW AND NATIONAL
PROPORTION)

70.8% WEEKLY INCOME
LESS THAN \$1000
(NSW 54.3%)

4.6% WEEKLY INCOME
MORE THAN \$2001
(NSW 28.5%)

82.2% **AUSTRALIAN
BORN** (NSW 65.5%)
HIGHEST OTHER
COUNTRIES OF BIRTH
**INDIA, ITALY AND
THE PHILIPPINES.**

473
HOMELESS

25% OF
CHILDREN'S
**FEMALE PARENT
LEFT SCHOOL AT
YEAR 10 OR
BELOW** (19.6%
NSW, 17% AUS)

531 (17%)
**UNEMPLOYED
ABORIGINAL
PEOPLE**
(5.7% OF TOTAL
POPULATION
UNEMPLOYED)

42% **LEFT SCHOOL AT YEAR 10 OR
BELOW OR DID NOT GO TO
SCHOOL** (NSW 33%)

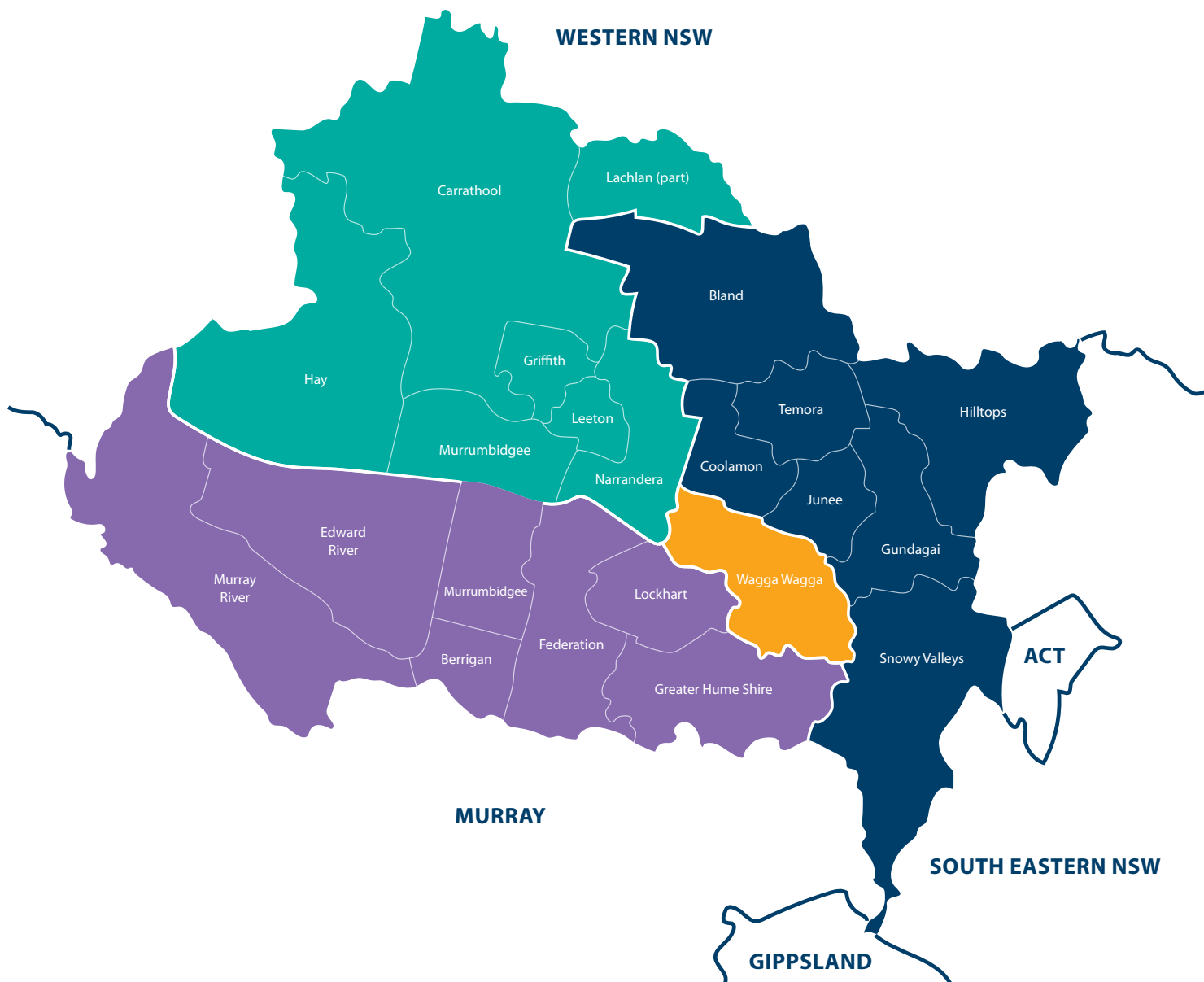
14.4% PARTICIPATE IN **HIGHER
EDUCATION** (NSW 33.1%)

ABOUT MURRUMBIDGEE PRIMARY HEALTH NETWORK (MPHN)

Murrumbidgee Primary Health Network (MPHN) is a not-for-profit organisation servicing more than 242,962 people, living across 514 communities on a land mass of 136,898 square kilometres. It is one of 31 local and independent PHNs established nationally to support the primary health care sector and improve health outcomes, particularly for those at-risk populations.

MPHN achieves this by understanding the region's health needs to inform:

- » **funding services to meet population health needs;**
- » **integrating local services and systems and improve coordination of care; and**
- » **supporting the development of a local sustainable health care workforce through quality improvement and professional development.**



NATIONAL PRIMARY HEALTH NETWORK PRIORITIES

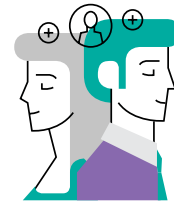
Primary health networks have seven key priority areas guiding their work including:



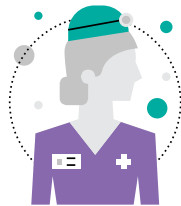
MENTAL HEALTH



**ABORIGINAL AND
TORRES STRAIT
ISLANDER HEALTH**



**POPULATION
HEALTH**



**HEALTH
WORKFORCE**



DIGITAL HEALTH



AGED CARE



**ALCOHOL AND
OTHER DRUGS**

PRIMARY HEALTH NETWORK STEPPED CARE IN MENTAL HEALTH

In a stepped care approach, a person seeking support is connected to the services that meet their needs and as their needs change, the services change with them. The stepped care approach is part of the Australian Government's response to the National Mental Health Commission's review of mental health services and programs.

