Regional Integrated Mental Health, Alcohol and Other Drugs, and Suicide Prevention Plan

DRAFT FOR CONSULTATION
DECEMBER 2019/JANUARY 2020

Connecting people.
Our plan.

We acknowledge the contribution of people with lived experience, consumers and carers and our stakeholders from across the region who provided valuable insights through participation in face-to-face consultations, forums, workshops, working groups, and online surveys.

Special thanks to the Consultancy Team: Kate Barlow, Dr Ruth Vine, Associate Professor Alex Cockram and Sofia Dedes for their expert knowledge, guidance and support in the development of the Plan.

Thank-you also to Robin Whyte, Anne Lyon, Emma Newton, Wendy Mason, Elizabeth Baker and Agnes Chong from Eastern Melbourne PHN.

phn
EASTERN MELBOURNE
An Australian Government Initiative

Australian Government

VICTORIA
State Government

The Fifth National Mental Health and Suicide Prevention Plan commits all governments to work together to achieve integration in planning and service delivery at a regional level.

We acknowledge the Wurundjeri people and other peoples of the Kulin Nations on whose unceded lands our work in the community takes place. We respectfully acknowledge their Ancestors and Elders past, present and emerging.

We value inclusion and diversity and are committed to providing safe, culturally appropriate, and inclusive services for all people, regardless of ethnicity, faith, disability, sexuality, gender identity or health status.

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them. We celebrate their strengths and resilience in facing the challenges associated with their recovery and acknowledge the important contribution that they make to the development and delivery of health and community services.

CEO Foreword

We are pleased to present the inaugural Regional Integrated Mental Health, Alcohol and Other Drugs, and Suicide Prevention Plan (The Plan) for the Eastern Melbourne PHN catchment.

The development of The Plan, an agreed action of both the Commonwealth and State governments linked to the Fifth National Mental Health and Suicide Prevention Plan, has involved significant engagement, collaboration and participation of stakeholders across the region.

With a focus on sustainable health outcomes through systems level improvement, The Plan responds to the diverse needs of our community. The Plan provides a framework for ongoing collaboration for service system improvement by addressing fragmentation and complexity of the service system and to provide better access for consumers to a range of innovative service models.

The willingness of stakeholders to come together to improve outcomes for people who experience mental illness and/or drug and alcohol problems is a testament to the commitment and expertise in the East and North East of Melbourne. Working in partnership is critical to strengthening our ability to achieve shared goals and outcomes.

It is important to note the strong contribution from people with a lived experience – consumers and carers – who have provided The Plan with insights from their lived experience. Their voice has informed the development of The Plan in recognition that they are in a unique position to contribute to service system change through active participation in service design, delivery and evaluation.

The Plan is an important milestone in our journey towards supporting integrated care for people with mental illness, including those who may also have drug and alcohol problems, and those who are at increased risk of suicide and self-harm. Better access, better information sharing and better person-centred care are critical to meeting the needs of individuals, their families and the broader community. The Plan provides a framework on which these important aims can be developed.

The elements included in The Plan are ambitious, but working collectively as a region, we can bring about significant reform. Through better alignment and integration between Commonwealth and State funded programs we can transform the service landscape into a coherent set of services that are better able to improve outcomes for people whose lives are affected by mental illness, and alcohol and other drug misuse.

Our sincere thanks to all those who have been involved and contributed to The Plan. We look forward to seeing the progress we will make working together.

Robin Whyte
Chief Executive Officer
Eastern Melbourne Primary Health Network (EMPHN)

Table of Contents

Abbreviations

ACCHOs	Aboriginal Community Controlled Health Organisations
AOD	Alcohol and Other Drugs
AIHW	Australian Institute of Health and Wellbeing
COAG	Council of Australian Governments
DHHS	Department of Health and Human Services
EMPHCC	Eastern Melbourne Primary Health Care Collaborative
EMHSCA	Eastern Mental Health Service Coordination Alliance
EMPHN	Eastern Melbourne Primary Health Network
GP	General Practitioner
HOPE	Hospital Outreach Post Suicidal Engagement teams
LHN	Local Hospital Network
LIFE	The Living is for Everyone Framework
MPHWP	Municipal Public Health and Wellbeing Plan
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
NSQHSS	National Safety and Quality Health Service Standards
PHN	Primary Health Network
POLAR	Population Level Analysis and Reporting for General Practice
RACGP	Royal Australian College of General Practice
VAGO	Victorian Auditor General's Office
VMIAC	Victorian Mental Illness Awareness Council

Introduction

The Regional Integrated Mental Health, Alcohol and Other Drugs, and Suicide Prevention Plan 2019–2024 (The Plan) provides a strategic approach to harnessing collective resources, capacity and capability to improve the health and wellbeing outcomes of people living within the Eastern Melbourne Primary Health Network (EMPHN) region.

The Plan responds to the commitment made by Commonwealth and State governments in the Fifth National Mental Health and Suicide Prevention Plan,[1] and is the initial plan in what is intended to be an ongoing and iterative process to strategically achieve integrated service planning and co-commissioning.

Stakeholders across the region recognise the need for a more integrated approach if we are to achieve better health outcomes for individuals, families, carers and communities. Feedback from stakeholders during the development of this plan specifically highlights a strong desire and need for more joined up care to reduce the number of people falling through the gaps of a complex and fragmented service system. Building on the extensive work already undertaken and a strong commitment to continuous improvement, a greater focus on collaboration and integration has the potential to significantly strengthen the current service system.

The aims of this plan are to:

1. Embed **integration** of mental health, alcohol and other drugs, and suicide prevention services and pathways through a whole of system approach.

2. Drive and inform **evidence-based service development** to address identified gaps and deliver on regional priorities.

Building on the work that currently exists in the region, this plan includes actions that will substantially change elements of the service system in order to improve outcomes for consumers and carers, while also articulating actions necessary to build foundational governance structures, relationships and regional approaches that will guide future planning and investment.

The Plan focuses on opportunities to utilise collaborative relationships to achieve positive change rather than documenting the significant work that currently exists.

The Plan encompasses the lifespan and addresses the needs of people experiencing mental illness or alcohol and other drug issues across the continuum of care. The continuum of care in this context incorporates community, primary, secondary and acute care.

Informed by an extensive consultation process, The Plan identifies 10 areas of focus, each with specific goals and actions.

The Plan is underpinned by collaboration and partnerships across community, primary, secondary and acute care areas of our service system. It leverages the specific knowledge, expertise and experience of stakeholders to drive sector reform and improve outcomes for people with mental illness and alcohol and other drug issues. An inherent approach to quality and safety is embedded within The Plan.

The importance of people with lived experience – both as consumers and as carers – being engaged in a meaningful way throughout the life of The Plan has been explicitly recognised. Consumers and carers are experts in understanding the challenges and opportunities across the service system, and their lived experiences provide significant insights into how to better design care and align the system to ensure their needs are at the centre of care.

Accordingly, the consumer and carer voice has been integral to the development of this plan, with ongoing engagement and participation underpinning The Plan implementation and governance arrangements.

Other key enablers identified as important for success include:

- Leadership and governance
- Consumer and carer engagement
- Collaboration and communication
- Service delivery
- Information technology and data sharing
- Clinical governance/ quality/risk management
- Capacity building and workforce development
- Monitoring, research and evaluation
- Funding and resources.

These factors have been addressed in the goals, actions, and governance arrangements identified in this plan.

Areas of focus

1. Improving outcomes for young people
2. Improving pathways of care for people with alcohol and other drug issues
3. Better meeting the needs of people with severe mental illness with complex needs
4. Improving physical health outcomes for people with severe mental illness
5. Enhancing our mental health response for older people
6. Suicide prevention
7. Improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander communities
8. Increasing support for general practice
9. The role of quality and safety and clinical governance in complex integrated care
10. Information management and data sharing

Driving Force for Change

Consumers and carers

The existing complexity and inefficiencies of the mental health and alcohol and other drug systems are well recognised and articulated by consumers and carers.

Their 'lived experiences' of the mental health system provides valuable knowledge of what works, what doesn't, and why.

Consumers and carers are in a unique position to focus on what can be different

for people

and, in turn, what can be different for the system.

