



Aboriginal Mental Health and Wellbeing Implementation Plan, 2022-2025



ISLHD acknowledges that we are all on Aboriginal Land and recognises the strengths, resilience and capacity of Aboriginal peoples of this Land. Aboriginal people are recognised as caretakers, knowledge holders and the true custodians and owners of the Land on which we live and work. We pay our greatest respect to the Elders of this Land, and all Elders past, present and emerging.



Aboriginal Mental Health staff and Acting Director of MHS participated in the launch of the 'Garadyigan' Artwork.



'Garadyigan' Artwork by Jasmine Sarin.

This artwork was commissioned by the Illawarra Shoalhaven Local Health District to reflect the complex and ongoing relationship between health services and community to improve and provide culturally appropriate health programs. The artwork features three large community symbols representing the three hospitals that provide services across the district, being Wollongong, Shellharbour and Shoalhaven Hospitals. Each hospital has a different size and colour backing to acknowledge the location and size of the hospital with Wollongong being the largest and having a blue backing to signify the sea. Shellharbour is slightly smaller with a beige background to reflect being the sandy earth. Shoalhaven is smaller again with a green backing to represent the bush and being on the river.

The smaller blue symbols represent services and outreach programs. The smaller earthy symbols are the communities themselves, vast in numbers and connect all the other symbols of the artwork together. This connection is made by the white and earthy coloured lines. These lines are shaped like rivers and flow smoothly between all the symbols and elements in the artwork. The top section has leaves connected to the lines. This is to show that the connection is being nurtured, becoming stronger as we invest energy into maintaining important relationships. The lower part of the artwork has sandy coloured lines, and the leaves are not yet connected. This is to highlight the future and work still to come, that there are connections and partnerships to still be made.

Enquiries

For further information on Aboriginal Mental Health and Wellbeing please email

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Contents

Foreword	4
1. Introduction.....	5
1.1 The NSW Aboriginal Mental Health and Wellbeing Strategy.....	5
1.2 The Illawarra Shoalhaven Local Health District Aboriginal Mental Health and Wellbeing Implementation Plan 2021-2025	6
1.3 The Aims of the ISLHD Plan:	7
1.4 Development and Review of the Plan	8
2. Defining the Key Mental Health Tasks for ISLHD Services	11
2.1 The Federal Policy Framework	11
2.2 The Key Tasks for ISLHD Mental Health.....	12
2.3 Overview of the ISLHD Implementation Plan	13
3. ISLHD Services Central to this Plan	14
3.1 ISLHD Aboriginal Health	14
3.2 ISLHD Mental Health Service	16
3.2.1 ISLHD Aboriginal Mental Health Services.....	16
4. The Way Forward	17
5. References.....	19
1 Appendices	20
1.1 Our Geographic Region	20
1.2 ISLHD Implementation Action Plan in Detail	24
1.3 Key Mental Health Service Delivery challenges	45
2 Strategic Risks.....	48
2.1 NSW Health Risk Matrix	49



Foreword

Illawarra Shoalhaven Local Health District Mental Health and Wellbeing Plan 2022- 2025

Improving our Aboriginal and Torres Strait Islander communities' mental health is a key priority for the Illawarra Shoalhaven Local health District (ISLHD). Good mental health is vital if people are to reach their full potential, experience fulfilling relationships, and adapt and cope with challenging circumstances.

The Plan provides a three-year guide for how ISLHD can support the mental health and wellbeing of our Aboriginal and Torres Strait Islander communities. We are committed to high quality and accessible local services for Aboriginal and Torres Strait Islander people experiencing mental ill health.

The ISLHD Mental Health and Wellbeing Plan importantly brings together the voices of Aboriginal and Torres Strait Islander, with other mental health staff, to deliver consumer focused, responsive and culturally sensitive care.

Active consideration has been given to the diversity of environments and communities across our district. This has seen ISLHD engage with and listen to those who are working with our Aboriginal and Torres Strait Islander people, families, carers and consumers. This plan has also been developed with representation from our Aboriginal community members, including yarn ups, from across the district.

We thank all of the people who have shared their expertise and insights to assist with the development of this Plan. Your shared dedication to ensuring the wellbeing of our Aboriginal and Torres Strait Islander communities will also assist with the delivery of this plan.

Through the delivery of our programs and services we will;

- work to increase the visibility of our Aboriginal mental health workforce and incorporate their knowledge into our mental health service delivery
- recognise the Aboriginal and Torres Strait Islander community's strengths and desire to be more involved in mental health delivery, stigma reduction and earlier intervention and support
- continue to improve our mental health care delivery so that it culturally supports, strengthens and values the mental health and wellbeing of our Aboriginal and Torres Strait islander people, including carers and family.

We are pleased to share the ISLHD Mental Health and Wellbeing Plan 2022- 2025. As we move forward we will ensure a consistent focus on genuine communication, where outcomes can be developed and delivered in partnership, as we continue to build valued connections with Aboriginal and Torres Strait Islander people.



Julie Carter
Director of Mental Health
Illawarra Shoalhaven Local Health District



Pauline Brown
Director of Aboriginal Health Strategy
Illawarra Shoalhaven Local Health District



1 Introduction

1.1 The NSW Aboriginal Mental Health and Wellbeing Strategy

Improving the mental health and wellbeing of Aboriginal communities across the state is a key priority of the NSW Government. The effective implementation of the recently developed *NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025 (NSW Ministry of Health 2020)* aims to shift the way NSW Health engages with Aboriginal staff, services, consumers, carers, families and communities.

This strategy is designed to support and assist NSW Health services in delivering respectful and appropriate mental health services in partnership with Aboriginal services, people and communities. It reflects the NSW Government's commitment to closing the health gap between Aboriginal and non-Aboriginal people in NSW.

The Strategy is supported by three goals:

Goal 1: Holistic, person and family-centred care and healing

Goal 2: Culturally safe, trauma-informed, quality care

Goal 3: Connected care

These goals are based on the *NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022 (Mental Health Branch 2018)* and align with the NSW Health vision of a sustainable health system that delivers outcomes that matter to patients, is personalised, invests in wellness and is digitally enabled.



The Strategy provides clear direction to NSW health services on:

1. Co-designing mental health service planning, delivery and monitoring with Aboriginal services, people and communities
2. Delivery of holistic care that responds to Aboriginal people's mental health and wellbeing.
3. Delivering culturally safe, trauma-informed, and quality public mental health services
4. Building and sustaining the Aboriginal mental health and wellbeing workforce.
5. Creating culturally safe work environments
6. Delivering coordinated mental health services for Aboriginal people and strengthening partnerships with Aboriginal health and community services
7. Implementing what works and building the evidence
8. Strengthening performance monitoring, management and accountability.

1.2 The Illawarra Shoalhaven Local Health District Aboriginal Mental Health and Wellbeing Implementation Plan 2021-2025

The Illawarra Shoalhaven Local Health District Aboriginal Mental Health and Wellbeing Implementation Plan 2021-2025 lays out how the Illawarra Shoalhaven Local Health District (ISLHD) will implement the state plan within this region. It is being developed in conjunction with Aboriginal and non-Aboriginal stakeholders, using the five principles identified by the Agency for Clinical Innovation in its *A Guide to Build Co-design Capability* (Agency for Clinical Innovation 2019) document;

- Equal partnership
- Openness
- Respect
- Empathy
- Design together



The ISLHD Plan is a document that identifies ISLHD key priorities for improving the mental health and wellbeing of Aboriginal people, families and communities within this region. It is written with reference to the ISLHD Health Care Services Plan 2020-2030 in particular, focus area C: *Address the cultural and health needs of Aboriginal people.* (Illawarra Shoalhaven Local Health District 2019).

1.3 The Aims of the ISLHD Plan:

- Ensure that Aboriginal people and communities are central to the planning, delivery and evaluation of mental health and wellbeing services.
- Acknowledge the importance of cultural safety and trauma informed practice in the delivery of quality care for Aboriginal people.
- Embed cultural safety into ISLHD mental health services to increase accessibility for Aboriginal consumers, families and communities.
- Support ISLHD mental health services to deliver effective, efficient and seamless care across multiple platforms to enable the best outcome for the person.
- Support a connected, holistic model of mental health care where Aboriginal people are provided the opportunity to lead their care and choose to access different providers.
- Embed holistic healing into mental health supports while strengthening ISLHD's ability to respond appropriately to Aboriginal people's mental health, social and emotional wellbeing and healing.
- To provide opportunities to improve the mental health and wellbeing of Aboriginal people, families and communities.



1.4 Development and Review of the Plan

This plan has been developed in 2 stages.

Stage 1: An initial information gathering phase, that took place in November 2021, provided information to inform this discussion document. This incorporated a mixed methodology, including a desktop review, a literature review and initial interviews with some key stakeholders and a review of service level data.

Desktop/Literature Review

This has involved collation and examination of numerous documents including:

- ISLHD reports and publications
- The NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025
- A Guide to Build Co-design Capability (Agency for Clinical Innovation)
- Journey to Wellbeing: A Preliminary Aboriginal Model of Care (Mental Health Commission of NSW)
- Relevant academic papers and research.

Initial Stakeholder Interviews

This involved interviews and discussions with representatives of various services that support Aboriginal mental health and well-being, such as;

- The Illawarra Aboriginal Medical Service
- South Coast Medical Service Aboriginal Corporation
- Aboriginal Health Services within ISLHD
- Aboriginal Mental Health District Leads from other LHDs
- ISLHD Aboriginal Health and Mental Health staff.