Murrumbidgee PHN is committed to ensuring people receive the right services at the right time and in the right place. Using primary mental health care funds we purchase services within a stepped care approach, within the 5 levels of stepped care as set out below.

STEPPED CARE LEVELS OF SUPPORT IN MENTAL HEALTH



The services commissioned by MPHN are targeted to people who are presenting with mental health conditions in primary health care settings (e.g. through general practice). These services compliment the specialist services delivered by Murrumbidgee Local Health District.



ABOUT MURRUMBIDGEE LOCAL HEALTH DISTRICT (MLHD)



Health
Murrumbidgee
Local Health District

Murrumbidgee Local Health District is the provider of public health services to the population of the Murrumbidgee Local Health District.

The Murrumbidgee Local Health District priorities are:

- » **Aspire to Excellence**
- » **Invest in our People**
- » **Focus on Wellness**
- » **Together in Partnership**

Services are delivered through 47 public health facilities, including:

- » **1 Rural Referral Hospital**
- » **1 Base Hospital**
- » **8 District Hospitals**
- » **5 Community Hospitals**
- » **16 Multipurpose Services**
- » **2 Mercy Health Public Hospitals •**
- » **12 Community Health Posts**
- » **1 Mental Health Facility (Inpatient Units and Mental Health Recovery Services)**
- » **1 Brain Injury Rehabilitation Service**

Murrumbidgee Local Health District provides:

- » **Aboriginal Health**
- » **Acute inpatient services – surgery and medicine**
- » **Aged care services including residential aged care**
- » **Ambulatory and ‘hospital in the home’ services**
- » **Cancer care services**
- » **Cardiovascular services**
- » **Child and family health services**
- » **Child protection services**
- » **Diagnostic services**
- » **Domestic violence services**
- » **Emergency care services**
- » **Intensive care services**
- » **Maternity**
- » **Mental health, drug and alcohol services**
- » **Oral health services**
- » **Pain management services**
- » **Palliative and end of life services**
- » **Population health including public health functions**
- » **Paediatrics**
- » **Primary and community health services**
- » **Preventive health services**
- » **Rehabilitation services**
- » **Renal services**
- » **Sexual health services**
- » **Sexual assault services**
- » **Women’s health services**



MLHD MENTAL HEALTH AND DRUG AND ALCOHOL SERVICES

MLHD provides critical specialist mental health and drug and alcohol services targeting people experiencing acute and / or severe, complex mental health conditions and substance use. MLHD provides services in the general hospital, mental health in-patient units (acute and sub-acute) and community settings (through Community Mental Health, Drug and Alcohol teams).

Inpatient services include:

- » Adult acute unit
- » Recovery Unit
- » Older persons acute unit
- » Transitional Behavioural Assessment and Intervention Service

The Community Mental Health, Drug and Alcohol teams work across a number of specialist areas including:

- » **triage and intake service (Accessline)**
- » **emergency department consultations (Mental Health Emergency Consultation Service)**
- » **adult mental health**
- » **child and adolescent mental health**
- » **mental health for older people**
- » **youth mental health**
- » **perinatal mental health for women who are pregnant and mothers of children under two**
- » **consumer advocacy and peer support**
- » **Aboriginal mental health**
- » **family and carer support**
- » **substance use in pregnancy and parenting**

Specialist Drug and Alcohol Services include:

- » harm minimisation, promotion and prevention services, intake/triage assessment, withdrawal management, Hepatitis C screening and referral, screening and referral under the Drug and Alcohol Treatment Act 2007, Magistrates Early Referral into Treatment (MERIT) program, Opioid Treatment Services (OTP) and specialist addiction counselling.

Community Managed Organisations include:

- » Calvary Alcohol and Other Drug Services: residential and ambulatory detoxification, residential rehabilitation program, day programs, the Women's Wellness and Recovery Program.
- » Directions: specialist harm reduction, treatment and support services for people impacted by alcohol and other drug issues including a methamphetamine treatment program, pre and post rehabilitation or withdrawal support.
- » headspace: Griffith in-reach, and Work It Out (a program for young Aboriginal and Torres Strait Islander people)
- » Karralika: youth treatment services

MLHD also supports communities to manage the challenges of living through and recovering from adverse events through a variety of programs such as the Rural Adversity Mental Health Program (RAMHP). The MLHD geographic region matches that of the MPHN region.





SECTION ONE

ABOUT THIS PLAN

The Murrumbidgee Regional Mental Health, Suicide Prevention and Alcohol and Other Drugs Regional Plan (the Regional Plan) is a joint initiative of MPHNSW and MLHD. Throughout 2018/19 MPHNSW and MLHD worked with local stakeholders, clinicians, people with a lived experience, carers and community members to explore local issues, priorities and determine actions to include in the Regional Plan.

The Regional Plan has a three year focus (2021-2024) and will guide high quality decision making ensuring resources are targeted to best respond to local mental health, suicide prevention, and drug and alcohol needs.

This plan reflects the priorities, gaps and opportunities identified through the consultation in 2018/19. The priorities are consistent with those identified in the *5th National Mental Health and Suicide Prevention Plan* and the recommendations from *Living Well: A Strategic Plan for Mental Health in NSW*.

THE REGIONAL PLAN IS UNDERPINNED BY 5 PRIORITY AREAS:

1.

ACHIEVING INTEGRATED PLANNING AND SERVICE DELIVERY

2.

COORDINATING TREATMENT AND SUPPORTS FOR PEOPLE WITH SEVERE AND COMPLEX MENTAL ILLNESS AND ALCOHOL AND OTHER DRUG ISSUES

3.

A SYSTEMS BASED, COLLABORATIVE, APPROACH TO SUICIDE PREVENTION, CONSUMER AND COMMUNITY FOLLOW UP AND SUPPORT

4.

IMPROVING PHYSICAL HEALTH OUTCOMES FOR PEOPLE WITH MENTAL ILLNESS AND ALCOHOL AND OTHER DRUG ISSUES

5.

IMPROVING THE MENTAL HEALTH OF PRIORITY POPULATIONS

VISION

The vision for the Murrumbidgee region is for a mental health, suicide prevention and alcohol and other drugs system that:

- » ensures that all people with a mental illness and / or drug and alcohol problem can access timely, effective and appropriate treatment and community support to enable them to participate fully in the community
- » enables recovery
- » prevents and detects mental illness and substance use issues early.