When acknowledged and analysed appropriately, these experiential insights can inform the design of a system of care that responds to the *needs of people*, rather than requiring people to organise themselves to fit the needs of the system.

As consumers and carers are directly impacted by the quality and effectiveness of their health care, they should be considered as the key stakeholders in mental health, alcohol and other drugs, and suicide prevention reforms. People with a lived experience have the right to participate in, actively contribute to, and influence service design, delivery and evaluation. Furthermore, people with a lived experience of mental health and alcohol and other drug issues will have better outcomes when their participation is embedded in collaborative partnerships and co-design across the whole of the system, i.e. when they are active participants in design and planning and not just sources of endorsement or information.

Mental health, alcohol and other drugs, and suicide prevention services must take a flexible approach, built on the principles of collaborative partnerships and co-design, to address the unique needs of consumers and carers across our region. This is consistent with recovery-oriented care as described in the Framework for Recovery Oriented Practice[2]. Released in 2011, this Framework remains relevant to how services should be delivered and how those with lived experience can be engaged. Key principles of recovery-oriented care are to impart hope, and to engage with consumers and their carers and families to improve shared decision-making and promote informed choice.

Setting the Scene

Policy context

A range of national and state policies, frameworks and plans with a focus on improving outcomes for consumers with mental illness and/or alcohol and other drug issues have informed the development of this plan. Key elements of these policy documents, and the national and state policy contexts, are outlined below.

National policy context

Mental Health and Suicide Prevention

The Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan)[3] was developed following a review of Commonwealth programmes and services undertaken by the National Mental Health Commission in 2014. This review highlighted the complexity, inefficiency and fragmentation of the mental health system and identified the need to:

- Redesign the system to focus on the needs of users rather than providers
- Redirect Commonwealth dollars as incentives to purchase value-for-money, measurable results and outcomes, rather than simply funding activity
- Rebalance expenditure away from services which indicate system failure and invest in evidence-based services like prevention and early intervention, recovery-based community support, stable housing and participation in employment, education and training
- Repackage funds spent on the small percentage of people with the most severe and persistent mental health problems who are the highest users of the mental health dollar to purchase integrated packages of services which support them to lead contributing lives and keep them out of avoidable high-cost care
- Reform our approach to supporting people and families to lead fulfilling, productive lives so they not only maximise their individual potential and reduce the burden on the system but also can lead a contributing life and help grow Australia's wealth.[4]

The Fifth Plan commits all governments to work collaboratively and sets out eight priority outcome areas with specific actions and indicators. These priority areas are:

1. Achieving integrated regional planning and service delivery
2. Suicide prevention
3. Coordinating treatment and supports for people with severe and complex mental illness
4. Improving Aboriginal and Torres Strait Islander mental health and suicide prevention
5. Improving the physical health of people living with mental illness and reducing early mortality
6. Reducing stigma and discrimination
7. Making safety and quality central to mental health service delivery
8. Ensuring that the enablers of effective system performance and system improvement are in place.

The importance of consumers and carers having a central role in the planning, delivery and evaluation of services is emphasised. The Fifth Plan also acknowledges the diversity of experience across population groups, in particular the higher rates of mental illness of Aboriginal and Torres Strait Islander communities.

The first action identified in the Fifth Plan stipulates the development of joint regional plans to address a range of issues currently experienced by consumers and carers. The Fifth Plan recognises that Primary Health Networks (PHNs) and Local Hospital Networks (LHNs) provide the core architecture to support integration at a regional level and that they are positioned to work with stakeholders to identify what needs to change and when. It explains that:

"this approach represents a fundamental reconceptualisation of the role of a National Mental Health Plan as one that sets an enabling environment for regional action instead of dictating change from the top down."[5]

The further development of the National Mental Health Planning Framework will support this approach.

The Productivity Commission is currently undertaking an inquiry into the role of improving mental health to support economic participation and enhancing productivity and economic growth. The Commission has been tasked to:

- examine the effect of supporting mental health on economic and social participation, productivity and the Australian economy;
- examine how sectors beyond health, including education, employment, social services, housing and justice, can contribute to improving mental health and economic participation and productivity;
- examine the effectiveness of current programs and Initiatives across all jurisdictions to improve mental health, suicide prevention and participation, including by governments, employers and professional groups;
- assess whether the current investment in mental health is delivering value for money and the best outcomes for individuals, their families, society and the economy;
- draw on domestic and international policies and experience, where appropriate; and
- develop a framework to measure and report the outcomes of mental health policies and investment on participation, productivity and economic growth over the long term.

A draft report was released on 31 October 2019 where five priority reform areas were identified.

1. Prevention and early intervention for mental illness and suicide attempts
2. Close critical gaps in healthcare services
3. Investment in services beyond health
4. Assistance for people with mental illness to get into work and enable early treatment of work-related mental illness
5. Fundamental reform to care coordination, governance and funding arrangements

A final report is expected to be handed to the Australian Government by May 2020.

The staged roll out of the **National Disability Insurance Scheme** (NDIS) for people with a disability who have significant permanent functional impairment is also an important change in the national policy platform. The scheme funds a range of specialised and individualised supports that are not already provided as part of the universal service system. This significant social reform is underpinned by consumer directed care and is a fundamental shift in the way mental health care is delivered.

In 2016, the National Mental Health Commission released the **Equally well consensus statement**, which called for national, state/territory and regional commitment to action to improve the physical health and wellbeing of people living with a mental illness.[6] It recognises the significantly poorer health outcomes experienced by people with severe mental illness. The statement articulates the need to deliver:

1. A holistic, person-centred approach to physical and mental health and wellbeing.
2. Effective promotion, prevention and early intervention.
3. Equity of access to all services.
4. Improved quality of health care.
5. Care coordination and regional integration across health, mental health and other services and sectors which enable a contributing life.
6. The monitoring of progress towards improved physical health and wellbeing.

The **Living is for Everyone (LIFE) Framework** is Australia's national framework for suicide prevention. LIFE incorporates a population health approach and prevention activities that will assist in reducing the loss of life through suicide in Australia.

Additionally, the **Black Dog Institute Lifespan** approach to suicide prevention involves the concurrent implementation of nine evidenced-based strategies incorporating health, education, frontline services and the community.

Alcohol and Other Drugs

Australia's National Drug Strategy 2017-2026 is the key framework that identifies national priorities and guides action by governments in partnership with service providers and the community.[7] The strategic principles of this strategy are:

- Partnerships
- Coordination and collaboration
- National direction with jurisdictional implementation
- Evidence informed responses.

A clear focus on harm minimisation underpins Australia's National Drug Strategy through balanced adoption of effective demand, supply and harm reduction strategies. Seven priority actions are included in the framework:

- Enhance access to evidence informed, effective and affordable treatment
- Develop and share data and research, measure performance and outcomes
- Develop new and innovative responses to prevent uptake, delay first use and reduce alcohol tobacco and other drug problems
- Increase participatory processes
- Reduce adverse consequences
- Restrict and/or regulate availability
- Improve national coordination.

Aboriginal and Torres Strait Islander Social and Emotional Wellbeing

Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health is a core element of mental health and suicide prevention planning for the region. The following Commonwealth policies have informed and underpin the work.

The National Aboriginal and Torres Strait Islander Health Plan 2013-2023[8] was developed as part of the overarching Council of Australian Government (COAG) approach to Closing the Gap. Mental health and social and emotional wellbeing is one of the 10 priorities of The Plan.

The goal for this priority is:

Aboriginal and Torres Strait Islander people have the best possible mental health and wellbeing. Social and emotional wellbeing strategies are integrated in all health care service delivery and health promotion strategies.

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 contributes to the vision of the National Aboriginal and Torres Strait Islander Health Plan. It sets out a comprehensive and culturally appropriate stepped care model that is equally applicable to both Aboriginal and mainstream health services. The framework emphasises the importance of a holistic and whole of life definition of health.[9] The framework articulates seven domains of social and emotional wellbeing[10]:

- Connection to Body
- Connection to Mind and Emotions
- Connection to Family and Kinship
- Connection to Culture
- Connection to Country
- Connection to Spirituality and Ancestors.