Discussions were informed by a series of questions with a particular focus on:

- What is working in the delivery of mental health services to Aboriginal people?
- What isn't working?
- What needs to be done differently?



Staff Survey

This involved a targeted online survey consisting of 14 questions, distributed by ISLHD internally to identified ISLHD Aboriginal Mental Health staff.

Service Use Data Review

A review of patterns of service usage by Aboriginal people and their mental health outcomes was conducted to establish a baseline for measuring the success of this implementation.

Stage 2: Community Consultations using a Co-Design Methodology

Community Yarn Sessions

48 Aboriginal community members provided feedback for the Plan by participating in Community Yarning Sessions held in Bellambi, Shellharbour, Nowra and Ulladulla. This was complemented with individual phone interviews and small group discussions. A total of 76 community members participated in mental health discussions throughout May and June 2022. Many strongly expressed that mental health has impacts on the individual, family, carers and community. Some spoke of their lived experiences dealing with mental health, while others spoke privately about their mental illness. It was emphasised in the discussions the impact of past practices, the trauma of loss of family, disconnection within communities and on Country and that Aboriginal people are on a journey of healing and require support and culturally appropriate services to assist with this journey.

Some participants stated it was their first time attending an Aboriginal yarning session about mental health and where they were able to openly speak about their lived experience. It was at times a sensitive and emotional experience to share stories. Disclosing or sharing any signs of mental illness was perceived as having a sense of 'shame' due to the stigma, and at times self-inflicted stigma, inclusive of discriminative practices, attitudes and behaviours within the community and services. Throughout the consultations the overall emphasises was for Mental Health Services to be more culturally inclusive and responsive to the needs of Aboriginal people across the diagnosis, treatment, prevention and promotion. That mental health professionals are culturally competent in providing a service to improve accessibility and effectiveness of health care for First Nations People.



Recommendations from Yarn Ups

- That the diagnosis, treatment and recovery for individuals, family, carers and community is delivered respectfully in a cultural inclusive and safe environment
- That the delivery of cultural awareness training occur for all mental health professionals (at all levels) and be offered at a local community service level
- That Aboriginal people are involved in the co-design of cultural healing programs or healing hubs to be held on Country
- To increase mental health education programs, information, training or community yarning sessions for Aboriginal people
- To establish key community focus groups for future discussions and development in mental health services.

Ongoing Phases

Further facilitated and individual consultations will continue, on an annual basis, throughout the life of the plan.



2 Defining the Key Mental Health Tasks for ISLHD Services

2.1 The Federal Policy Framework

The 5th National Mental Health Plan (Department of Health 2017) includes a Stepped Care framework for mental health treatment delivery. In NSW responsibility for providing treatment and support to people experiencing severe mental illness falls to Local Health Districts. Consequently, ISLHD Mental Health must prioritise its resources towards direct service provision for people experiencing severe mental illness, alongside its other role of providing triage, crisis interventions for people experiencing an acute mental health crisis.

Mental Health Stepped Care Levels of Need and Services

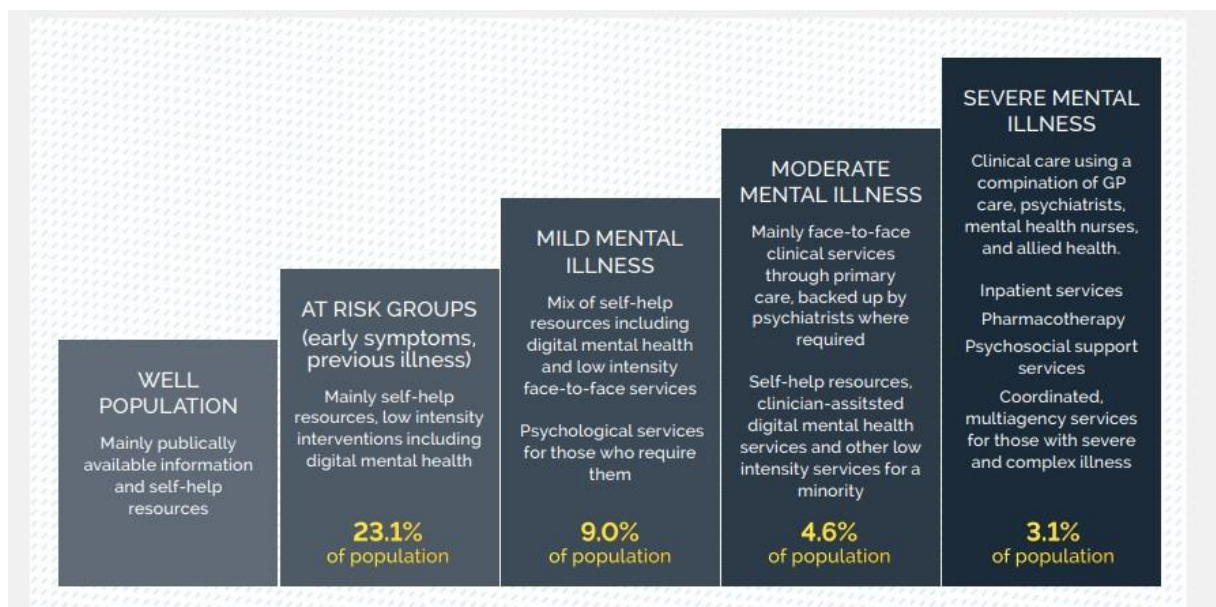


Figure 1 This table illustrates the Mental Health Stepped Care Levels of Services.



2.2 The Key Tasks for ISLHD Mental Health

In accordance with this Federal framework, ISLHD Mental Health prioritises its service delivery in the following ways:

- 1.** Provide crisis intervention and support to anybody who presents experiencing an acute mental health crisis.
- 2.** Provide ongoing specialist treatment for people experiencing severe mental illness and distress.
- 3.** Ensure people who are not experiencing severe mental illness are supported into treatment better suited for their needs.

This means that most people who experience mental illness will not be seen in the public health mental health services. Leading from this it is incumbent of the mental health service to have the strongest partnerships with other Mental Health service providers and general community support services, in particular, Primary Health Networks. This plan acknowledges ISLHD's critical role in the mental health service system and the importance of collaborating effectively with a broad range of other stakeholders, both Aboriginal and non-Aboriginal.



2.3 Overview of the ISLHD Implementation Plan

YEAR ONE 2022
<ul style="list-style-type: none">- Re-establish the Aboriginal Mental Health Advisory Group.- Submit interim plan to the Ministry of Health.- Identify key stakeholders across region and complete first round of community consultations - May 2022.- Recruit Aboriginal Navigator and Peer Worker.- Ensure Aboriginal Mental Health staff representation on working groups (e.g. Towards Zero suicides in Care/Older persons Eating Disorder).- Investigate opportunities to fund second Trainee Aboriginal Mental Health clinician positions.- Review progress on the Implementation Plan and provide a progress report.
YEAR TWO 2023
<ul style="list-style-type: none">- Create monthly liaison meeting for co-supported Aboriginal consumers with Aboriginal Medical Services, Aboriginal Community Controlled Health Services and Alcohol and Other Drug services.- Establish a working group to explore and make recommendations for culturally safe and sensitive treatment approaches for Aboriginal consumers.- Provide improved training and cultural supervision for Mental Health staff to help retention of Aboriginal consumers within the mental health service (MHS) treatment processes.- Investigate opportunities to fund a third Trainee Aboriginal Mental Health clinician positions.- Commence consultation and planning with ISLHD services that provide wellbeing supports to address at risk, mild to moderate mental illness, as per Stepped Care framework for mental health treatment delivery (e.g. Early Childhood & Family/Aboriginal Chronic Care Unit).- Commence joint planning with Primary Health Network to commission mental health services for Aboriginal consumers across the span of the Federal Stepped Care Model.- Implement the ISLHD Targeted Employment Strategy – across the life of this plan.



<ul style="list-style-type: none"> - Review progress on the Implementation Plan and provide a progress report.
YEAR THREE 2024
<ul style="list-style-type: none"> - Ensure that all Mental Health staff receive routine training in strengths-based assessment tools.
<ul style="list-style-type: none"> - Ensure that 90% of all Mental Health Service workforce have completed Respecting the Difference face to face and 100% online training. - Implement the recommendations from the working group to provide for culturally safe and sensitive treatment approaches for Aboriginal consumers. Review progress on the Implementation Plan. - Review progress on the Implementation Plan and provide a progress report.
YEAR FOUR 2025
Perform a comprehensive review of this plan and begin planning for the next five-year implementation cycle.

3 ISLHD Services Central to this Plan

3.1 ISLHD Aboriginal Health

The District's approach to improving the health of Aboriginal residents includes the development and implementation of strategies to enhance health service provision that incorporate accessing both mainstream and supplementary Aboriginal specific services.

The Board's Aboriginal Health Committee provides strategic advice to ensure the development of a culture across the ISLHD which embraces an 'Aboriginal Health is everybody's business' approach.

The Board Committee played a huge role to enhance our focus and develop the following strategies:

- Statement of Commitment: acknowledges, regrets and apologises for past injustice and



commits to practical actions to Close the Gap (CTG) in life expectancy.