Guiding Principles:

- » care should be recovery oriented, trauma informed and consumer centred
- » people with lived experience of mental health issues, and their carers, have vital contributions to make, and are key partners in planning and decision making
- » providing information and resources to the community which aim to reduce stigma
- » people with a lived experience are entitled to receive holistic, integrated services that are matched to need and incorporate smooth transitions.

THE POLICY ENVIRONMENT

In October 2017, the Australian Government released the *Fifth National Mental Health and Suicide Prevention Plan*. The "Fifth Plan" emphasises the importance of effective regional planning to support better mental health and wellbeing for individuals and communities. Importantly, the Fifth Plan recognises the importance of local action to address suicide attempts and deaths.

The release of the Fifth Plan, follows on from the release of *Living Well - NSW Mental Health Commissions Strategic Plan for Mental Health 2014 - 2024*. The NSW Plan also calls for local action to progress reform priorities.

The NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022 helps NSW Health organisations embed the strategic directions of the NSW Mental Health Reform and achieve the vision outlined in the Living Well Plan. The Framework and Workforce Plan have been developed through extensive stakeholder consultation and focus on achieving three goals: holistic, person-centred care; safe, high quality care and; connected care.

The *Strategic Framework for Suicide Prevention in NSW 2018-2023* was released in October 2018

and represents the beginning of the journey towards reducing suicides in NSW. The framework identifies priorities and initiatives to achieve this goal.

The *National Drug Strategy 2017-2026* is a framework to build safe and healthy communities. It aims to reduce and prevent drug-related harm including health, social, cultural and economic harms and harm to individuals, families and communities.

This long-term strategy identifies national priorities, guides action by governments, service providers and the community and outlines strategies to reduce demand, supply and harm.

Along with the expectations of local clinicians, people with lived experience, carers and communities, the Regional Plan also includes actions identified by government as requiring regional attention and brings together a range of strategies and ambitions under one plan. The focus of the plan, however, is on activities that are realistic and can be implemented.

DEVELOPING THE PLAN

MPHN and MLHD established a joint steering committee to oversee the development of the Regional Plan which was supported by a reference group during the development stage. A comprehensive consultation process has been built into development of the Regional Plan. Consultation workshops / forums conducted to date include the following:

- » Consultation with Murrumbidgee Mental Health Drug and Alcohol Alliance
- » Consultation with MPHN Clinical Councils
- » Focused consultation forums included:
 - people with severe and complex mental illness
 - physical health of people with mental illness
 - Aboriginal mental health and suicide prevention
 - maternal and child mental health
 - youth mental health
 - the mental health of older people
 - drug and alcohol issues

Existing forums provided input regarding suicide prevention. Carers and people with lived experience were involved in these forums.

Following the public release of the Draft Regional Plan, MPHN and MLHD undertook a revision to ensure information gathered through the consultation process genuinely influenced the content of the Regional Plan and the actions.

IMPLEMENTING THE PLAN

MPHN and MLHD will move to implementation phase of the regional plan process, developing key performance indicators and engaging with consumers, carers and key stakeholders to deliver on the 5 key priority areas. The Murrumbidgee Mental Health Drug and Alcohol Alliance will play an integral role in supporting the implementation of relevant actions.

Reports against the key performance indicators will be made public and available on MPHN and MLHD websites.



SECTION TWO

THE MURRUMBIDGEE MENTAL HEALTH DRUG AND ALCOHOL ALLIANCE



The Murrumbidgee Mental Health Drug and Alcohol Alliance (the Alliance) is a unique partnership of organisations in the Murrumbidgee specifically funded to provide mental health and/or drug and alcohol services or commission such services. The Alliance has made a commitment to supporting the progress of relevant priorities within the regional plan. The main purpose of the Alliance is to provide a forum through which key stakeholders from the health, community and social sectors can develop a strategic approach to meeting the mental health and drug and alcohol needs and expectations of consumers.

The Alliance builds on existing relationships, initiatives and programs to provide the framework for the development of a collaborative and effective approach to priority setting, population-based planning and improving health outcomes for people with mental health and drug and alcohol conditions, including families and carers.

The Alliance has successfully secured funding for:

1. The NSW Trial of the Systems Approach to Suicide Prevention (LifeSpan) led by the Murrumbidgee Primary Health Network, with the support of the Black Dog Institute. LifeSpan combines nine strategies that have strong evidence for suicide prevention into one community-led approach.
2. The NSW Health funded Mental Health Integration Project: The integration of mental health and drug and alcohol services was identified as a key priority across the member agencies that would benefit from clinical and system redesign. Key outcomes of this project were the development of an online interactive directory of mental health and drug and alcohol services within the Murrumbidgee known as MapMyRecovery, and the development of a consumer-held recovery app for use across Alliance services, funded by NSW Health.

MEMBERSHIP INCLUDES:

- » PEOPLE WITH A LIVED EXPERIENCE AND CARER REPRESENTATIVES
- » CALVARY RIVERINA DRUG AND ALCOHOL CENTRE
- » CENTACARE SOUTH WEST NSW
- » DEPARTMENT OF COMMUNITIES AND JUSTICE
- » DIRECTIONS HEALTH SERVICES
- » FLOURISH AUSTRALIA
- » GRAND PACIFIC HEALTH
- » INTEREACH
- » KARRALIKA
- » MARATHON HEALTH
- » MURRUMBIDGEE LOCAL HEALTH DISTRICT (MLHD)
- » MURRUMBIDGEE PRIMARY HEALTH NETWORK (MPHN)
- » RELATIONSHIPS AUSTRALIA
- » RIVERINA MEDICAL AND DENTAL ABORIGINAL CORPORATION
- » STRIDE
- » ST VINCENT DE PAUL SOCIETY
- » SUNFLOWER HOUSE
- » WELLWAYS