Additionally, the **National Aboriginal and Torres Strait Islander Suicide Prevention Strategy** has an overarching objective:

"to reduce the cause, prevalence and impact of suicide on individuals, their families and communities." [11]

This is the first national strategy focussing on suicide prevention for Aboriginal and Torres Strait Islander communities with its development guided by the establishment of an Advisory Group chaired by Dr Tom Calma AO.

This strategy has six areas of focus incorporating early intervention, community strengthening and holistic, integrated approaches.[12] The strategy recognises the importance of addressing the social determinants that contribute to disadvantage for Aboriginal and Torres Strait Islander peoples including unemployment, education, housing and community safety and building strong resilient families young people and communities.

Stepped Care

A key area of reform promoted by the National Mental Health Commission Review was refocusing primary mental health care programs and services to support **a stepped care model**. A stepped care approach reflects the totality of service offerings across the continuum of care and is inclusive of diverse service providers working to support people with, or at risk of, mental illness across the sector. A stepped care model supports the delivery of integrated care and aims to:

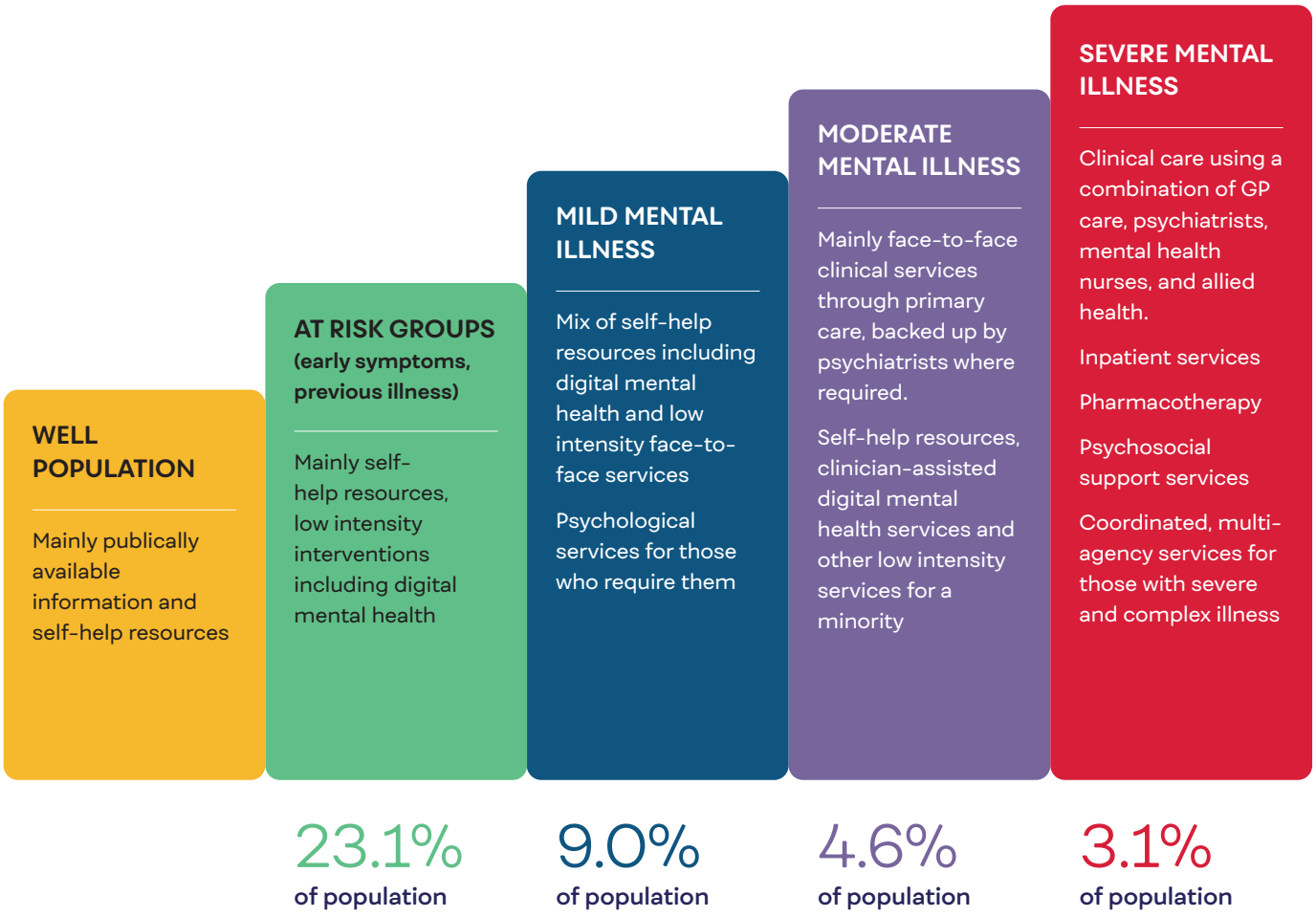
- Offer a variety of support options for people with different levels and types of need, from low intensity to high intensity
- Provide clear pathways between these care options as individuals' needs change
- Improve collaboration and integration between services
- Connect to other community, health and clinical mental health services available in the local area

Care may range from using a digital application, to brief non-intensive interventions initiated by a General Practitioner (GP), to interventions requiring coordinated, ongoing efforts from a range of professionals to address multiple and complex treatment needs. Interventions within a stepped care model must be consistent with the principles of self-management and have wider application beyond mental health, including alcohol and drug treatment.

The stepped care approach is incorporated in this plan.

The EMPHN stepped care model may be referenced on page 31.

Figure 1. Stepped Care



Victorian policy context

The Victorian Government has developed specific policies and plans in areas relevant to this plan. They inform investment and service delivery decisions in alignment with agreed national policy directions.

Mental Health and Suicide Prevention

Victoria's 10 Year Mental Health Plan was launched in November 2015 and built on the previous *Because Mental Health Matters* plan released in 2009. The goal of the 10-year plan is to enable all Victorians to experience their best possible health, including mental health. It has a focus on prevention, service integration and vulnerable people and identifies four focus areas:

- Victorians have good mental health and wellbeing
- Victorians promote mental health for all ages and stages of life
- Victorians with mental illness live fulfilling lives of their choosing with or without symptoms of mental illness
- The service system is accessible, flexible and responsive to people of all ages, their families and carers and the workforce is supported to deliver this.[13]

The Victorian Suicide Prevention Framework 2016-25[14] provides a whole of government approach to suicide prevention. Its goal is to halve Victoria's suicide rate by 2025 through achieving five objectives:

- Building resilience
- Supporting vulnerable people
- Caring for the suicidal person
- Learning what works best
- Helping local communities prevent suicide.

The Victorian Auditor-General's Office (VAGO) recently released two reports relevant to mental health services. In March 2019, a report on **Access to Mental Health Services** was released.[15] This report noted challenges in access to appropriate services and recommended changes to how the Department of Health and Human Services (DHHS) monitors and funds mental health services. In June 2019, the VAGO released a report on **Child and Adolescent Mental Health**[16] and again made recommendations to DHHS regarding building greater transparency and accountability. Both reports recommend better planning and greater accountability for services provided.

The Victorian government has also established a **Royal Commission into Victoria's mental health system**. The terms of reference specifically relevant to this plan include consideration of how to deliver the best mental health outcomes and improve access to, and navigation of, Victoria's mental health system, including through:

- Strengthened pathways and interfaces between Victoria's mental health system and other services.
- How to best support those in the Victorian community who are living with both mental illness and problematic alcohol and drug use, including through evidence-based harm minimisation approaches.[17]

The Commission released an interim report in November 2019 which contained a number of priority recommendations that address immediate needs and lay the foundations for a new approach to mental health, including:

- A new approach to mental health investment (a tax or levy), to ensure a substantial increase in funding for mental health – not just now but into the future
- The creation of a Victorian Collaborative Centre for Mental Health and Wellbeing to bring together different skills and expertise to drive better mental health outcomes for all Victorians
- An additional 170 youth and adult acute mental health beds to help address critical pressures in areas of need
- Expansion of the Hospital Outreach Post-suicidal Engagement (HOPE) program into all area mental health services and linked to sub-regional health services as well as a new assertive outreach and follow up care service for children and young people, to increase the availability of support and outreach for Victorians at risk of suicide
- The creation of an Aboriginal Social and Emotional Wellbeing Centre and expansion of Aboriginal social and emotional wellbeing teams across the state
- Establishing Victoria's first residential mental health service, as an alternative to an acute admission, designed and delivered by people with lived experience of mental illness
- Expanding and supporting consumer and family-carer lived experience workforces
- Addressing workforce shortages and preparing for reform including through the provision of more training and recruitment pathways to boost the number of graduate nurses and allied health professionals in public mental health services
- Establishing a Mental Health Implementation Office to start work delivering these recommendations

The final report is due late 2020 which will contain the majority of the Commission's recommendations for change. The Andrews government has made a commitment to implement all the recommendations.