- Aboriginal Health Partnership Agreement: formal partnership with Aboriginal Community Controlled Health Services and Aboriginal NGO partners to facilitate ongoing collaboration, engagement and monitoring of the District's outcomes
- CTG Aboriginal Health Plan: to identify key outcomes, roles and responsibilities, and an accountability and monitoring framework.

The Board Committee membership has been refreshed following the appointment of Chris Bertinshaw as the new Board Chairperson in 2021 and Suzi Clapham as the Aboriginal health representative on the Board.

The Board will be reconfirming the Statement of Commitment (SoC) in 2022 to reflect the current reforms within the 2020 National Closing the Gap Strategy with an emphasis on the NSW Health's leadership across a number of targets, including transformation of government organisation and Towards Zero Suicide. The refreshed SoC will be the overarching framework to determine priorities over the next three years and to refresh the Aboriginal Health Action Plan and Employment Strategy consistent with the Health Care Services Plan (Focus Area C).

The role of the Aboriginal Health Strategy team is to influence and drive priority projects that are linked to the Board's Strategic Directions to improve the physical, cultural, spiritual and family wellbeing of Aboriginal people living in the District's geographical region. The team plays a pivotal role in linking services and providing leadership, direction and management of the District's progress towards achieving CTG outcomes and the LHD's Health Care Services Plan (HCSP): Focus Area C.

The Aboriginal Health Strategy unit leads our approach to develop strategies and policies to ensure that our services are culturally safe and welcoming, and of a high quality for Aboriginal people and their families. All the ISLHD policies, programs and strategies require an Aboriginal Health Impact Assessment that systematically applies an 'Aboriginal health lens' to improve



the health and well-being of Aboriginal people.

The delivery of Respecting the Difference Cultural Awareness training to staff creates an awareness of the barriers that Aboriginal people face when accessing health services and provides information to assist in delivering the best quality care that respects the cultural values of Aboriginal people.

ISLHD is committed to improving the physical, cultural, spiritual and family wellbeing of Aboriginal people to reach their full potential.

3.2 ISLHD Mental Health Service

ISLHD Mental Health Service delivers specialist mental health assessment and treatment across both community and inpatient settings, focusing on severe mental illness. In doing so it partners with a range of other government agencies and services. Key partners include consumers, families, carers and natural supports, Community Managed Organisations (CMOs) other Non- Government Organisations (NGOs), private mental health practitioners, primary health care providers, community care services, alcohol and drug services, education and training services, housing and supported accommodation services and emergency services.

3.2.1 ISLHD Aboriginal Mental Health Services

ISLHD Aboriginal mental health clinicians and staff work within multidisciplinary teams in collaboration with both internal and external partners, using the principles and practices of the Strengths Model (Rapp & Goscha 2012) to frame their treatment and support for consumers in both acute and continuing care settings.

This model operates according to six principles;

- 1) all people can recover, reclaim and transform their lives



- 2) the focus is on an individual's strengths rather than deficits
- 3) the community is viewed as an oasis of resources
- 4) the consumer is the director of the helping process
- 5) the therapeutic relationship is primary and essential and
- 6) the primary setting for our work is in the community.

Implementing the principles and practices of the Strengths Model gives a practical framework to the strategic imperative, laid out in the current NSW Mental Health and Wellbeing strategy to take a strength-based approach across the continuum of mental health planning and treatment delivery (Mental Health Branch 2020). Use of the Strengths Model also accords with the Aboriginal Social and Emotional Wellbeing Model, culturally safe, trauma-informed treatment approaches and recovery orientated practice that places consumers as directors of their own care.

4. The Way Forward

Meeting the mental health and wellbeing needs of the Illawarra Shoalhaven Aboriginal community in the future will require a greater emphasis on community rather than hospital care and integration of services across health and social care. The delivery of mental health services involves a complex network of interconnected providers that can conveniently be viewed as an ecosystem. Key inputs into the ecosystem are reflected in the Model of Care included in the implementation of this plan. A table describing some of these challenges, as laid out in *Journey of Wellbeing: A Preliminary Aboriginal Model of Care (Mental Health Commission of NSW 2020)* is included in Appendix 1.3 of this document.



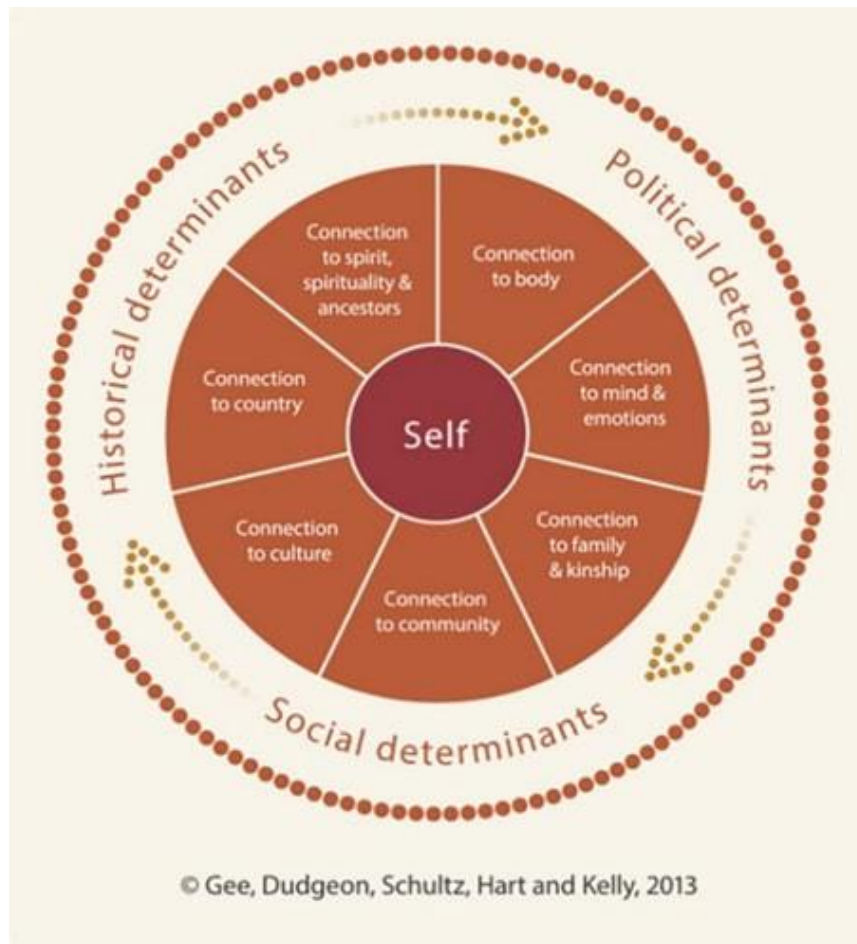


Figure 2: A Model of Social and Emotional Wellbeing



5 References

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1 Appendices

1.1 Our Geographic Region

The Illawarra Shoalhaven extends from Helensburgh in the northern Illawarra to North Durras in the southern Shoalhaven and covers the Local Government Areas of Wollongong, Shellharbour, Kiama and Shoalhaven. The region's landscape concentrates residential areas into a narrow strip of suburban communities and coastal towns. The population is growing and this growth will continue due to natural increases as well as the sustained migration of young families and retirees. The make-up of the population will change over the next 20 years, with the majority of growth occurring in the older age groups.

The People Who Live Here

The Illawarra Shoalhaven region is the traditional home of the Dharawal and Yuin nations. The Aboriginal communities retain strong cultural connections to the region's coastline, hinterland and escarpment. People who were born overseas are well represented in the Illawarra Shoalhaven, many of whom report low English proficiency. There is also a growing number of refugees in the region. Some of the smaller communities along the southern coastline are quite isolated with limited public transport. Many of the people who live there are ageing. Certain communities in the Illawarra and Shoalhaven are some of the most disadvantaged in the State, with a number of factors contributing to their disadvantage



Demographic profile

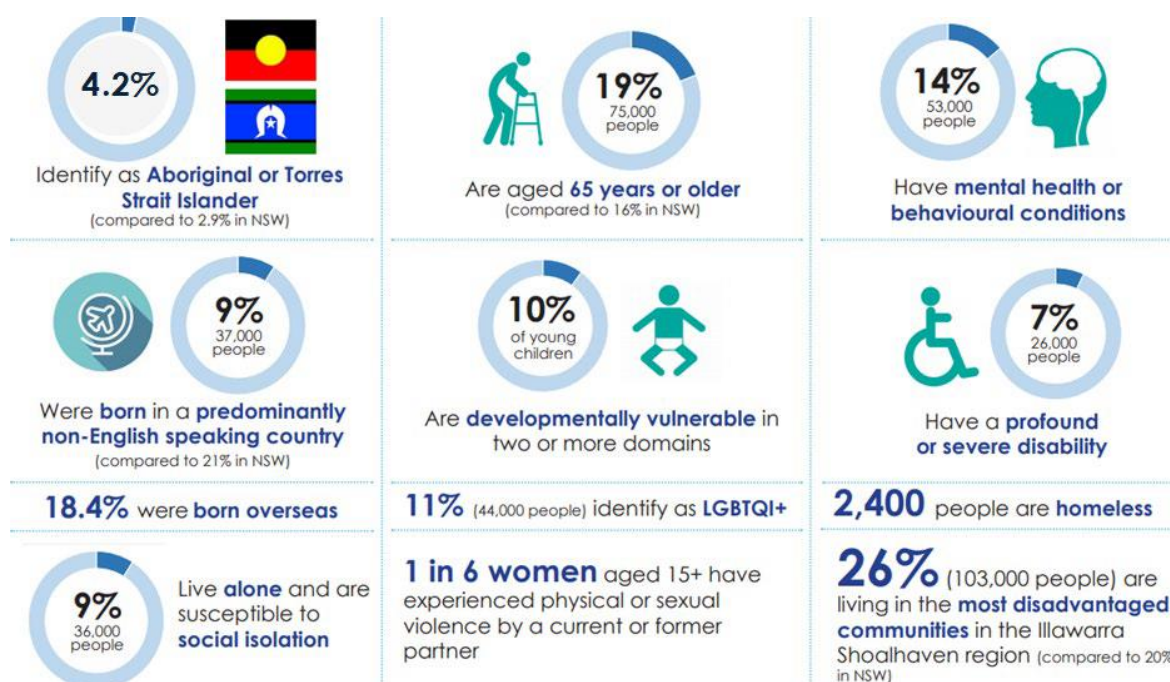


Figure 3: This graphic shows the population groups in the Illawarra Shoalhaven at higher risk of poor health. These groups are considered some of the most vulnerable people who live in our district.