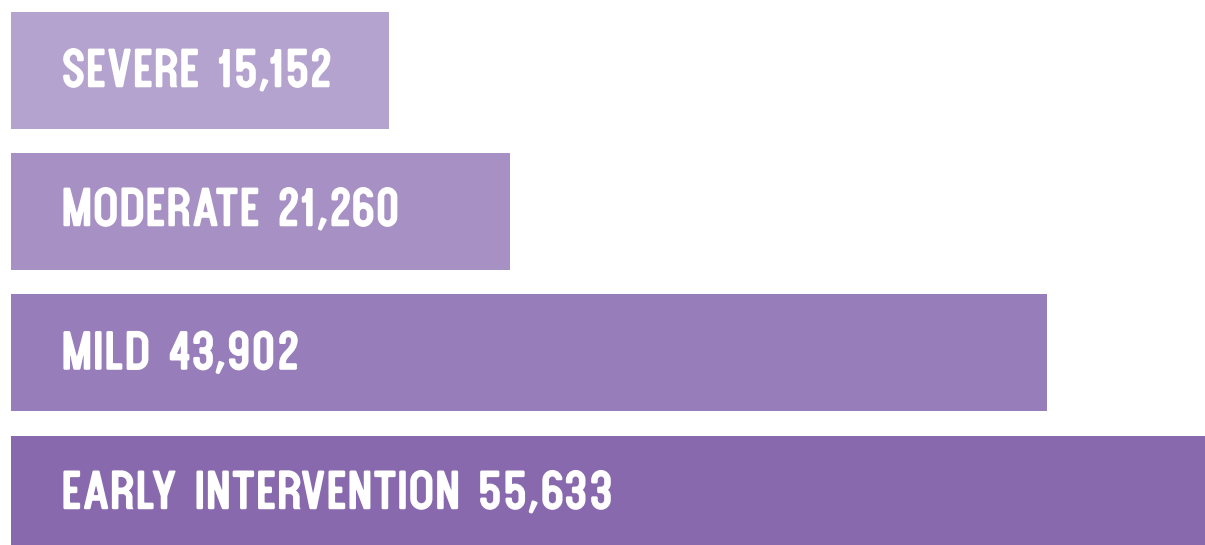
A woman with long dark hair, wearing a dark sleeveless top and a necklace, is kneeling on a grassy field. She is smiling and petting a long-haired dog, possibly a Shetland Sheepdog, which is sitting and looking to the left. The entire image is overlaid with a semi-transparent teal gradient. The text 'SECTION THREE' is written in a white, outlined, sans-serif font across the lower half of the image.

SECTION THREE

MENTAL HEALTH

The prevalence of mental illness in the population is estimated using national data made available through the *National Mental Health Services Planning Framework (NMHSPF)*.

Table 1. Number of people in Murrumbidgee Region in 2018 with mental health issues by severity



Survey data indicates:

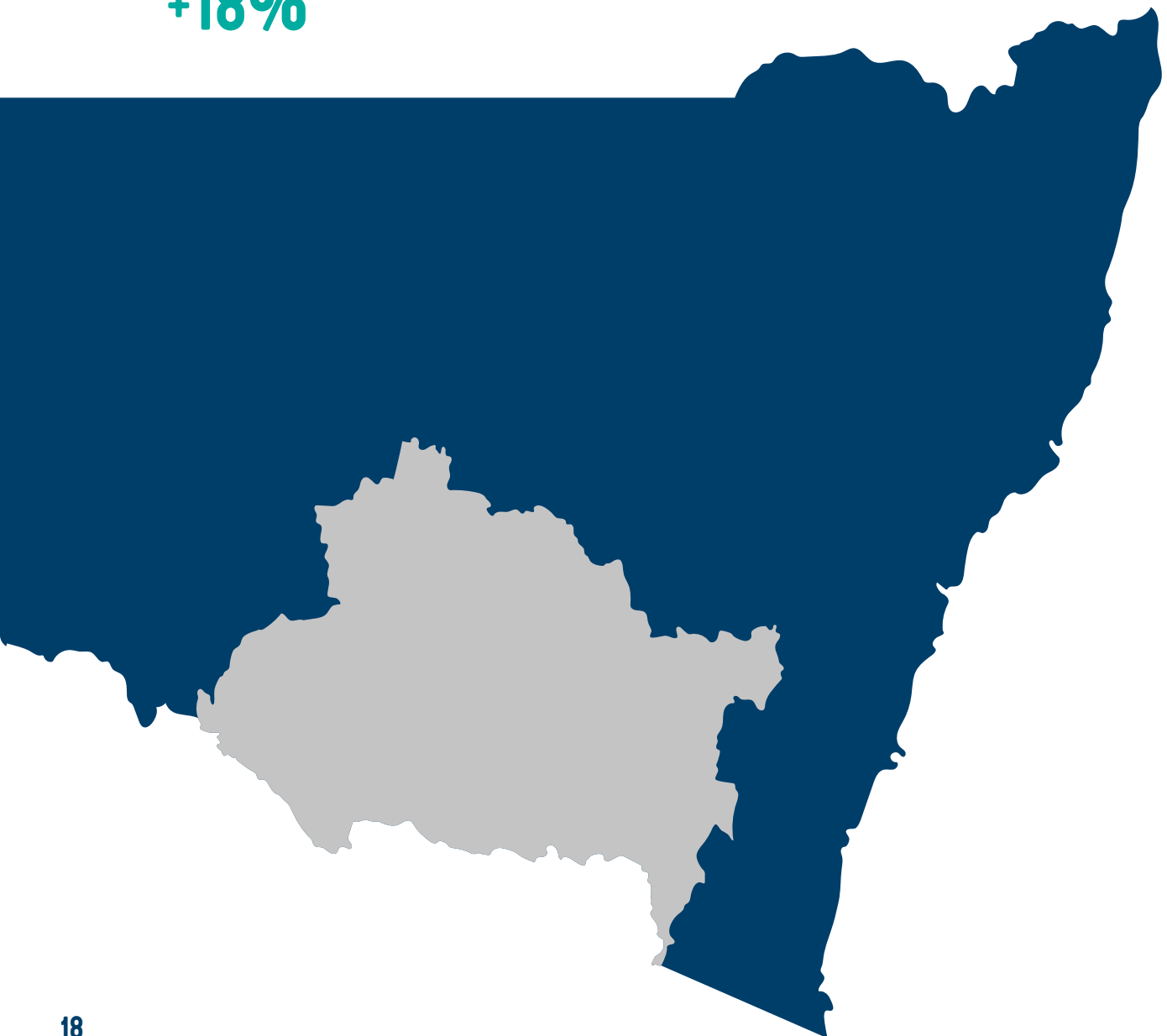
- » NSW Population Health Survey (Secure Analytics for Population Health Research and Intelligence (SAPHaRI)) 2016 indicates the proportion of residents of the Murrumbidgee (over 16 years) that experience high or very high psychological distress is the highest in NSW (Murrumbidgee 21.5%; NSW 15.1%) (Health Stats, NSW Population Health survey (SAPHaRI) 2016).
- » Prevalence of mental health disorders in children and secondary school students in the Murrumbidgee appear to be similar to state and national estimates. The *NSW Schools Students Health Behaviours Survey 2014*, *Young Minds Matter Survey 2013-14*, and Mindspot service indicate similar prevalence of depression, anxiety and externalising disorders (attention deficit hyperactivity disorder, conduct disorder).