Reducing the suicide rate has been recognised as a priority in recent state budgets, including two flagship initiatives; **place based suicide prevention trials and assertive outreach trials**. The place based suicide prevention trials are a partnership with primary health networks and involve harnessing the knowledge, expertise and resources of communities to tailor interventions at a local level. Several health services have been funded to provide Hospital Outreach Post Suicidal Engagement (HOPE) teams.[18] These multidisciplinary teams provide intensive support to people who present following a suicide attempt to build on their protective factors. This initiative recognises that those at increased risk of completed suicide include those who have recently attempted suicide.

The Victorian Government has also funded additional mental health and alcohol and drug clinicians in selected emergency department 'crisis hubs' to provide more timely and assertive treatment to people who present in crisis or with complex mental illness and drug and alcohol problems.

The Victorian public health wellbeing plan 2019-2023[19] also includes improving mental wellbeing as one of its 10 priority areas.

Alcohol and Other Drugs

In Victoria, there has been a focus on the most appropriate service model for delivery of drug and alcohol services for some time. A proposal to re-commission services was released in 2013. This related primarily to the provision of community services, residential rehabilitation and a range of support services. A report in 2015 presented feedback from sector leaders regarding the re-commissioning,[20] noting the high cost and disruptive nature of the process. One area of ongoing concern is inadequate integration between drug and alcohol services and other health services, especially mental health services, and the limited availability of addiction medicine specialists.

In 2018, the Victorian Government announced that two new dual diagnosis residential rehabilitation centres would be established. This announcement reflects the growing understanding that mental illness and drug and alcohol disorders cannot always be addressed in isolation but need a joined up approach. Work is also being undertaken to further develop training and sustainability of the alcohol and drug workforce including addiction specialists.

It is important to note that the Victorian Government also works to address the impact of mental illness and alcohol and other drug misuse across other policy settings outside of the health sector such as housing, education (schools) justice, family violence and child protection. This reflects the intersection with mental illness and drug and alcohol issues across the many areas in which state government has responsibility.

Aboriginal and Torres Strait Islander Social and Emotional Wellbeing

The **Korin Korin Balit-Djak: Aboriginal Health and Wellbeing and Safety Strategic Plan 2017-2027**[21] articulates actions to improve the health, wellbeing and safety of Aboriginal Victorians over a 10-year period. It recognises that Aboriginal communities continue to experience poor health, safety and social and emotional wellbeing and that there has been little improvement in closing the gap with non-Aboriginal people. It articulates the vision and approach of DHHS covering the five domains:

- Aboriginal community leadership
- prioritising Aboriginal culture and community
- system reform across the health and human services sector
- safe, secure, strong families and individuals
- physically, socially and emotionally healthy Aboriginal communities.

The **Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework 2017-2027** is part of the commitment of the Victorian Government to improve the social and emotional wellbeing outcomes for Aboriginal communities.[22] Underpinned by the integration of healing, trauma-informed care, and recovery-oriented approaches, the framework covers four domains:

- Improving access to culturally responsive service
- Supporting resilience, healing and trauma recovery
- Building a strong, skilled and supported workforce
- Integrated and seamless service delivery.

The **Aboriginal Governance and Accountability Framework** is underpinned by a commitment to self-determination for Aboriginal Victorians in health, wellbeing and safety. Underpinned by both Korin Korin Balit-Djak and Balit Murrup, it offers

"a foundational platform for the Aboriginal community to lead the departments policy direction, program development and monitoring and accountability of outcomes".[23]

The framework has three aims:

- embed Aboriginal leadership and decision making at all levels of the department
- strengthen accountability and transparency to the Aboriginal community
- engage and promote the diversity of Aboriginal voices – particularly from local communities.

Local Government

Local government also play an important role in guiding and influencing health outcomes through **Municipal Public Health and Wellbeing Plans** (MPHWPs) and other local strategies.

The MPHWPs

"set the broad mission, goals and priorities to enable people living in the municipality to achieve maximum health and wellbeing."[24]

These plans take into consideration the directions and priorities documented in the Victorian Public Health and Wellbeing Plan.

Our Community

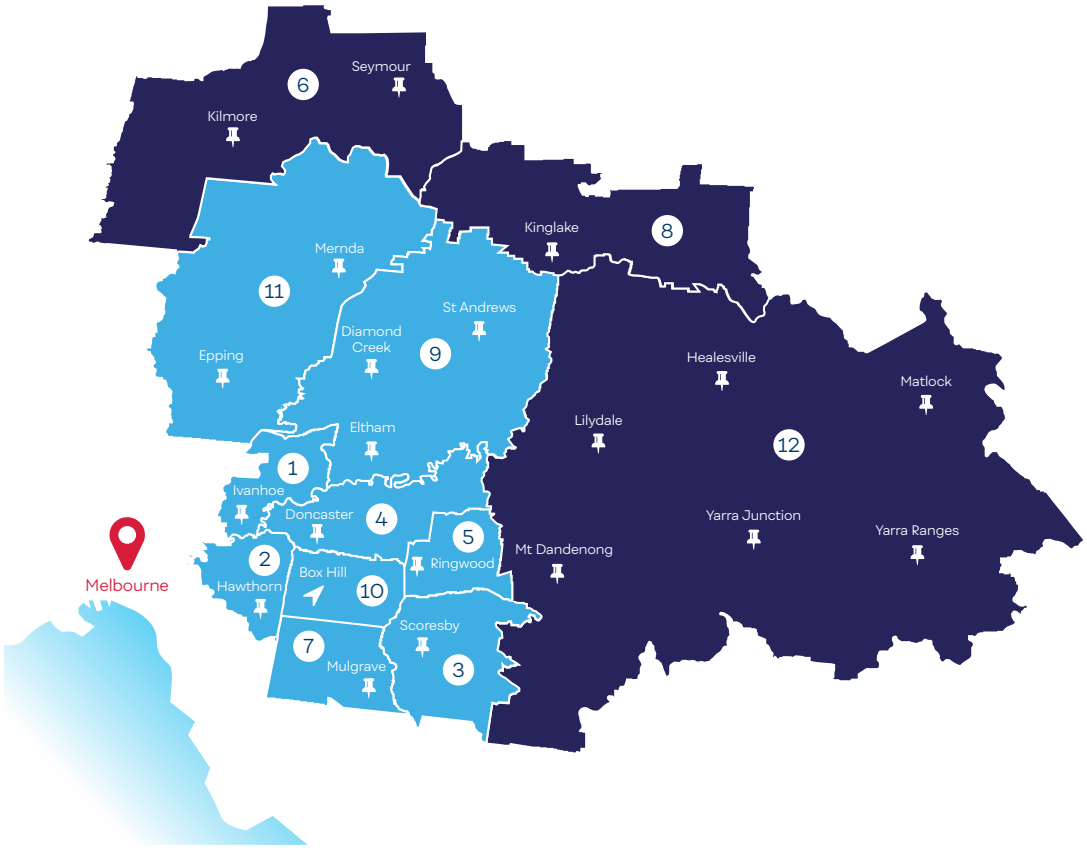
Geography

The Plan covers Melbourne's east and north-east, which is inclusive of the EMPHN catchment. This catchment comprises 12 Local Government Areas. The Local Government Areas entirely within the border are:

1. City of Banyule
2. City of Boroondara
3. City of Knox
4. City of Manningham
5. City of Maroondah
7. City of Monash
9. Shire of Nillumbik
10. City of Whitehorse
11. Shire of Whittlesea

The catchment also covers part of the following Local Government Areas:

6. Shire of Mitchell (35% of population)
8. Shire of Murrindindi (27% of population)
12. Shire of Yarra Ranges (portion which falls outside of the catchment is largely uninhabited national park)



Population

The EMPHN catchment is characterised by broad cultural and socio-economic diversity and a wide range of health care needs.