Illawarra Shoalhaven – Aboriginal Communities

In **2016**, the Illawarra Shoalhaven had a population of **405,000**. Population forecasts project this region will grow by **20%** to **488,000** by the year **2036**.

In **2016** there were **17,000 Aboriginal people** living in the district (**4.2% of the population**)

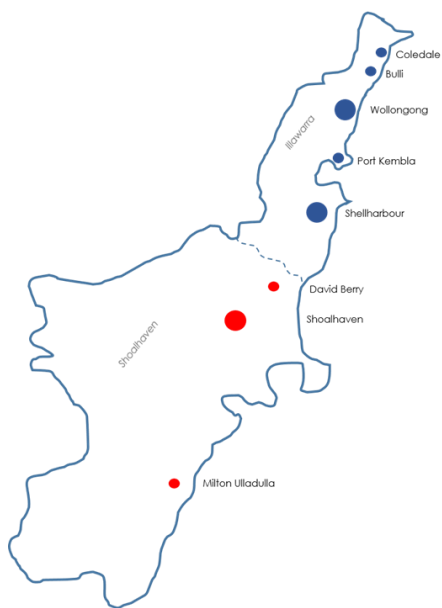
Illawarra region

- **2.8%** of population is Aboriginal or Torres Strait Islander (**57%** under the age of 25 years)
- (**17.9%** aged 65 or more)
- **7.4%** have a severe or profound disability

Shoalhaven Region

- **5.5%** of population is Aboriginal or Torres Strait Islander (**42%** under the age of 18 years)
- (**6%** aged 65 or more)
- **8.4%** have a severe or profound disability





ISLHD Has:

4 acute hospitals (Wollongong Hospital, Shellharbour Hospital, Milton Ulladulla Hospital & Shoalhaven District Memorial Hospital)

4 sub-acute hospitals (Coledale Hospital, Bulli Hospital, Port Kembla Hospital and David Berry Hospital)

Approximately **58** community health centres are scattered across the District

The Socioeconomic Impact on Health

Our population is growing and the gap between our well and disadvantaged communities is widening, due to factors such as migration, isolation and socioeconomic status.

Many ISLHD communities experience significant inequity in accessing health services, and in their experience of health care and health outcomes.

There is a demonstrated link between social and health disadvantage. Approximately one quarter of the Illawarra Shoalhaven population reside in some of the most disadvantaged areas in NSW.

ISLHD is aware it needs to be future focused in providing services that meet the changing needs of the region. An important goal will be to reduce the incidence of avoidable chronic illness through improvements in lifestyle and a reduction in lifestyle risk factors; improve health literacy through access to appropriate information and advice to empower people to improve their lifestyle; and information and programs targeted at high-risk groups. To be effective, a holistic approach that addresses both physical as well as psychosocial needs will be required.



Ensuring equitable access to non-tertiary health services locally is important to ensure the best outcomes for all community members. Future service and infrastructure development should reflect population growth, need, and demand for health services. This applies equally to hospital and community-based services. Indigenous people are over-represented in inpatient mental health services across NSW, with twice as many Indigenous then non-Indigenous people hospitalised for mental illness between 2008 - 2010 (Australian Institute of Health & Welfare 2012).

For Aboriginal people health is not just the physical wellbeing of the individual, but the social, emotional, spiritual and cultural wellbeing of the whole community. Culture and cultural identity are critical to social and emotional wellbeing. This includes culturally appropriate preventative health care, early intervention, health promotion and delivering trauma informed care and practices. To achieve this will require development and education of the workforce that is integrated and embeds the cultural needs of its consumers and its peers in its day-to-day business in a systemic way.

For many Aboriginal people, families and communities, colonisation has resulted in intergenerational and vicarious trauma and abuse, grief and loss, violence, removal from family and displacement through the Stolen Generations, substance misuse, family breakdown, cultural and country dislocation, racism and discrimination, exclusion and segregation, loss of control of life, and social disadvantage. These negative impacts also shape the social determinants of health including housing, education, employment status, income, physical environment and social supports (Zubrick et al. 2014) that can result in Aboriginal people experiencing multiple stressors that are pre-determinants of mental health problems and substance abuse (Australian Institute of Health and Welfare, 2020).



1.2 ISLHD Implementation Action Plan in Detail

The action plan below maps out the ISLHD response to the eight strategic directions established in the state- wide implementation plan

Strategic Direction 1

Co-design mental health service planning, delivery and monitoring with Aboriginal services, people and communities.

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
1.1 Establish and maintain processes to ensure Aboriginal people with lived experience of mental illness, their carers and communities are included in the co-design of service planning and models of care.	Immediate Medium Long-term	1.Co-design commenced in November 2021 2.(Re) Establish an Aboriginal Mental Health Advisory group using a co design approach with key stakeholders including Aboriginal consumers with lived experience of MH / carers family/kinship 3.Identify key stakeholders - Representatives from ISLHD Aboriginal Mental Health staff / Mental Health staff /Aboriginal Peer workers/Aboriginal Community Controlled Health Organisation /Aboriginal Medical Services SEWB workers/Family & Carers rep/Aboriginal Community members /Service Providers who provide Mental Health and wellbeing services/supports for Aboriginal people/families and carers e.g. HASI	Creation of Aboriginal Mental Health Advisory Group including consumer and carer advocates Stakeholder List created by Feb 2022 Identify people and communities - across both Illawarra and Shoalhaven - two separate groups - meet together biannually ISLHD can demonstrate the Aboriginal Mental Health Advisory Group have input into ongoing	Aboriginal Mental Health Clinical Leader Aboriginal Mental Health Clinical Leader and Director Mental Health Service

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
		4. Seek Expressions of Interest (EOI) from community members to participate in the Community Advisory groups 5. Create Targeted focus groups from established Stakeholder groups- all communities 6. Seek advice from ISLHD Aboriginal Health Advisory Group on the best way to do this 7. Carry out actions as advised by ISLHD Aboriginal Health Advisory Group	improvements to service delivery identified	
1.2 Partner with Aboriginal communities, consumers and carers to map services with PHNs, ACCHOs and CMOs to identify service gaps and duplication and plan for the equitable distribution of services.	Immediate	1. Review current partnerships –Understanding what’s working/gaps/what’s working elsewhere 2. Develop Feedback process for Aboriginal people their families and/or carers audit current processes	Have current contact list of partners	Aboriginal Mental Health Clinical Leader Navigator
1.3 Develop processes/systems that are led by Aboriginal people in the identification, monitoring and reporting of holistic approaches to care and share the findings in translatable and practical ways with Aboriginal people and communities.	Medium	1. Review current holistic approaches for working with Aboriginal people and communities used across the ISLHD 2. What cultural tools are being used for therapeutic treatment for Aboriginal people – ask clinicians ?survey 3. Collect data on Culturally safe and sensitive Mental Health /Social & Emotional Wellbeing tools /Frameworks 4. Review and audit cultural safety of tools used throughout ISLHD	Develop culturally safe sensitive and responsive treatment and disseminate these to Aboriginal community	Aboriginal Mental Health Clinical Leader Navigator Primary Health Network Mental Health Planning

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
1.4 Support the inclusion of carers and families in care and treatment planning.	Immediate Medium Long term	<p>1. Ensure all people who Identify as Aboriginal have identified documented at point of contact with Mental Health Service</p> <p>Identify Aboriginal Designated Carer/Principal Care</p> <p>2. Provider complete appropriate documentation as per Mental Health families and carers</p> <p>3. Develop and implement culturally appropriate forms of family inclusive treatments for major mental disorders</p> <p>4. Develop an easy read guide to Mental Health Services for Aboriginal people (example magnet – 1800 prompts what to say or ask for) with Aboriginal Mental Health Advisory Group</p>	<p>100% Aboriginal people are identified during contact with the Mental Health Service</p> <p>Evidence of families and carers are appropriately included in the treatment plan 100%</p> <p>All information packages include culturally safe sensitive information and services</p> <p>Aboriginal consumers with lived experience families and community members can access information and resources</p>	<p>All staff</p> <p>Illness Management & Recovery Treatment project team</p> <p>Aboriginal Mental Health staff and Carer/Family team</p>

Strategic Direction 2

Deliver holistic care that responds to Aboriginal people's mental health and wellbeing.