APPROXIMATELY 20% OF PEOPLE WITH A MENTAL HEALTH DISORDER ALSO HAVE A CO-OCCURRING DISORDER WHICH COULD BE PHYSICAL HEALTH ISSUES AND / OR INCLUDE SUBSTANCE USE ISSUES.

ACROSS NSW EMERGENCY DEPARTMENTS, CARE FOR MENTAL HEALTH RELATED PRESENTATIONS GREW AT A FASTER RATE THAN OVERALL EMERGENCY DEPARTMENT PRESENTATIONS.

+18%

THE LARGEST INCREASE WAS AMONG PEOPLE AGED 15-24 YEARS WHICH ACCOUNTS FOR ONE QUARTER OF ALL MENTAL HEALTH RELATED EMERGENCY DEPARTMENT PRESENTATIONS.



THE PREVALENCE OF MENTAL HEALTH-RELATED EMERGENCY DEPARTMENT PRESENTATIONS FOR ABORIGINAL PEOPLE WAS

3 X HIGHER

THAN NON-ABORIGINAL PEOPLE ACROSS ALL AGE GROUPS

19.69% OF PEOPLE ACCESSING DRUG AND ALCOHOL SERVICES IDENTIFIED AS EITHER ABORIGINAL AND / OR TORRES STRAIT ISLANDER



THE PRINCIPAL DRUGS OF CONCERN



32.8% ALCOHOL

16% CANNABINOIDS

16% AMPHETAMINES

11.4% PSYCHOSTIMULANTS

11.4% PHARMACEUTICAL OPIODS

COMPARED TO OTHER PARTS OF NSW, MURRUMBIDGEE RESIDENTS ARE MORE LIKELY TO:

- » EXPERIENCE HIGH OR VERY HIGH PSYCHOLOGICAL DISTRESS
- » DRINK ALCOHOL DAILY
- » USE AND/OR POSSESS AMPHETAMINES
- » USE AND/OR POSSESS CANNABIS

While prevalence of mental health issues in the Murrumbidgee appear to be broadly similar to state and national estimates, within the MPHNS population, Aboriginal people of all ages and young non-Aboriginal people appear to be most at risk of poor mental health and potentially more severe disorders.

Sources: NSW Bureau of Crime Statistics and Research, 2018; AIHW Mental Health Services in Brief, 2018; National Drug Strategy Household Survey, 2016; Australian Drug Trends, 2018; BHI Health Care in Focus People's Use and Experience of Mental Health Care in NSW, 2019.

MENTAL HEALTH SERVICES

DELIVERY

Mental health services in the Murrumbidgee are **delivered** by a variety of providers including Commonwealth government, NSW government, Community Managed organisations, schools and universities, private clinicians, general practices and Aboriginal medical services.

FUNDING

Mental health services are also **funded** by a variety of different funding sources (as depicted in the graphic below). The funding is substantial, and it is important that investments are coordinated to avoid gaps, duplications and inefficiencies. This is the focus of Priority Area 1.

NSW government funding (NSW Health, NSW Education)

MLHD discretionary funding

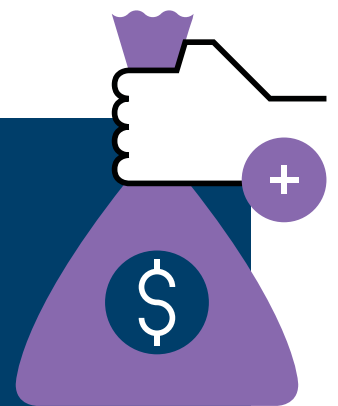
National Disability Insurance Scheme (NDIS)

MPHN primary mental health flexible funding pool

Other Commonwealth funding (e.g., Veteran Affairs)

Medicare (general practice, Better Access)

Philanthropy and charitable funding



**MENTAL HEALTH
SERVICES
IN THE
MURRUMBIDGEE**

SERVICE GAPS

MPHN Health Needs Assessment 2018 and community, consumer and clinician consultations identified the following **service gaps**:

- » age related services – Consumers raised the issue of limited services for children and the elderly for mental health services.
- » alcohol and other drugs – Community consultations identified needs for drug and alcohol services including educational and supportive services for families of people with alcohol and other drug issues.
- » consumers reported issues of travelling to services and wait times as barriers to being able to access mental health services. The timeliness and availability of some services was also raised as an issue especially in light of the prolonged drought.

SYSTEM ISSUES

MPHN Health Needs Assessment 2018 and community, consumer and clinician consultations identified the following system issues:

- » There is a lack of awareness of what mental health services are available which is a significant barrier for people trying to access supports and extends to knowing the criteria for accessing services.
- » There are significant workforce gaps which require a continued and increased focus on retaining and developing the workforce in regional areas.
- » Stigma and discrimination is still an issue for people with severe and enduring mental illness, people who self-harm, people with alcohol and other drug issues and individuals who have personality disorders.
- » Awareness of carer support services is limited, particularly for people caring for a person with mental health and/or drug and alcohol issues. In addition carers at times aren't included in the service support system for the person being cared for.

SUICIDE

There are many groups / people (*Strategic Framework for Suicide Prevention in NSW 2018 – 2023*) who are at increased risk of suicide, these include:

- » people aged 15-24
- » older people especially men
- » Aboriginal and Torres Strait Islander people
- » men living in rural and remote Australia
- » people who have been bereaved by suicide
- » lesbian, gay, bisexual, transgender, intersex and other sexuality, sex and gender diverse people (LGBTIQ)
- » people experiencing mental illness
- » residents of aged care facilities
- » prisoners and others in contact with the criminal justice system
- » people who have previously attempted suicide or who engage in self-harm
- » people who've experienced an unexpected situational stressor (e.g. job loss, relationship breakdown).

For 2018 the suicide rate in Murrumbidgee was 15.6 per 100,000 population which is higher than the average in NSW where the rate is 11 per 100,000 population. The suicide rate in Murrumbidgee is third highest in the State.

Males have a significantly higher risk of dying by suicide than females do.