The region is home to approximately 1.45 million people, roughly one quarter of Victoria's population, and includes areas of rapid urban expansion, particularly in the Whittlesea area. Major challenges include meeting the primary health needs of a population that is both expanding and ageing, and addressing mental health problems and a growing burden of chronic disease.

The following population data and information is taken directly from the 2018 EMPHN Needs Assessment.[25]

Aboriginal and Torres Strait Islander Communities

The EMPHN community is home to more than 6,800 Aboriginal and Torres Strait Islander people, mainly in Whittlesea-Wallan, Yarra Ranges, Knox and Banyule Local Government Areas. Aboriginal and Torres Strait Islander peoples experience significant poorer health compared to the non-Indigenous EMPHN population including higher rates of psychological distress and substance use problems. Mainstream health services are not always capable of providing culturally-appropriate and safe care and many Indigenous people experience culturally inadequate care when attempting to access services. Meeting the needs of our Aboriginal and Torres Strait Islander community is a priority.

Ageing population and an increasing burden of chronic disease

Currently, 14% of the EMPHN population is aged 65 years or older. This proportion is expected to increase to 20% by 2031. The increase is predicted in all Local Government Areas, with the largest increases expected in Whittlesea. Our older people are living longer, often with chronic conditions and some degree of disability.

Simultaneously, mental health problems are increasing. Many people with mental health conditions have comorbid chronic conditions, and those with severe mental health problems are particularly at risk of a comorbid chronic disease burden and premature death.

1.45M

People – roughly one quarter of Victoria's population

Identified Need

Mental Health

It is well recognised that the impact of mental illness on individuals, families, communities and society is substantial. Mental illness is one of the leading causes of disability, reduced quality of life and impaired productivity in our community. People affected by mental health problems are at greater risk of poor general health, disease, and premature death, including by suicide.

1 in 5

Australians experience mental illness in any year

The EMPHN region is likely to include approximately

247,600

people experiencing mild to moderate mental illness, approximately

45,000

people experiencing severe mental illness and

6,700

people experiencing severe and persistent mental illness

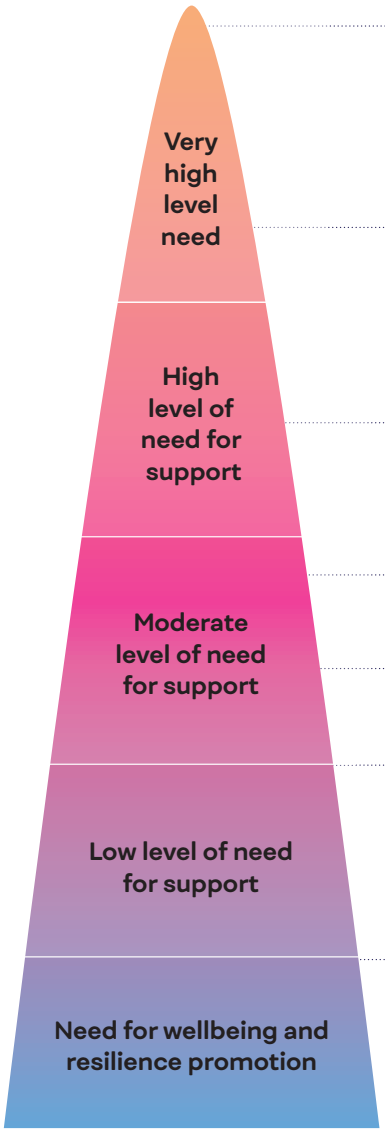
The data shows that one in five Australians experience mental illness in any year and the three most common mental illnesses are depression, anxiety and substance use disorders. Almost 50% of Australians over 16 years of age will experience mental illness at some point in their life.[26] We also know that up to 3% will experience severe mental illness such as schizophrenia or bipolar affective disorder.

The Australian Burden of Disease Study 2011[27] estimates that mental and substance use disorders are responsible for 12% of the total burden of disease, placing this category as the third largest contributor to the total burden of disease, after cancer (19%) and cardiovascular disease (15%).

Nationally, approximately three million people per year experience mild to moderate mental illness such as anxiety and depression, approximately 625,000 have severe and persistent mental illness and 65,000 people experience severe and persistent mental illness requiring complex multi-agency support needs.[28] Using this data, we can estimate that the EMPHN region is likely to include approximately 247,600 people per year experiencing mild to moderate mental illness, approximately 45,000 people experiencing severe mental illness and 6,700 people experiencing severe and persistent mental illness requiring complex multi-agency support needs.

According to the EMPHN Needs Assessment[29], an estimated 10% of adults in the region report high or very high levels of psychological distress. Psychological distress is more common in disadvantaged socio-economic groups, with the proportion of adults reporting high or very high psychological distress highest in Whittlesea-Wallan (12%).[30]

Figure 3. Continuum of Mental Illness



	Population affected at any one time	EMPHN catchment area
0.45%	**Severe and persistent illness with complex multi-agency needs - 65,000 people.** Require significant clinical care and day to day support	**6,700 People**
1%	**Severe persistent 210,000 people.** Chronic with major limitations on functioning (ie. very disabling) and without remission over long period	**15,000 People**
2%	**Severe episodic - 415,000 people.** Severely episodic with periods of remission	**30,000 People**
5.5%	**Moderate - 1 million people**	**82,600 People**
11%	**Mid - 2 million people**	**165,000 People**
45%	of adults will experience a mental disorder sometime in their lifetime **- 7.3 million people**	**483,000 Adults will experience a mental disorder**
Majority	with need for wellbeing and resilience promotion **- all 22.68 million people**	**EMPHN estimated resident population (2015) - 1.5 million people**

A person-centred, effective and efficient system

High-Very High Needs

- Personal and flexible package of comprehensive health and social care (including housing, income and employment support)
- Specialist mental health and physical health treatments
- Coordinated care: One systeml one care pln, one e-health record

Low-Moderate Needs

- Targeted and intregrated clinical and social support
- Housing income, psychosocial supports
- Self directed low intensity therapies
- Early intervention
- Maintain connections with families, friends, culture and community

For the Population

- Investment in prevention and early interventon
- Foster healthy communities and encourage self help
- Foster mental resilience (families, schools)

Alcohol and Other Drugs

The misuse of alcohol and other drugs impacts individual, families and communities, causing death, disability and increasing the risk of many diseases.

Excessive alcohol intake is associated with a variety of short-term health consequences, including road injuries and deaths, suicide and violence, as well as long-term consequences, such as liver cirrhosis, mental health problems, pancreatitis, foetal alcohol syndrome and some types of cancer. Alcohol is the main cause of substance-related harm in our community. In the EMPHN catchment, approximately 15% of adults drink more than two standard drinks per day on average, exceeding lifetime alcohol risk guidelines.[31] Nationally, this figure is 17%.[32]

Misuse of other drugs also has a substantial impact on the health and wellbeing of people in our community, contributing to deaths from overdose each year. In 2016, 13.7% of people aged 14 years or older in the EMPHN catchment had recently used an illicit drug.[33] According to the EMPHN Needs Assessment, there are eight overnight hospitalisations per 10,000 people each year for drug and alcohol disorders, 300 ambulance attendance per 100,000 population for alcohol and 180 ambulance attendance per 10,000 for illicit drugs.[34]

360 Edge note in their report 'Shaping the future alcohol and other drug responses in Eastern Melbourne'[35] that compared to the Victorian average there are specific LGAs within the catchment with higher rates of harm:

- Mitchell has higher alcohol related assaults, arrests for drug offences and incidences of domestic and family violence
- Maroondah has higher rates of alcohol related hospitalisations, alcohol related ambulance attendances and illicit drug related deaths
- Murrindindi has a higher rate of domestic and family violence and alcohol-related assaults
- Knox has a higher rate of alcohol related hospitalisations and a higher rate of drug related offences
- Whitehorse has a higher rate of alcohol related hospitalisations and alcohol related mortality
- Boroondara has a higher rate of alcohol related hospitalisations.