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
2.1 Ensure policies and services include a definition of social and emotional wellbeing and how this interacts with healing for Aboriginal people and communities.	Medium – Long term	<ol style="list-style-type: none"> 1. Ensure appropriate co-design with Aboriginal people 2. Embed principles of culturally safe care in all aspects of the service delivery 3. Create opportunities to recruit Aboriginal peer workers, Aboriginal Mental Health Workers and clinical staff 	<p>Improved level of service delivery including assessments</p> <p>Successful Employment of Navigator and Peer worker by April 2022</p>	<p>Director Mental Health</p> <p>Director of Aboriginal Health</p>
2.2 Develop and implement strategies and pathways for providing comprehensive and coordinated care across clinical disciplines when Aboriginal people have co-existing mental health and physical health problems or disability.	Medium - Long term	<ol style="list-style-type: none"> 1. Identify and create referral pathway for Mental Health staff & Aboriginal Mental Health consumers to follow with General Practitioners, Aboriginal Chronic Care and Uniting Aboriginal Stakeholder Engagement Project officer 2. Encourage partner practices to commit to building cultural capability and provide culturally safe services 3. Monitor and review partnership effectiveness 4. Implement person centred treatment planning. 5. Develop a communication strategy to inform and educate Aboriginal communities of these services 	Establishment of two new partnerships per year over period of The Plan	<p>Aboriginal Mental Health Clinical Leader</p> <p>Director Mental Health Service</p> <p>Navigator</p> <p>Senior Clinical Leadership</p>
2.3 Ensure that Aboriginal people with lived experience of mental illness are provided with culturally appropriate ways to lead individual decision making and care planning.	Medium Term	<ol style="list-style-type: none"> 1. Aboriginal people have access to Aboriginal Mental Health staff during their healing journey 2. Establishment group to explore culturally safe and sensitive treatment planning 3. Develop a training strategy to inform and educate staff working with Aboriginal consumers and their families/supporters/carer of these services 	<p>Aboriginal staff are actively involved in MHS orientation</p> <p>The Aboriginal Advisory group includes people with lived experience of mental illness and their support people/carers</p>	<p>Aboriginal Mental Health Clinical Leader</p> <p>Director Mental Health Service</p> <p>Strengths training team and supervisors</p>

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
		4. All Mental Health staff are trained in adopted Strengths based assessment tools 5. Aboriginal Mental Health Advisory Group to have input into cultural treatment and planning		Senior Clinical Leadership University of Wollongong
2.4 Develop strategies for providing coordinated care for Aboriginal people who have coexisting mental health and alcohol and other drug issues.	Immediate	1. Review current referral pathways for Aboriginal consumer who have a dual diagnosis of mental ill health and Drug & Alcohol misuse 2. Build links between Aboriginal Mental Health and Drug & Alcohol staff/services across ISLHD 3. Improve referral pathways and communication between Drug & Alcohol and Mental Health Service 4. Mental Health staff will provide integrated dual diagnosis treatment to Aboriginal consumers as per assessment and treatment plans 5. Aboriginal Drug & Alcohol workers are part of the Aboriginal Mental Health Staff Advisory Group	Regular meeting for case reviews between Mental Health Service & Drug & Alcohol Aboriginal Mental Health staff are included in the development of the integrated dual diagnosis focus group	Mental Health Drug & Alcohol Service Aboriginal Mental Health Clinical Leader Navigator
2.5 Implement organisational health literacy intervention programs to continually improve service responsiveness to Aboriginal people with varying mental health literacy strengths and needs.	Long-term	Not a current priority for Mental Health Service		Health Promotion
2.6 Develop and implement strategies for providing services in non-traditional settings and formats that improve access to mental health care for Aboriginal	Immediate	1. Seek guidance from the Aboriginal Mental Health Advisory Group Referral pathways 2. Possible use of Virtual Care for Aboriginal communities – link with Wreck Bay Community council	Strength based assessment includes cultural activities and strategies such as meeting on country	All staff Director of Mental Health Aboriginal MH Clinical Leader

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
people without them having to leave family, country and community.				Navigator
2.7 Demonstrate how traditional healing methods have been explored and implemented or incorporated into service design, development and delivery.	Medium	1. Seek guidance from the Aboriginal Mental Health Advisory Group to create a List of current cultural activities available to consumer –inpatient and community 2. Linkages to cultural mentors Elders/ cultural advisory group	Partnerships with cultural groups Aboriginal Mental Health have a list of cultural activities and Elders/Respected knowledge holders/teachers/mentors	Advisory group Aboriginal MH Clinical Leader Navigator Groups
2.8 Co-design healing programs with vulnerable community groups, such as Stolen Generation survivors, that recognise the impact of intergenerational trauma and the importance of healing.	Long-term Not the remit of specialised mental health services	1. Healing Foundation 2. Establish partnerships with appropriate services for specialised services for Stolen Generation members and their families such as Link Up CBACH Kinchela Boys Home and Cootamundra (Referral Pathways as per 3.1)	Cultural considerations include recognition of Stolen Generation assessment tools (Healing Foundation)	Aboriginal Health Unit Director Aboriginal Health Aboriginal Advisory groups

Strategic Direction 3

Deliver culturally safe, trauma-informed, and competent quality public mental health services

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
3.1 Provide access to cultural support (which may include but not be restricted to an Aboriginal mental health worker, Aboriginal peer worker or family) during a mental health admission or episode of care.	Immediate	1. Ensure access and referral to Aboriginal Mental Health staff inclusion in care coordination treatment planning are easy and accessible 2. Cultural considerations are embedded into the strengths assessments/care plans/safety plans /reviews/discharge plans	All Mental Health Service staff are able to access referral pathways for Aboriginal Mental Health staff across ISLHD Aboriginal Mental Health email and eMR referral pathway. Cultural considerations are included in all treatment plans for Aboriginal people during contact with ISLHD Mental Health Service	Aboriginal Mental Health Clinical Leader Director Mental Health Service The Navigator All Mental Health staff
3.2 Continually implement trauma informed care training to NSW mental health employees.	Medium	1. Ensure ongoing trauma informed training for all staff working in Mental Health Service 2. Build partnership with Aboriginal Prevention & Response to Violence, Abuse & Neglect(PARVAN) Coordinator and teams	All Mental Health Staff access Trauma informed training	Director Mental Health Service Aboriginal Mental Health Clinical Leader Aboriginal Prevention & Response to Violence, Abuse & Neglect(Coordinator HETI /CNC /ECAV ACI

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
3.3 Continually review and implement Respecting the Difference training to NSW mental health employees to build the capacity of the workforce to understand Aboriginal culture and the specific health needs of Aboriginal people and communities in mental health Services.	Medium	<p>1. Respecting the Difference training – all Mental Health staff to complete the online training as per Mandatory Training policy.</p> <p>2. All Mental Health staff to complete the face: face component of the Respecting the Difference (RTD) training as per policy</p> <p>3. Aboriginal staff working in Mental Health participate in RTD facilitation to give insights and current practice for working with Aboriginal peoples families/carers and community impacted by mental health (illness and related challenges/ strengths) Junior Medical Officers/ New Graduates/Allied Health staff</p>	<p>Aboriginal MH staff actively involved in the RTD training for Mental Health Service</p> <p>100% of all Mental Health Service workforce have completed Respecting the Difference online and face: face</p> <p>Aboriginal Mental Health Advisory Group</p>	<p>Aboriginal Health & Workforce teams</p> <p>Director Aboriginal Health</p> <p>Aboriginal Mental Health Clinical Leader HETI</p>

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
3.4 Improve the cultural safety of mental health service environments through the inclusion of culturally appropriate language, behaviours, artworks, brochures and service information, and décor.	Long term	<ol style="list-style-type: none"> 1. Audit of current environmental sites documentation brochures / information signage <ul style="list-style-type: none"> ▪ spaces for grounding/connection to earth/outdoor access ▪ artworks 2. Review status of most recent audit for MHS 3. Aboriginal Mental Health staff participate in Shellharbour and Shoalhaven Advisory Committee 	Cultural Audit completed for Mental Health Services across ISLHD Aboriginal Cultural Engagement Self-Assessment Tool completed as per policy Aboriginal Mental Health staff included in New SH & SDMH Advisory committee	Director Aboriginal Health Quality Manager Aboriginal Mental Health Clinical Leader All Mental Health staff
3.5 Promote and support Aboriginal community-led initiatives that facilitate connection to culture, country and community within public mental health services.	Medium	<ol style="list-style-type: none"> 1. Build connecting with Aboriginal Community Controlled Health Organisations and Aboriginal Medical Services activities and programs e.g. Waminda wellbeing program/ 	Aboriginal consumers treatment plans include cultural activities as per their strength assessment	Aboriginal Mental Health Clinical Leader Navigator Aboriginal Mental Health staff