For females aged 15-24 years the rate of intentional self-harm hospitalisations was 575.9 per 100,000 population. For males the rate was 215.8 per 100,000. For females this was the third highest rate in the state behind Far West and Northern NSW local health districts. (Source Secure Analytics for Population Health Research and Intelligence).

*Murrumbidgee has
the third highest rates
of suicide in NSW*



SUICIDE PREVENTION

Suicide prevention is a major priority for MPH and MLHD. As a result of strong advocacy from the Murrumbidgee Mental Health Drug and Alcohol Alliance, the Murrumbidgee region was part of a state-wide trial involving a systems approach to suicide prevention called LifeSpan. Based on the best available evidence, a systems approach acknowledges that single strategies alone have limited impact on reducing suicide deaths, but that multiple strategies implemented simultaneously

are likely to reduce suicide deaths and attempts. Part of the Regional Plan reflects the LifeSpan systems approach to suicide prevention. Whilst the trial concluded 31 March 2020, MPH and MLHD are committed to region-wide implementation of key strategies and activities in collaboration with service provider partners and communities.



ALCOHOL AND OTHER DRUGS

Strategic partnerships between MLHD Drug and Alcohol services, Calvary Drug and Alcohol Centre, Directions Health Services, other government agencies, community managed organisations and public and private primary care providers are central to delivering effective, integrated and responsive services for people, their families and carers.

The aim of services in the region is to reduce the impact of drug and alcohol related harms through prevention and health promotion, early and brief intervention, treatment and recovery and aftercare.

Access to specialised drug and alcohol assessment, treatment and recovery for severe, complex and chronic drug and alcohol issues, including opioid treatment is provided by MLHD. MLHD, Calvary Riverina and community managed organisations work in partnership to provide a holistic, stepped care model including inpatient and community support.

MLHD and St Vincent's Hospital are participating in a telehealth pilot program to increase consumer access to addiction medicine specialist clinics and upskill the local medical and clinical workforce treating and supporting consumers with drug and alcohol issues. MLHD also provides access to specialist substance use in pregnancy assessment, consultation, education and collaborative care for mothers, families, children and babies affected by substance use.

Primary Health Networks have Drug and Alcohol as one of the seven key priority areas. This activity and support includes commissioning drug and alcohol services informed by annual health needs assessment, consultations and planning procedures. In addition, drug and alcohol specific training opportunities are provided to GPs, allied health and community managed organisations to support the development of the workforce and workforce capability and confidence.

Specific groups at risk of harm include:

- » people with complex and severe drug and/or alcohol use
- » people with serious physical and mental health issues co-occurring
- » people experiencing social isolation / homelessness
- » children, young people, adolescents and their families
- » older people
- » pregnant women
- » Aboriginal and Torres Strait Islander people
- » lesbian, gay, bisexual, transgender, intersex and other sexuality, sex and gender diverse people (LGBTIQ)
- » men – particularly living alone

THE PREVALENCE OF ALCOHOL AND OTHER DRUGS USE IN THE MURRUMBIDGEE IS SHOWN BELOW THROUGH NSW HEALTH DATA

FREQUENCY OF DAILY ALCOHOL INTAKE IS HIGHER IN BOTH MALES AND FEMALES IN MURRUMBIDGEE COMPARED TO NSW.



MALES 15.5%, NSW 10.9%
FEMALES 5.7%, NSW 4.9%

ALCOHOL CONSUMPTION AT LEVELS POSING LONG-TERM RISK TO HEALTH IS HIGHER IN MURRUMBIDGEE COMPARED TO NSW.



36.1%, NSW 31.5%

ALCOHOL ATTRIBUTABLE HOSPITALISATIONS ARE HIGHER IN THE MURRUMBIDGEE FOR MALES COMPARED TO NSW.



781.1 PER 100,000
NSW 719.6 PER 100,000

ALCOHOL ATTRIBUTABLE HOSPITALISATIONS FOR ABORIGINAL PEOPLE ARE HIGHER FOR BOTH MALES AND FEMALES COMPARED TO NON-ABORIGINAL PEOPLE IN NSW.



MALES: 719 PER 100,000
NON-ABORIGINAL: 623.5 PER 100,000
FEMALES: 454 PER 100,000
NON-ABORIGINAL: 391.6 PER 100,000

MLHD specific services are directed at:

- » triage and assessment
- » harm minimisation, promotion and prevention
- » alcohol and other drug counselling
- » withdrawal management
- » hepatitis C identification and referral
- » specialised treatment under involuntary admission (Involuntary Drug and Alcohol Treatment Program) and court drug diversion (Magistrates Early Referral into Treatment)
- » opioid treatment services
- » specialised addiction medicine clinics
- » substance use in pregnancy and parenting

MHPN and MLHD are committed to responding to identified needs within the community and workforce through strategies and activities in collaboration with service provider partners and communities. MHPN and MLHD will build on current initiatives to increase local capacity to assess, manage and deliver brief interventions to people with drug and alcohol issues through education and support for general practitioners and local providers. In addition, we will explore opportunities to address the following needs identified through the development of this plan. MHPN and MLHD will explore opportunities for:

- » Education and brief interventions with youth regarding the use of substances with the aim of reducing harm.
- » Decrease stigma for people experiencing drug and alcohol dependency.
- » Improving coordination and communication of chronic pain management, mental health and prescribed opioid issues to reduce emergency department presentations.
- » Increasing the number of opioid treatment prescribers within the Murrumbidgee region.
- » Expanding the current forum for drug and alcohol workers to connect with colleagues and engage in joint training opportunities across the Murrumbidgee.
- » Increasing community awareness of and about services, including development and delivery of education for drug and alcohol and mental health service providers and the community.
- » Directing future funding into assertive care models for treatment and follow up.
- » Expanding Aboriginal drug and alcohol treatment services, including residential care.





SECTION FOUR

The Plan presents the priority areas by identifying the current activities and those that are planned for the future:

PRIORITY AREA ONE: ACHIEVING INTEGRATED REGIONAL PLANNING AND SERVICE DELIVERY

WHAT WE'RE DOING

The Murrumbidgee Mental Health and Drug and Alcohol Alliance was established with funding support from the NSW Mental Health Commission following the release of Living Well. The Alliance demonstrates a strong partnership at a strategic level, involving the local health district and primary health network with community managed organisations, people with lived experience and carers. The membership is dynamic and evolves to reflect changes in service providers in the Murrumbidgee.

The development of an online and interactive map of services across Murrumbidgee called MapMyRecovery has been designed to assist people with lived experience

and carers to navigate the system. It is an example of where commitment of resources by MLHD and MPHNSW can deliver a system wide outcome through leveraging the Alliance partnership.