Suicide Prevention

Suicide is an important public health priority. Data from the Australian Bureau of Statistics reveals suicide is the leading cause of death for Australians aged 15 to 44 years, and more than 3,000 people died by suicide in 2017 (12.6 deaths per 100,000 persons).[36] Men are more likely to die by suicide than women, and Aboriginal and Torres Strait Islander people are twice as likely to die by suicide than non-Indigenous Australians.[37] Suicide prevention has been a state and national priority for some time, with investments across health and other portfolios. Suicide prevention is a priority in the Fifth National Mental Health and Suicide Prevention Plan.[38] Reduction in the incidence of suicide was also included as one of the actions in Victoria's 10 Year Mental Health Plan.[39]

Suicide is also a highly complex phenomenon. As noted by the World Health Organization:

> "Social, psychological, cultural and many other factors can interact to increase the risk of suicidal behaviour, but the stigma attached to suicide means that many people who are in need of help feel unable to seek it."[40]

EMPHN has conducted two place based suicide prevention trials in partnership with the Victorian Department of Health and Human Services in the local government areas of Maroondah and Whittlesea. While the focus has been on younger people who die from suicide, it is also a problem in old age with men over the age of 85 years having the highest suicide rate of any age group.[41] This work has provided important insights into suicide.

The Service System

Understanding the capacity and constraints of the service systems in the region is critical to ensuring regional planning enacts national and state government policy in a way that is responsive to local needs.

Recognising the different needs and expectations of diverse communities is a complex matter and requires agility and innovation in service responses.

Consistent with the stepped care approach, the regional service system includes community, primary, secondary and acute care. These services are delivered by multiple providers in a range of settings, including general practice, hospital inpatient units and emergency departments, and community organisations.

The number of providers working in the system is extensive. In the EMPHN region this includes five LHNs, multiple community health centres, over thirty non-government organisations (NGOs) and many broader social and community services and programs supporting people with mental ill health or alcohol and other drug issues.

Schools and Aboriginal Community Controlled Health Organisations (ACCHOs) are important locations for the delivery of services to young people and Aboriginal communities respectively.

The private healthcare sector is also a significant part of the service system including over 380 general practices, numerous allied healthcare providers, private hospitals and pharmacies.

The service system delivers a broad range of services, including: advocacy, prevention and brief intervention services, psychological interventions, acute treatment, care coordination and psycho-social support and rehabilitation services.

Health and community services are under sustained pressure to meet the mental health needs of the community. Particular pressure points include access to mental health beds and providing timely and quality care for people with mental illness and/or drug and alcohol problems who present to emergency departments.

The complexity of the sector has been further compounded by the introduction of the National Disability Insurance Scheme. This significant policy shift to consumer directed care represents a fundamental change in the way services are delivered across the region. It has required providers to transform business models, review workforce capability, market their value and ensure consumer engagement mechanisms respond to consumer choice and control. In parallel, reconfiguring organisational systems to align and comply with NDIS requirements, processes and systems is essential.

As part of the implementation of the NDIS, additional responses from state and commonwealth governments have been required to fill specific identified gaps. Commissioning of psychosocial services has been undertaken by PHNs and LHNs with these measures needing to work together to ensure the system is not further fragmented as an unintended consequence.

Service mapping

In 2017, EMPHN engaged ConNetica to undertake a service mapping project.[42] The output of this significant piece of work was Eastern Melbourne PHN Integrated mental Health and AOD Service Atlas (east and north-east Melbourne) containing an inventory of the services addressing mental health, and alcohol and other drug issues across the region. The Atlas utilises a standard classification system, the Description and Evaluation of Services and Directories in Europe for Long-Term Care (DESDE-LTC) model.

"The application of this international evidence based classification tool, and supporting methodology, enables fair comparisons with other regions both within Australia and internationally providing a sound basis for long term service planning, advancing efforts towards integrated care and improved outcomes for service users."[43]

The service mapping process contained five steps: governance, data collection, codification, mapping and analysis. The broad range of providers across the region were invited to participate in the process with over 40 interviews conducted.

The Atlas provided a baseline of services available in the EMPHN catchment and provided significant information to support regional planning to best meet the needs of consumers and carers in the region.

Service system information

The EMPHN Needs Assessment 2018 identified specific service system information relevant to the support and treatment of people with mental health problems and mental illness. For example:

- General practice provides most of the mental health care delivered in our community. Information relating to mental health services provided by GPs is available through an independently-managed data collection system, known as POLAR.[44] EMPHN analyses this information to understand GP service utilisation across the catchment area.
- Demand for services to meet the needs of the community is high across the service spectrum.
- Hospital mental health services are under increasing pressure with growing numbers of people presenting to emergency departments with mental illness-related problems. Many services have very high occupancy levels. The consequence has been shorter length of stay and greater throughput.
- There is a high need for accessible community-based services.
- While NDIS is a valuable initiative for people with a psychosocial disability, it is not a mental health recovery system.
- Continuity of care for people with severe and persistent mental health problems who are not eligible for the NDIS is critical.
- There is a gap between the primary mental health care provided by headspace and tertiary child youth and family mental health services, leaving youth with significant mental health problems underserved.
- Aboriginal and Torres Strait Islander peoples often have difficulty accessing suitable services – ACCHOs are the preferred provider of services for many Indigenous people.
- Older people need specific services, able to be provided in the home, the community and residential aged care facilities.

The EMPHN Needs Assessment also identified specific service system information pertaining to alcohol and other drugs. Some examples include:

- Alcohol and other drugs are significant contributors to use of hospital-related resources.
- A broad range of specialised services are available to manage alcohol-related problems, however access to these is often not timely. As a result, the burden of management of alcohol-related problems often falls upon general practice.
- There is a need for improved service coordination between mental health and alcohol and drug services to capitalise on treatment opportunities and reduce breakdowns in continuity of care.
- Better access to addiction specialists and credentialed mental health nurses with capability and interest in alcohol and other drugs is needed.

Stepped Care

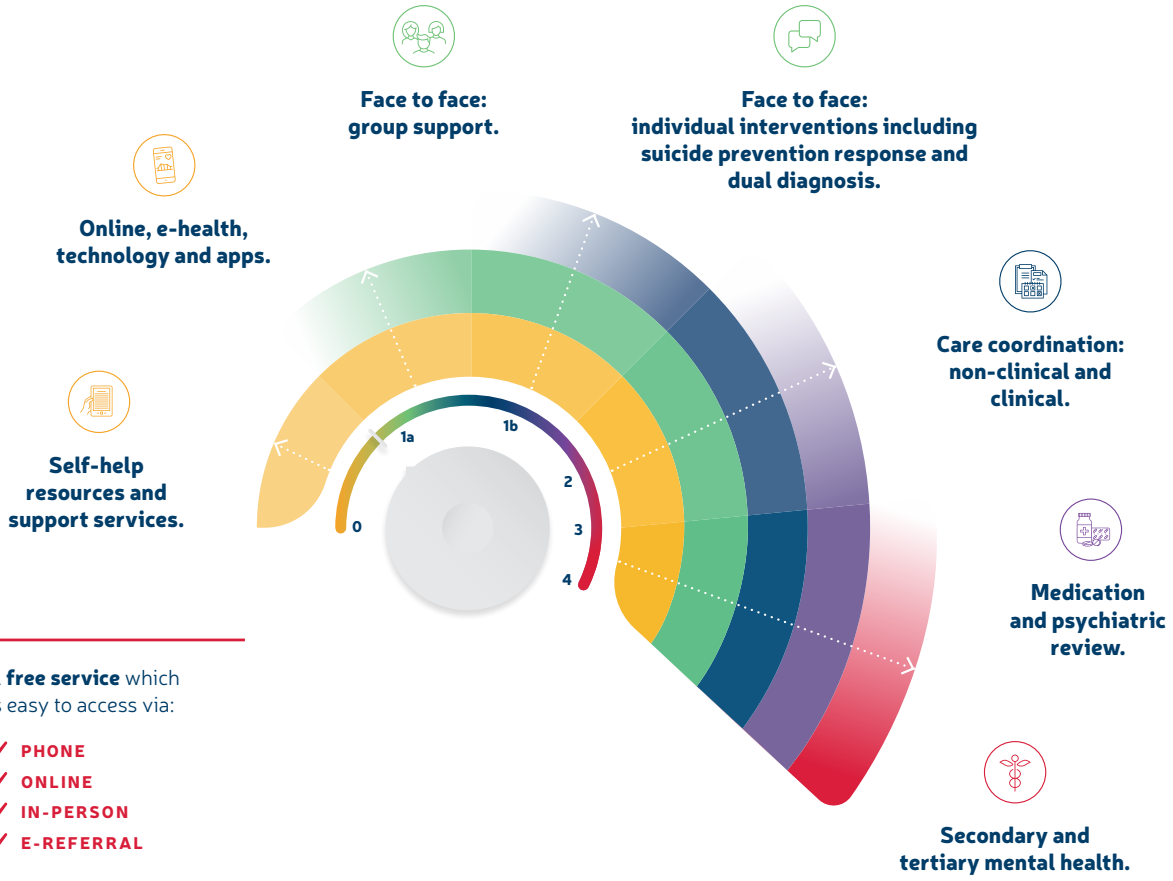
In 2018, EMPHN introduced mental health stepped care to the region. The model was developed following an extensive co-design process undertaken during the previous two years and is aligned to national health reform across the country.