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
		<p>Coomaditchie/ Illawarra Men's group /South Coast Medical Service Aboriginal Corporations) Men and Women groups) into treatment plans</p> <p>2. Promote and improve Referral pathways to Aboriginal Community Controlled Health Organisations and Aboriginal Medical Services</p> <p>3. Explore Current feedback processes - are they culturally safe</p> <p>4. MH Staff working with Aboriginal consumers are able to support and encourage healing on country activities such as accessing country- bushwalks/beach</p> <p>5. Host a Community Cultural Mental Health & Wellbeing Forum see Aboriginal Mental Health Advisory Group</p>		
3.6 Introduce and strengthen Aboriginal consumer, carer, community and staff feedback mechanisms to support improved service planning and delivery.	Immediate	<p>1. All Mental Health Advisory groups - include Aboriginal community members Elders and/or respected people from community /young people / people with lived experiences</p> <p>2. Family and carers included in Advisory groups</p>	Recruitment of Aboriginal people to all Mental Health committees and advisory groups across ISLHD completed and sustained	Aboriginal Mental Health Clinical Leader/Navigator Director Aboriginal Health Director Mental Health Service
3.7 Promote culturally appropriate mental health literacy training (for	Long-term	To be determined by Primary Health Network	To be determined by Primary Health Network	Primary Health Network

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
example, Aboriginal Mental Health First Aid) to Aboriginal community workers and organisations.				
3.8 Develop strategies to ensure that Aboriginal LGBTIQ+ people have access to culturally safe care.	Immediate	<p>1. Strength assessment completed. Enact the principle of <u>no assumptions</u>; that cultural safety starts with a comprehensive understanding of what is important to the individual, then move to helping them strengthen their social and cultural niches.</p> <p>2. Mental Health staff have understanding and access to appropriate resources for working alongside Aboriginal LGBTIQ+ people such as ACON resources</p>	All Aboriginal consumers have a completed Strength assessment and /or safe side assessment in their treatment plan	<p>Aboriginal Mental Health Clinical Leader/Navigator</p> <p>Facilitators of Strength assessment training</p> <p>All Mental Health staff</p>

Strategic Direction 4

Build and sustain the Aboriginal mental health and wellbeing workforce

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
4.1 Increase the number and type of Aboriginal workers across all levels and positions in the mental health workforce (including Aboriginal mental health clinical leaders and trainees, management, nursing, allied health and medical, clinical leadership, clinical service delivery and peer support roles).	Immediate Medium and Long Term	<ol style="list-style-type: none"> 1. Identify the current Aboriginal Mental health workforce – both in Identified roles and non-Identified roles 2. Target Aboriginal mental health workers, Aboriginal allied health workers, Aboriginal health workers and Aboriginal peer support workers 3. Aboriginal staff numbers are targeted proportionate to the percentage of Aboriginal people living in each service area as a minimum 4. Employ Aboriginal people in current Aboriginal Mental Health vacancies across ISLHD 5. Fund extra Aboriginal Mental Health Trainee positions, to establish a sustainable supply of local clinicians. 6. Explore Other culturally specific mental health training and education that will support Aboriginal people to access required mental health skills to work in Mental Health Service 	<p>Increase in number of Aboriginal workers across all levels and positions in the ISLHD mental health workforce</p> <p>Have at least two Trainees</p> <ul style="list-style-type: none"> - one Shoalhaven - one Illawarra <p>Recruit Trainees annually</p> <p>Successfully fill the position – Aboriginal Mental Health Care Navigator and Aboriginal Peer Worker</p>	<p>Aboriginal Mental Health Clinical Leader</p> <p>Director Mental Health Service</p> <p>Director Aboriginal Health</p> <p>Aboriginal Workforce Manager</p>

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
4.2 Partner on reciprocal arrangements between public mental health services and ACCHOs for staff secondment and rotations.	Long term	<ol style="list-style-type: none"> 1. Build on possible staff secondments with current partnership members 2. Explore for future plans 		<p>Director Mental Health Service</p> <p>Aboriginal Mental Health Clinical Leader</p>
4.3 Identify factors, including workplace culture, and implement strategies to improve recruitment and retention of Aboriginal mental health staff.	Immediate/ Medium/ Long term	<ol style="list-style-type: none"> 1. Review current Aboriginal Mental Health workforce 2. Aboriginal staff are supported by ISLHD to provide their culturally specific expertise and community engagement, and this is valued by all staff and the organisation 3. Liaise with Aboriginal Workforce to promote Aboriginal Mental Health workforce need including training 4. Ensure Aboriginal Mental Health workforce access clinical and cultural supervision 5. Partner with local schools and universities on promoting career opportunities in Aboriginal mental health 	<p>Increased Aboriginal staff retention</p> <p>Increase in Aboriginal staff Satisfaction – cultural safety survey?</p> <p>All Aboriginal Mental Health staff access regular supervision as required</p> <p>All Aboriginal Mental Health staff are aware of other supports such as Employee Assistance Program (EAP)</p>	<p>Director Mental Health Service</p> <p>Director Aboriginal Health</p> <p>Aboriginal Workforce Manager</p> <p>Aboriginal Mental Health Clinical Leader</p> <p>CNE</p>

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
4.4 Promote and enable clinical placements for Aboriginal mental health trainees in a variety of mental health settings including subspecialty streams such as child and youth, perinatal and older persons' settings.	Immediate	1. Follow recommendations of the 'Practical Guide' NSW Aboriginal Mental Health Worker Training Program 2. Build relationships with diverse teams and services to enable and build connections for Trainees that are culturally safe sensitive and supportive	Trainees will complete their traineeship and complete all placements as per Training Program Completed in ISLHD	Aboriginal Mental Health Clinical Leader Director Mental Health
4.5 Demonstrate how the NSW Aboriginal Mental Health Workforce Program (traineeship model) is used to increase the Aboriginal mental health workforce at ISLHD.	Immediate	1. Past trainee have been employed across ISLHD in mainstream and identified roles since commencing the Trainee program 2. Identify past Trainees and record their stories and career pathways	Record history of Traineeship in ISLHD Record the stories of two past Trainees to promote the	Aboriginal Mental Health Clinical Leader Mental Health Promotion
4.6 Build and support the Aboriginal peer workforce through the development and implementation of the NSW Peer Workforce Framework.	Immediate	1. Work with the current Mental Health Peer support workforce to increase the number of Aboriginal identified positions across ISLHD 2. Ensure Aboriginal Peer workers have cultural supervision embedded into practice	Recruit to new Aboriginal Mental Health Peer Worker position Aboriginal Peer Worker has regular cultural supervision	Aboriginal Mental Health Clinical Leader Team Coordinator Consumer Participation Mental Health Director Mental Health Service
4.7 Demonstrate how mental health services provide a social and emotional wellbeing workforce to enhance the cultural safety to Aboriginal consumers, families and Communities.	Long term	1. Audit on referrals to Aboriginal Mental Health Service supports – ISLHD and community 2. Cultural literature provided to Aboriginal consumers and families/carers	Not priority for Mental Health Service SEWB services accessed through other services	Primary Health Network Aboriginal Community Controlled Health Organisation Aboriginal Medical Services Community Service Providers

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
4.8 Districts and Networks utilise the NSW Aboriginal Mental Health Workforce Program document “Walk Together, Learn Together, Work Together: A Practical Guide for the Training of Aboriginal Mental Health Professionals in NSW” as the framework for implementation and management of trainees.	Immediate	1. Aboriginal Mental Health receive the support guidance and supervision required to complete their three year traineeship utilising the practical guide	Trainees complete their three-year training program Aboriginal Graduates are employed across ISLHD in a variety of MH positions	Aboriginal Clinical Leader Director Mental Health Service

Strategic Direction 5

Create culturally safe work environments.

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
5.1 Provide all members of the Aboriginal mental health workforce across all disciplines with individual targeted flexible and ongoing appropriate clinical and cultural supervision and mentoring. Supervision should include strategies to deal with community expectations for which Aboriginal staff are often held accountable.	Medium	1. All Aboriginal Mental Health workforce access appropriate clinical and cultural supervision and mentoring opportunities 2. Consult with Aboriginal Mental Health workforce on current and ongoing needs for supervision including options for peer and group support 3. Define cultural supervision for Aboriginal Mental Health workforce 4. Update PEDs to reflect supervision needs and commitment 5. Aboriginal Mental Health workforce attend and participate in relevant training opportunities forums and	All Aboriginal Mental Health staff have regular supervision embedded in work plans and PEDs All managers aware of and support supervision requirements ISLHD have clear definitions of different types of supervision (clinical/cultural/peer)	Aboriginal Mental Health Clinical Leader and Director Mental Health Service Director Aboriginal Health Aboriginal Workforce Manager Managers Aboriginal Health and Medical Research Council (AHMRC)

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
5.2 Investigate the need for a new feedback, mentoring and support mechanism for all members of the Aboriginal mental health workforce and implement new mechanisms as required.	Immediate	1. Consult with Aboriginal Mental Health workforce on policy and wording 2. Develop a communication and circulate to all managers	Policy updated All managers aware of and support changes	Aboriginal Mental Health Clinical Leader Director Aboriginal Health Manager Aboriginal Workforce

Strategic Direction 6

Deliver coordinated mental health services for Aboriginal people and strengthen partnerships with Aboriginal health and community services.