Another key outcome of the Alliance is the development of a consumer held care plan that is shared across services. An application known as Jiemba has been developed and will soon be trialled. The app will connect consumers, carers and service providers. Importantly, it will mean that consumers will not have to re-tell their stories and can choose to share their story, goals and wellness plans with whoever they choose.

THE FUTURE

MLHD and MPHNSW have agreed to work together to prepare a three yearly mental health, suicide prevention and drug and alcohol regional plan that will inform service planning and delivery for both organisations. It is expected to optimise resource utilisation through identifying gaps, service duplication and development opportunities.

MPHNSW and MLHD are committed to continuing to strengthen intake and triage process including communication and connection between services. In addition considering the inclusion of Alliance members within the AccessLine intake algorithm which would streamline processes for consumers and remove duplication of intake and triage processes for consumers and providers.

PRIORITY AREA TWO COORDINATION OF TREATMENT AND SUPPORTS FOR PEOPLE WITH SEVERE AND COMPLEX MENTAL ILLNESS AND ALCOHOL AND OTHER DRUG ISSUES

WHAT WE'RE DOING

Whilst the current model involving MLHD services and MPHN Commissioned services includes the components of a stepped care model there are opportunities to improve access to and integration between services. The model provides access to therapeutic interventions including psychological interventions, peer support, group-based interventions and psycho-social supports.

THE FUTURE

MPHN and MLHD will explore strategies to address the issues and challenges for people who are ineligible for the National Disability Insurance Scheme through alternate service models.

MPHN and MLHD will identify and develop strategies for improving the experiences of people with alcohol and drug issues and complex mental illness, in particular the coordination and pathways to access treatment services. A pathway for offenders with mental health and alcohol and other drug issues who are discharged from Corrective Services to the community is an example of where improved integration could address access, treatment and relapse issues.

It is recognised that there are particular workforce challenges in recruiting and retaining staff in some rural locations and that more creative service delivery models need to be implemented. One strategy involves exploring better use of the existing technology through developing a regional wide approach to technology education and investment that would increase community and service provider awareness and confidence in using technology opportunities. Implementing technology options (e.g.

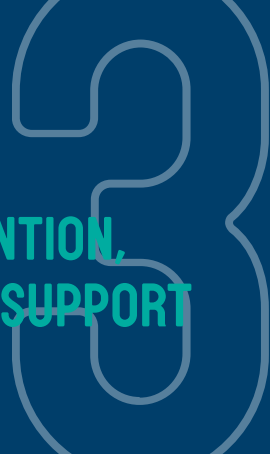
People with alcohol and other drug problems in combination with mental illness are a group that experience specific difficulties in coordination and access to services.

telepsychology) is part of flexible service delivery models which can still include face to face contact.

MPHN and MLHD will explore strategies to establish a joint mental health consumer reference group.

MPHN and MLHD will develop a strategy to improve care arrangements for people with lived experience who are discharged from emergency departments to the community. The focus will be on ensuring services and supports (including the general practitioner) are activated and engaged. MLHD and MPHN will continue to engage a general practitioner liaison to progress this activity.

PRIORITY AREA THREE: A SYSTEMS BASED, COLLABORATIVE APPROACH TO SUICIDE PREVENTION, CONSUMER AND COMMUNITY FOLLOW UP AND SUPPORT



WHAT WE'RE DOING

The LifeSpan suicide prevention trial provided an opportunity for shared governance with the Alliance as the executive steering group for the trial. Some LifeSpan activities to highlight are Question, Persuade, Refer (QPR) training which is online community suicide prevention training which is free across the Murrumbidgee; and Youth Aware Mental Health (YAM) which is evidence-based suicide prevention training for Year 9 students.

In November 2018, the first Murrumbidgee Suicide Prevention and Aftercare Roundtable discussions occurred with key stakeholders. During the roundtable discussion attendees shared current initiatives, challenges and gaps in suicide prevention and aftercare strategies. The group considered existing responses to suicide and other critical incidents and how the region and its emergency and support services could improve responses and supports.

Key actions were agreed upon by the group including:

- » develop and implement region-wide communications and response protocol including a local response group

THE FUTURE

MPHN and MLHD will establish ongoing governance arrangements to support an integrated approach to suicide prevention and aftercare in the Murrumbidgee region. This will include building community capacity and resilience through education and training in the community, shared clinician, peer worker and other staff training and enhancing online resources available.

Conduct regular suicide prevention and aftercare discussions between service providers to explore and develop strategies to support communities in prevention activities and bereavement.

Work with multicultural agencies to increase awareness of cultural needs within different refugee population groups and the need for service driven solutions including community capacity building, language and culture specific resources and improved understanding and management of trauma.

to lead the activity

- » build community capacity through education and training
- » promoting the use of safe language. MPHN became a signatory to The National Communications Charter (The Charter) and has supported other agencies to also sign
- » develop information pack for businesses, schools and Local Government Areas to distribute
- » awareness building of services, resources and support for the community and service providers

MPHN commissions Beyond Blue's The Way Back Support Service, which is delivered to people following a suicide attempt or people experiencing a suicidal crisis. MLHD has a mandatory training program for all staff to increase their ability to recognise and respond to people experiencing suicidal ideas. MLHD Mental Health Services have introduced the Collaborative Assessment and Management of Suicidality approach, which has a sound evidence base for the treatment of suicidality.

Establish ongoing governance to develop and support integrated and complementary aftercare service delivery for individuals and communities.

Implement strategies associated with the NSW Government Towards Zero Suicides Initiative to address local priorities, with a focus on involvement of people with lived experience of suicide, people impacted by suicide and all key stakeholders.

The Towards Zero Suicides Initiative will include the establishment of Safe Havens in Wagga Wagga and Griffith, which will provide an alternative to presenting to an emergency department during a suicidal crisis. The service will be staffed by peer support workers and other professionals.

MPHN and MLHD are committed to ensuring suicide prevention strategies are driven by data and have a focus on priority populations such as Aboriginal and LGBTQ communities.

PRIORITY AREA FOUR: IMPROVING PHYSICAL HEALTH OUTCOMES FOR PEOPLE LIVING WITH MENTAL ILLNESS AND ALCOHOL AND OTHER DRUG ISSUES

WHAT WE'RE DOING

Developing mental health, suicide prevention and drug and alcohol related HealthPathways. HealthPathways is an online health information portal for general practitioners, specialists and pharmacists to be used at the point of care. It provides information on how to assess and manage medical conditions, and how to refer people to local specialists and services in the most timely way. Promotion and support for medical professionals regarding HealthPathways will continue to support increased usage.