The model:

- utilises the strengths of local service providers to meet the mental health needs of people in our catchment
- provides mental health services across the continuum of need, for people requiring low intensity support to higher levels of support
- has an emphasis on recovery, is person-centred and integrated with other services such as education and employment, family and social functioning, and physical health among others
- facilitates collaboration with the person's significant others and members of the person's care team to deliver the best possible care
- aims to reduce the stigma associated with having a mental health issue
- uses allied health professionals, psychologists, mental health nurses and peer workers, as well as eHealth technology.

This significant change to the way services are being delivered in the region has been progressively transitioned through a three-phased approach. The model of care is shown in Figure 4.

Figure 4. EMPHN Mental Health Stepped Care Model



A **free service** which is easy to access via:

- ✓ PHONE
- ✓ ONLINE
- ✓ IN-PERSON
- ✓ E-REFERRAL

The **Clinical Staging** ensures care is tailored to address the consumer's **current needs**.

Addressing **the whole of person needs**, including housing, employment, education, physical, social and emotional health.

A **Collaborative Care Plan** keeps the consumer and their carer at the centre of care and keeps the team connected and informed.

Regular reviews ensure the Collaborative Care Plan is matched to consumers changing needs.

An integrated treatment service for consumers with mental health issues that considers the needs of the whole person.

As needs change, so does access to appropriate services.

Supporting Workforce:

- People with lived experience /peer support workers
- Mental health clinicians (counsellors, psychologists, mental health nurses, social workers, occupational therapists)
- General Practitioners
- Practice Nurses and Psychiatrists

0 Non-help seeking asymptomatic people with risk factors.

1a Help-seeking people with presenting symptoms that are distressing but non-specific, low to moderate intensity limited impact on functioning.

1b People with attenuated signs and symptoms of severe mental disorders with moderate to severe functional impacts.

2 People with discrete first episode signs and symptoms and major functional impacts.

3 People with recurrent or persistent signs and symptoms and ongoing severe functional impacts.

4 People with signs and symptoms that are severe, persistent and unremitting.

The Plan

The Regional Integrated Mental Health, Alcohol and Other Drugs, and Suicide Prevention Plan has been developed to guide and support ongoing efforts to improve experiences and outcomes for people with mental illness and/or alcohol and other drug issues through greater integration and collaboration across all elements of the service system.

Although the region is fortunate in the range of health and social supports available, these could be better coordinated and integrated at a systems level. The Plan focuses on regional level systems reform to strategically transform the mental health and alcohol and other drug treatment service sectors.

The Eastern Melbourne Primary Health Care Collaborative (EMPHCC) was the governance group responsible for oversight of The Plan development. EMPHCC is a region-wide platform of service providers and organisations focused on primary health care system collaboration to improve health outcomes for people in eastern Melbourne. The EMPHN CEO was the executive sponsor.

This plan represents the first time in this region that mental health, alcohol and other drugs, and suicide prevention services have come together with consumers, carers and people with lived experience to improve outcomes through the lens of integration.

Building upon important work previously and currently being undertaken by service providers in conjunction with consumers and carers, this plan has been developed based on a systematic, whole-of-region approach. It has brought together stakeholders to develop goals and pieces of work that will collectively contribute to greater integration and joined up care over the next five years. Many stakeholders have taken on leadership roles to progress identified actions.

This significant achievement, occurring during a period of change and reform, highlights the commitment and enthusiasm of this region to embrace complexity, ambiguity and hard work in order to deliver better outcomes for consumers and carers.

The Plan has been informed by EMPHN Needs Assessment data, EMPHN Integrated Mental Health and AOD Atlas, commonwealth and state government policy directions, local government plans, commonwealth guidance material, evidence-based best practice approaches and an extensive engagement, consultation and co-design process across the region. Throughout the 12 month process, the needs and voices of consumers and carers have remained central in identification and prioritisation of activities to be included in The Plan.

Definitions

A common understanding of **integration** was identified as critical to future efforts to increase coordination and integration.

The following definition of integrated care developed by the Victorian Clinical Council of Safer Care Victoria was agreed:

Person-centred care that crosses the boundaries between primary, community, acute health and social care and where the right care is delivered at the right place at the right time.[45]

In terms of person-centred care, the following definition, developed by consumers of Banyule Community Health applies:

A **person-centred care** approach acknowledges that no two people are the same and their unique circumstances matter. A person-centred care approach recognises the capacity of individuals, their family and their community as active players in their health solution. It also acknowledges a person beyond their health presentation and includes holistic issues such as safety, income, connection, education and culture. A person-centred care approach challenges health professionals to think beyond their expertise and to embrace the clients' goals, their capacity and their focus.

For the purpose of this plan, the World Health Organization (WHO) definition of mental health and the Australian Mental Health Commission definition of mental illness are used.

Mental health is defined as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.[46]

Mental illness is defined as disturbances of mood or thought that can affect behaviour and distress the person or those around them so the person has difficulties in daily life functioning. They include a range of illness such as the more common anxiety disorders and depression to the less common schizophrenia.[47]

The National Mental Health Commission defines **'people with a lived experience'** as people experiencing mental health difficulties, their families and support people. This definition has been adopted for use in The Plan.

Stakeholder Consultation

Stakeholder engagement and consultation involved a multi-faceted approach with the intention of giving a voice to as many people and organisations as possible.

The range of engagement mechanisms comprised:

- A Regional Forum: hosted by EMPHCC, the aim of the forum was to build the sector's capacity to achieve service system integration. Principles, areas of focus and actions for The Plan were discussed
- Face-to-face consultations: face-to-face consultations were held with the CEOs and relevant executives of each of the six LHNs in the region and large mental health Non-government organisations (NGOs)
- Targeted consultations: face-to-face and teleconferences were held with specific organisations including ACCHOs, peak bodies and DHHS
- Focus groups: targeted focus groups were held with consumer and carers, community health centres, local government and general practice
- Practice visits and teleconferences: consultation with GPs
- Sub-regional networks and governance groups: consultation occurred with multiple groups including EMPHN Clinical and Community Councils, Eastern Mental Health Service Coordination Alliance (EMHSCA), Local Government Human Services Directors Group and Better Health North East Melbourne
- Existing co-design processes: to avoid duplication, existing workshops were leveraged including those for the EMPHN suicide prevention regional strategy development, the Older Person's Rapid Improvement Workshop and the re-design of EMPHN's alcohol and other drugs treatment model of care
- Targeted working groups: held to refine goals and actions for specific areas of focus. Cross section of representatives in attendance
- Discussion Paper: dissemination of discussion paper seeking feedback on key areas of plan including principles, definitions and areas of focus and provision of progress report
- Websites – Connecting People Our Plan and EMPHN: used to provide information on the process and progress of plan development and seek ongoing input and feedback.