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
6.1 Support ACCHO's, General practitioners and other frontline services to identify Aboriginal people at risk of mental health distress and make appropriate referrals.	Long term	1. Communicate role and responsibilities through communication strategy 2. Create regular, frontline, liaison and coordination meetings with Aboriginal Medical Services, focused on supporting the individual treatment journeys of Aboriginal people.	ISLHD's mental health services identified and communicated Number and quality of referrals received from General Practitioner and other frontline services Communication strategy	Primary Health Network Director Mental Health Services Director Aboriginal Health Clinical Director Mental Health

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
6.2 Develop formal partnerships with ACCHOs to identify areas where mental health services and ACCHOs can integrate policy and processes for example referral and intake procedures Identify partnership opportunities to ensure coordinated mental health support and continuity of care for Aboriginal consumers.	Immediate	1. Identify the service providers ISLHD needs to partner with to ensure consumer transition is assured and coordinated 2. Identify role and responsibilities including limitations and boundaries of Aboriginal mental health workforce - to be communicated to Aboriginal community individuals/families and carers and services 3. Set up regular Treatment coordination meetings with Aboriginal Community Controlled Health Organisations 4. Regular meetings held with partners to review effectiveness and identify improvements	Service partners identified and formal relationships established and maintained Positive consumer feedback on their transition to support services Aboriginal Mental Health staff attend monthly treatment coordination meeting Partnership meetings held quarterly	Aboriginal Mental Health Clinical Leader and Director Mental Health Services Aboriginal Health Clinical Director Mental Health Stepped care Primary Health Network Aboriginal Community Controlled Health Organisations
6.3 Develop strategies to increase services for Aboriginal people requiring high levels of clinical support in the community.	Medium Long term	1.see Aboriginal Mental Health Advisory Group to develop		Navigator Aboriginal mental Health Clinical Leader
6.4 Clarify the roles and responsibilities of mental health case management to ensure accountability and continuity of care across different service providers and service types.	Immediate Medium	1. Identify full spectrum of services an Aboriginal consumer might require on the consumer journey and services ISLHD don't provide -SWOT analysis	Transfer of Care SWOT completed in Codesign processes	Aboriginal Mental Health Clinical Leader
6.5 Improve referral pathways to psychosocial support services including HASI, Hasi plus CLS and NDIS.	Long term	1. Referral pathways to psychosocial supports and Aboriginal Community Controlled Health Organisations in electronic Medical Record (eMR)	Referral pathways included in eMR	Aboriginal Mental Health Clinical Leader Director Mental Health Services

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
6.6 Codesign a culturally appropriate targeted Aboriginal mental health promotion strategy and communication plan with Aboriginal services consumers' carers and community. The communication plan will be designed to improve mental health literacy and destigmatise mental illness, and to improve the visibility and priority of mental health care across the mental health sector.	Long term Not the remit of specialised mental health services	Health Promotion		Health Promotion
6.7 Strengthen partnerships between mental health services and the Aboriginal mental health and wellbeing workforce to promote culturally safe and appropriate provision of care for older people.	Immediate	1. Have a representative from the Aboriginal Mental Health Workforce to participate in a clinical service redesign project to develop localised older people's suicide prevention pathways (OPSPP). 2. Network with Aboriginal Older Peoples Mental Health Community of Practice Champions Group	Aboriginal Mental health worker on the ISLHD Older People's Suicide Prevention Pathway (OPSPP) Project User Group (PUG). Aboriginal Mental Health Worker Shoalhaven – nominated Feb 2022	Aboriginal Mental Health Clinical Leader Aboriginal workforce Older Persons Mental Health Navigator

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
		3. Access links to current Elders groups in community	Attend Aboriginal Older Peoples Mental Health Community of Practice Champions Group Referral pathway and regular engagement between Aboriginal Mental Health staff and Aboriginal Chronic Care unit Aboriginal Mental Health staff attend Aunty Jeans programs Illawarra/Shoalhaven as required to support consumers	
6.8 Develop partnerships between key stakeholders to ensure culturally supported and safe provision of care by child and adolescent mental health services.	Medium Long-term	1. Ensure Referral pathways Child, Adolescent and Youth Mental Health Service (CAYMHS) and Safeguard team 2. Aboriginal staff employed in CAYMHS/Safeguards units	All MHS teams and units will have Aboriginal MH staff	Aboriginal Mental Health Clinical Leader Director Mental Health Service CAYMHS Navigator
6.9 Strengthen the involvement of Aboriginal people in all governance arrangements for the planning and provision of mental health services so that Aboriginal people inform, shape and lead decision making across services	Medium	1. Aboriginal Mental Health Advisory Group - Ensure appropriate governance arrangements of programs that are delivered in partnership with Aboriginal community organisations, including ensuring appropriate triage, referral and assessment processes	Inclusion of governance role in Aboriginal Mental Health Advisory Group Terms of Reference Aboriginal representation on all relevant MH committees and groups	Director Mental Health Aboriginal Mental Health Clinical Leader

Strategic Direction 7

Implement what works and build the evidence.

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
7.1 Builds the evidence base for effective culturally appropriate quality models of care and service delivery for public mental health services.	Long term	1. Identify areas where evidence base needs to be developed 2. Develop a list of project areas and prioritise 3. Identify mode of gathering evidence including opportunities for partnership with universities such as University of Wollongong (UOW) 4. Conduct research 5. Use research outcomes to improve practice	Research priorities identified Priority projects completed and findings used to improve service delivery	Aboriginal Mental Health Clinical Leader Director Aboriginal Health Clinical Director Mental Health Navigator Service Development Manager

Strategic Direction 8

Strengthen performance monitoring, management, and accountability.

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
8.1 Collect detailed information and data about Aboriginal peoples use and service demand by location.	Medium	1. Data collection ongoing		Primary Health Network Data Management team Performance unit
8.2 Use Aboriginal peoples experience of service data from the YES survey and other data capture systems to inform service improvements.	Medium	1. Collect YES survey from Aboriginal Mental Health consumers	Better than target ($\geq 80\%$)	Director Mental Health Service Aboriginal Mental Health Clinical Leader

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
		2. Collect CES surveys from Aboriginal Mental Health carers and family		Team Coordinator Consumer Participation
8.3 Develop feedback mechanisms on the effectiveness of partnership arrangements between Districts, Networks and ACCHOS.	Long-term			Director Mental Health Service
8.4 Develop new key performance indicators that monitors referrals and follow up of Aboriginal people to community based mental health services.	Long term	1. Identify KPIs and other reporting targets that relate to Aboriginal mental health services 2. Review the appropriateness of these KPIs and reporting targets and report to the Aboriginal Mental Health Advisory Group 3. Adopt any recommendations made by the Advisory Group 4. Follow NSW MoH requirements	KPIs and reporting targets are culturally appropriate and measure the right things	Aboriginal Mental Health Clinical Leader Director MHS Director Aboriginal Health Data Management team
8.5 Develop, implement and regularly review strategies to ensure follow up actions to support mental health patients on release from prison so that they receive fourteen days of medication, referrals and discharge summaries.	Long tem	Not current priority Justice Health including Waminda Justice		Aboriginal Mental Health Clinical Leader Director MHS Clinical Director Mental Health Justice Health

Strategic Actions	Priority	Key activities	Measure of success	People responsible /Key Stakeholders
8.6 Codesign a strategy monitoring and reporting framework that measures the progress of the goals and strategic actions and provides data to inform implementation decisions.	Long term	1. Develop a monitoring and reporting framework that measures the progress of goals and strategic actions of the Strategy and the ISLHD Aboriginal Mental Health and Wellbeing Implementation Plan 2. Gather data and review annually (including risk) 3. Identify and implement improvements as appropriate	Improvement in performance of system against framework Positive feedback from sector stakeholders on effectiveness of The Strategy and The Plan Positive feedback from Aboriginal Mental Health Advisory Group on effectiveness of The Strategy and The Plan	Aboriginal Mental Health Clinical Leader Director Mental Health Service Clinical Director Mental Health

1.3 Key Mental Health Service Delivery challenges

(Mental Health Commission of NSW 2020)

Element	Challenges
Cultural safety	<ul style="list-style-type: none"> • Delivery sites are often culturally unsafe • Consumers not seeing the same health professional at each appointment • Doctors not understanding Aboriginal cultural perspectives and how to best support Aboriginal consumers • Lack of flexibility • Consumers presenting at ED not asked if they are Aboriginal • Wait times in ED are too long
Soft entry options	<ul style="list-style-type: none"> • Getting people to engage with support earlier • A lack of culturally safe spaces for informal yarns ups with no stigma and less opportunities to 'feel shame' • A lack of educational and promotional campaigns that enable the community to have a greater awareness and understanding of mental health issues, mental health services and how to access these services