Physical trainers are employed to support healthy lifestyle programs for consumers in MLHD acute and

recovery units in Wagga Wagga and for inpatient and community clients at Calvary Health Care.

MLHD specialist community mental health services conduct metabolic clinics for high risk consumers.

Cardio metabolic training has been delivered to senior MLHD and community managed organisation mental health staff. All clients at Calvary Health Care Drug and Alcohol services are screened for cardio metabolic disorders.

THE FUTURE

Services commissioned by MPHN, and services delivered by MLHD, will include the identification of physical health issues and support people to engage with appropriate support services.

Establish a working group to explore ways in which general practitioners and other clinicians can be more effectively supported through continuing professional development education activities to consider physical health risks associated with mental illness and drug and alcohol issues. This includes regular planned registrar rotations, shared MLHD and MPHN education activities and regular student placements.

MLHD and MPHN will explore investment in evidence-based models to improve integration between services, with potential to invest in:

- » increasing physical and metabolic screening for consumers of community mental health and drug and alcohol services
- » metabolic health nurses working within general practice
- » increasing availability of harm reduction education and information, including Hepatitis C
- » improving engagement with dietitians especially for those with eating disorders
- » supporting older consumers to build and maintain social connections.

PRIORITY AREA FIVE: IMPROVING THE MENTAL HEALTH OF PRIORITY POPULATIONS



ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

WHAT WE'RE DOING

There are currently significant pockets of poor outcomes with the regional population that need to be addressed. There are specific issues associated with the different Aboriginal groups within the region which results in complexities in both engagement and delivery of services across the whole region.

MPHN and MLHD have prioritised growing the Aboriginal Torres Strait Islander mental health, drug and alcohol workforce by investing in Aboriginal and Torres Strait Islander Mental Health Traineeship Program and increasing the percentage of the mental health, drug and alcohol workforce who are Aboriginal.

THE FUTURE

MPHN and MLHD are committed to developing an Aboriginal mental health strategy in collaboration with communities and the Murrumbidgee Aboriginal Health Consortium.

MPHN and MLHD, using a co-design approach, will work with leaders in the Aboriginal and Torres Strait Islander communities to develop and implement a cultural safety framework.





YOUNG PEOPLE

WHAT WE'RE DOING

The current model involving community managed organisations, headspace and MLHD inpatient and specialist child and adolescent, and youth mental health services for young people includes most components of a stepped care model. The MLHD also provides a school link program that assists in linking school children experiencing mental health difficulties to appropriate supports and providing support for schools regarding mental health. There are opportunities to improve both the integration and access to these services as well as addressing gaps in therapeutic services and services targeting school children and families.

MPHN commissions services through MLHD and community managed organisations to provide the Youth Enhanced Program which assists youth who are at risk of; or are experiencing severe mental illness and are difficult to engage in more traditional services.

THE FUTURE

MPHN and MLHD will develop strategies to build capacity within the workforce to deliver more therapeutic supports – increasing cognitive behavioural therapy and dialectical behavioural therapy skills and cross agency group facilitation.

We will explore opportunities to expand the availability of outreach supports to increase supports for clients in more rural locations who would benefit from face to face or group based therapeutic services.

We will continue to explore options, including assertive child and adolescent mental health service models, for addressing issues for young people with emergency department presentations, in particularly those who are at school, not admitted through the emergency department and would benefit from additional support on return to school.

Future funding priorities and/or opportunities will be targeted to the following identified gaps:

- » evidence based interventions for young people with eating disorders
- » high quality and appropriate support for young people who are lesbian, gay, bisexual, transgender, intersex and queer / questioning (LGBTIQ) with a particular focus on young people who identify as transgender
- » models which increase the capability and capacity of mental health services to coordinate physical health issues for young people
- » Increasing coordinated supports for pregnant teens
- » evidence based family interventions.

LGBTQ PEOPLE

WHAT WE'RE DOING

MPHN and MLHD acknowledge more work is required to understand the needs of Murrumbidgee LGBTQ communities. MPHN have engaged peak LGBTQ agency ACON to conduct an in depth health needs assessment with Murrumbidgee LGBTQ communities to better understand their health needs to enable inclusive service planning. Efforts have been made to include LGBTQ training in mandatory organisational training for MPHN and MLHD. In addition support has been provided to the broader health workforce to access LGBTQ training to increase organisational capacity to deliver services in an informed and sensitive way for LGBTQ communities.

THE FUTURE

MPHN and MLHD are committed to working with ACON as peak body for LGBTQ communities to better understand the needs of Murrumbidgee LGBTQ communities and progressing recommendations as part of an LGBTQ action plan aligned to key LGBTQ strategies such as the National LGBTI Health Strategy and LGBTI Mental Health and Suicide Prevention Strategy. MPHN and MLHD will include the findings from ACON's research in service planning discussions.

Explore strategies and models that cater to the specific needs of transgender youth, utilising Trans Pathways, the largest study on the mental health of trans young people in Australia, which contains recommendations to help improve the mental health of young trans Australians. The study's findings are relevant to trans persons, families of trans people, clinicians or practitioners, those involved in the wellbeing of trans young people, and the community at large.



OLDER PEOPLE

WHAT WE'RE DOING

Established psychological services providing assertive in-reach support to older people living in residential aged care facilities. This includes a vitality program which is aimed at reducing or halting progression of frailty and to improve the mental health and resilience of frail people living in residential care.

Specialist Older Persons Mental Health Services are provided by the Community Mental Health and Drug and Alcohol teams, including inreach into residential aged care. The community-based Dementia Behavioural Assessment and Management Service also has a focus on inreach to support management of people with dementia and disturbed behaviour.



THE FUTURE

Develop and coordinate strategies for supporting consumers with behavioural and psychological symptoms of dementia and their carers.

Develop and target strategies to priority groups including those consumers who are not eligible for residential aged care but are not coping at home, older LGBTIQ consumers and men aged in their late 50's to 80's who have retired from the workforce.

Develop strategies to support the carers of older people who themselves may develop anxiety and depression.

Implement education and training to better support the management of suicidal ideation, suicide risk and aftercare support within aged care settings.

MPHN and MLHD will continue to be abreast of updated policy and directions regarding emerging needs of older people.