Element	Challenges
	<ul style="list-style-type: none"> • A lack of understanding of what an LHD does and doesn't do • A lack of understanding of hospital procedures and procedural improvements
Outreach Services	<ul style="list-style-type: none"> • The need for effective stepped care arrangements throughout consumer clinics and GP services • The need to provide Aboriginal people with increased choice • The need to provide Aboriginal people with increased accessibility by locating services close to home and family
Involving communities	<ul style="list-style-type: none"> • Involving communities in the conception, development, implementation and monitoring of mental health and wellbeing services • Creation of an Aboriginal Mental Health and Wellbeing Advisory Reference Group that includes community/user representatives and service representatives to oversee the Aboriginal Mental Health and Wellbeing service delivery model • Building on the positive relationships LHD Aboriginal staff and teams have with Aboriginal communities and other stakeholders
Governance	<ul style="list-style-type: none"> • Improving the consumer assessment and referral process • Building cross sector capacity to support the ecosystem model • Performance indicators and related reporting targets measure the wrong things • Lack of social accountability to Aboriginal consumers in some sectors • Developing, implementing and monitoring the Aboriginal Mental Health and Wellbeing model, including allocation of resources, monitoring effectiveness and implementing improvements across the various sectors that provide input into the model
Staffing	<ul style="list-style-type: none"> • Insufficient Aboriginal staff including in the health professions • Not enough psychiatrists, psychologists and General Practitioners • Improving workforce planning, recruitment and retention
Service delivery	<ul style="list-style-type: none"> • Good practices are being carried out in parts of the system but are inconsistent and fail to address the scale of demand • Lack of choice for Aboriginal people • Accessibility • Transport • ED seen as culturally unsafe • Competition for limited resources • Lack of services for youth including a safe place to go to and support for youth engaged in the justice system • Clinical mental health assessments based on Western value systems and failing to understand Aboriginal value systems

Element	Challenges
	<ul style="list-style-type: none"> • Reluctance of Aboriginal people to engage with health services due to discrimination, misunderstanding, fear, poor communication and a lack of trust in service providers • GPs not seen as culturally safe providers by many Aboriginal people
Collaboration	<ul style="list-style-type: none"> • The lack of an overarching model of care that identifies all stakeholders involved in Aboriginal mental health and wellbeing undermining unity of purpose and collaboration • Tensions between some sector stakeholders in many instances due to lack of resources, competition for resources and perceived power imbalances
Improving transitions	<ul style="list-style-type: none"> • Improving stepped care planning • Extended time for a consumer to be seen by a support service • A belief that many Aboriginal consumers are being discharged into physically and culturally unsafe environments, contributing to patterns of readmission and repeat acute episodes of mental ill health (revolving door experience)
Mainstream services Holistic support services	<ul style="list-style-type: none"> • Not servicing the demand of Aboriginal population of the Illawarra Shoalhaven • ISLHD not servicing quantum of demand of Aboriginal population of the Illawarra Shoalhaven • GPs not servicing quantum of demand of Aboriginal population of Illawarra Shoalhaven • Aboriginal providers are unable to meet demand of an Aboriginal population. • Mainstream services in referral based mental health services, wraparound services, outreach services and other services that support the social determinants of health and wellbeing are not meeting demand of Aboriginal population of the Illawarra Shoalhaven

2 Strategic Risks

The purpose of this plan is to operationalise the *NSW Aboriginal Mental Health and Wellbeing Strategy 2020 – 2025* goals which focus on holistic, person and family-centred care and healing; culturally safe, trauma-informed, quality care; and connected care. To succeed, there are a number of strategic risks that require; transparent and open review; courageous leadership; and united and purposeful commitment to management and mitigation.

Systems Risk	Probability	Harm severity	Risk Level
Aboriginal workforce not increased to level required	Likely	Critical	High
System remains under capacity to meet level of demand	Certain	Critical	Very high
Inadequate funding	Certain	Critical	Very high
Numerous sites of service delivery continue to be culturally unsafe	Possible	Critical	High
Lack of strong governance, unclear purpose, lack of cohesion	Possible	Critical	Very high
Scale of demand not able to be serviced	Certain	Critical	Very high
GP Sector does not improve commitment to social responsibility in better supporting Aboriginal communities	Possible	Critical	Very high

Given the seven strategic risks have been assessed as either high or very high, it is imperative that mitigations are identified and monitored by the Aboriginal Mental Health and Wellbeing Advisory Reference Group, once established, with risk assessment incorporated into the monitoring and reporting framework outlined in Priority Area 8 of the state plan.

2.1 NSW Health Risk Matrix

NSW Health Risk Matrix

		CONSEQUENCE EXAMPLES						
Risk rating	Action required	NSW HEALTH RISK CATEGORIES	Catastrophic	Major	Moderate	Minor	Minimal	
Red = Extreme (A – E)	Escalate to CE or Head of Health Service and Director-General A detailed action plan must be implemented to reduce risk rating with at least monthly monitoring and reporting.		Clinical Care & Patient Safety	Unexpected multiple patient deaths unrelated to the natural course of the illness.	Unexpected patient death or permanent loss/reduction of bodily function unrelated to the natural course of the illness.	Unexpected temporary reduction of patient's bodily function unrelated to the natural course of the illness which differs from the expected outcome.	Patient's care level has increased unrelated to the natural course of the illness.	First Aid provided to patient unrelated to the natural course of the illness.
			Health of the Population	An increase in the prevalence of known conditions contributing to chronic diseases across the state-wide population health KPI categories currently measured by NSW Health and/or an increase of more than 10% in one or more category.	Failure to materially reduce the prevalence of known conditions contributing to chronic diseases across the majority of the state-wide population health KPI categories measured by NSW Health and/or an increase of more than 5% up to 10% in one or more category.	Failure to materially reduce the prevalence of more than one of the known conditions contributing to chronic diseases from the state-wide population KPI categories measured by NSW Health and/or an increase of more than 2% and up to 5% in one or more category.	Failure to reduce the prevalence of one of the known conditions contributing to chronic diseases from the state-wide population health KPI categories measured by NSW Health and/or an increase of up to 2% in one or more category.	A preventative Health program has not demonstrably met planned objectives but the prevalence of known condition is continuing to decrease in line with KPI targets.
			Workforce	Unplanned cessation of a critical state-wide program or service or multiple programs and services.	Unplanned cessation of a service or program as stability within a Health Service with possible flow on to other locations.	Unplanned restrictions to services and programs in multiple locations or a whole hospital or community service.	Unplanned service delivery or program delays localised to department or community service.	Minimal effect on service delivery.
Orange = High (F – K)	Escalate to Senior Management A detailed action plan must be implemented to reduce risk rating.		Communication & Information	Loss or permanent damage of major utilities, records, IT data systems and communications resulting in prolonged suspension of service delivery.	Restriction or damage of or prolonged service disruption to some utilities, records, IT data systems & communication.	Temporary suspension of work due to damage to property, assets, records or access to IT or communication systems.	Localised damage to property, assets or records and restricted access to IT systems or communication.	Minimal effect on infrastructure, records, IT systems or communication and minimal or no disruption to service delivery or work.
			Emergency & Disaster Response	State-wide system dysfunction resulting in total shutdown of service delivery.	Health Service is compromised as service providers are unable to provide effective support and other areas of NSW Health are known to be affected.	Disruption of a number of services within a location with possible flow on to other locations in the area.	Some disruption within a location but manageable by altering operational routine.	No interruption to services.
			Finance & Legal	More than 5% over budget NOT recoverable within the current or following financial year. Unable to pay staff or finance critical services. Legal judgement, claim, non-compliance with legislation resulting in indeterminate or prolonged suspension of service delivery. Fraud impacts on service delivery.	Up to 5% over budget or a material or serious NOT recoverable within the current financial year. Unable to pay creditors within DOH benchmark. Legal judgement, claim, non-compliance with legislation resulting in medium term suspension of service delivery. A fraud impacts on service delivery.	Up to 5% over budget but recoverable within current financial year. Legal judgement, claim, non-compliance with legislation resulting in short term suspension to services.	Up to 1% temporarily over budget and recoverable within current financial year. Legal judgement, claim, non-compliance with legislation resulting in short term suspension to services.	Less than 1% temporarily over budget. Temporary loss of or unplanned expenditure related to individual program or project but no net impact on budget. Legal judgement, claim or legislative change but no impact on service delivery.
Yellow = Medium (L – T)	Specify Management Accountability and Responsibility Monitor trends and put in place improvement plans.		Safety & Security	Multiple deaths or life threatening injuries to non-patients.	Death or life threatening injury/ illness causing hospitalisation of non-patients.	Serious harm / injury or illness causing hospitalisation or multiple medical treatment cases for non-patients.	Minor harm or injury to a non-patient where treatment or First Aid is required.	Harm, injuries or ailments not requiring immediate medical treatment.
			Leadership & Management	Failure to meet critical priority KPI's included in the service's performance agreement. Sustained adverse national publicity. Significant loss of public confidence, loss of reputation and/or media interest across NSW in services.	Failure to meet a significant number of priority KPI's included in the service's performance agreement. Sustained adverse publicity at a state-wide level leading to the requirement for a formal intervention. Systemic and sustained loss of public support/opinion across a service.	Failure to meet a number of priority KPI's included in the service's performance agreement. Increasing and broadening adverse publicity at a local level, loss of consumer confidence, escalating patient/consumer complaints. Extended loss of public support/opinion for a Facility/Service.	Failure to meet one or more of the KPI's (excluding priority KPI's) included in the service's performance agreement. Periodic loss of public support.	Occasional adverse local publicity.
			Community Expectations					
		LIKELIHOOD	CONSEQUENCE RATINGS					
Probability	Frequency		Catastrophic	Major	Moderate	Minor	Minimal	
> 95% to 100%	Several times a week		Almost certain	A	D	J	P	S
> 70% to 95%	Monthly or several times a year		Likely	B	E	K	Q	T
> 30% to 70%	Once every 1-2 years		Possible	C	H	M	R	W
> 5% to 30%	Once every 2 – 5 years		Unlikely	F	I	N	U	X
< 5%	Greater than once every 5 years		Rare	G	L	O	V	Y