A broad range of stakeholders were engaged throughout this consultation process including:

- Consumer representatives
- Carer representatives
- Aboriginal community controlled organisations and Aboriginal community controlled health organisations
- EMPHN
- LHNs
- General practice and private providers
- NGOs
- Community health centres
- Local government
- Academic institutions
- NDIS providers
- Peak bodies
- Victorian Department of Health and Human Services (Central and Regional)
- National Disability Insurance Agency.

For a full list of participating stakeholders refer to Attachment 1.

Principles

Nine principles underpin both the development and implementation of The Plan. These principles were identified during the initial consultation phase and were subsequently endorsed by key stakeholders including LHNs, NGOs, community health, and consumers and carers.

The principles are:

1. Understand and acknowledge unique individuals within their context
2. Respect, listen and hear
3. Partner with greater transparency, trust, effective communication and shared accountability
4. Provide a whole of person approach to care based on social determinants
5. Be responsive to individuals, their families and carers to best meet their needs and be open to new ways of working
6. Promote equitable and inclusive access
7. Simplify, coordinate and integrate care
8. Deliver evidence-informed interventions that are data driven, high quality and safe
9. Support a skilled, capable and diverse workforce.

Areas of Focus

Throughout the consultation process, stakeholders recognised that in order to achieve maximum impact for the region, it was necessary to target effort and resources to a realistic number of focus areas.

Although, many gaps and opportunities were highlighted, these were prioritised in The Plan based on the highest need and the greatest opportunity within the current service system to realise positive change. Consequently, the areas of focus are reflective of the priorities and opportunities at a point in time and future iterations of The Plan may work to address other priority areas.

Following the initial consultation, 10 areas of focus were endorsed through broader governance and consultation processes. Some relate to particular cohorts within our communities, such as young people or older people or those who identify as Aboriginal or Torres Strait Islander, some relate to areas for intervention such as mental illness or drug and alcohol services, and some relate to the governance and management of services such as information management. In addition, some areas of focus were identified through the Fifth Plan.

The areas of focus and their corresponding actions provide opportunities for substantive reform while acknowledging that some fundamental foundational work is also necessary.

Each of the 10 areas of focus has a chapter in this plan detailing specific goals and actions to be undertaken over the next five-year period. A lead organisation is identified for each action. Additional information regarding timelines, performance indicators and other agency involvement is included in Attachment 4.

The actions identified under each area of focus build on existing activity in the region and leverage the strengths and opportunities in the system and the commitment and expertise of people with a lived experience and other stakeholders involved.

Agreed areas of focus are:

1. Improving outcomes for young people
2. Improving pathways of care for people with alcohol and other drug issues
3. Better meeting the needs of people with severe mental illness with complex needs
4. Improving physical health outcomes for people with severe mental illness
5. Enhancing our mental health response for older people
6. Suicide prevention
7. Improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander communities
8. Increasing support for general practice
9. The role of quality and safety and clinical governance in complex integrated care
10. Information management and data sharing

Our Priorities For Action

This section outlines the agreed set of goals and actions that correspond to the 10 areas of focus.

The goals are intended to guide both current and future initiatives to improve service integration and collaboration and a basis for addressing gaps across the region. It is therefore envisaged that the goals will remain constant for future regional planning processes. It is also envisaged that the goals will inform and be linked to other collaborative planning processes and activities beyond those aimed at integration, to ensure a comprehensive and consistent approach to all levels of regional mental health, alcohol and other drugs and suicide prevention planning across the region.

In contrast, the actions identified here reflect current conditions and will need to be reviewed regularly over the five-year period of The Plan. Many of the actions identified are intended for region-wide implementation now or in the near future, while others will be trialled and evaluated in specific areas, before being scaled-up across the region. A commitment to evaluating actions trialled in specific areas for expansion and scalability across the region will be prioritised as ultimately, all actions in The Plan are intended for systematic inclusion across the entire region.

The Plan identifies areas for action over the five-year period as well as providing a platform for ongoing strengthening and consolidation of needs based service planning into the future.

FOCUS AREA 1

Improving outcomes for young people

Mental health and alcohol and other drugs are significant health issues for young people. It is estimated that one in seven children aged four to 17 years, increasing up to one in four between 18 – 25 will experience a mental health disorder before they reach adulthood.[48]

Most severe mental health and substance abuse problems start before the age of 25. Also of concern, suicide accounts for approximately 20% of all deaths of young people aged 15 to 24 years.[49]

Mental health problems can affect young people from all parts of our community. However, it is also recognised that certain family and social factors increase the risk of mental disorders. Such factors include having a parent with a mental illness, substance misuse, or experiencing bullying, trauma or domestic violence. Young people who have experienced out of home care, or who have been in contact with youth justice services are also more likely to experience mental health problems.

Adolescence is a critical period of development, involving changes and challenges that may require specific support. In order to address age-specific issues, services need to be accessible and appropriate for this specific age cohort. The introduction of headspace services has been an important advance for those aged 12 to 25 years, and provides a youth-friendly setting addressing a range of social and health issues. However, the EMPHN Needs Assessment identified a gap between the primary mental health care provided by headspace and tertiary mental health services, resulting in youth with more significant mental health problems being underserved.

The introduction of school-based programs has also been important, with increased access to primary healthcare practitioners and counsellors who can identify emerging problems and work in partnership with health services. A good example is the Doctors in Secondary Schools Initiative, which provides a preventative approach and complements existing student wellbeing programs. These additional initiatives require a coordination of effort to maximise their effectiveness as part of a systems response to improve youth mental health.

20%

Suicide accounts for approximately 20% of all deaths of young people aged 15 to 24 years.

Consultation Process

Broad based consultation undertaken across the region identified specific local issues affecting young people. The first related to the need for greater access to the full range of services across the stepped care continuum.

Youth-friendly primary care services and hubs with linkages and referral pathways to other elements of the service sector, particularly acute care and specialist services, are vital. This was identified in multiple localities across the region and has been the focus of advocacy efforts for some time. Addressing the issue of high demand for services and resulting waiting lists was considered critical in this context.

The issue of what is commonly described as the 'missing middle' was also raised. This relates to the need for an increased system response for young people who are too unwell to receive services within the primary care sector but not acutely unwell as to be eligible for child and youth mental health services. This issue has been partly addressed through the commissioning of youth enhanced services through PHNs however it is continuing to be identified as a significant service system gap for young people with complex mental health problems.

The second key issue raised was the opportunity to improve integrated governance to achieve greater coordination and simplification of the youth service system. Stakeholders reported the need for a more coordinated and strategic approach to guide service delivery and investments by Commonwealth and State governments and other stakeholders.

Goals

1. Enhanced systems level planning to ensure a more strategic and coordinated approach to improving outcomes for young people.
2. Improved access and care coordination to the full spectrum of services and supports across the continuum of stepped care for young people.
3. Increased coordination of suicide postvention responses.

Actions

The following actions collectively address the identified needs of regional governance, equitable, timely and inclusive access, and service coordination. Strengthening planning to inform future investment, and developing new models of care, are critical to reforming the system to better meet the needs of young people in the region.

GOAL	ACTION	LEAD AGENCY
Enhanced systems level planning to ensure a more strategic and coordinated approach to improving outcomes for young people.	1. Develop a youth mental health strategy addressing service gaps, models of care and workforce development.	EMPHN and LHNs
	2. Implementation of a senior taskforce to guide innovative service delivery planning, coordination and investment in the Whittlesea catchment.	Northern Health
Improved access and care coordination to the full spectrum of services and supports across the continuum of stepped care for young people.	3. Develop a business case for the delivery of a comprehensive, innovative stepped care model for young people aged 12–25 in the Eastern corridor of the EMPHN catchment, including consideration of new funding models. Seek funding to implement the model as opportunities arise.	Eastern Health
	4. Establish and pilot an integrated youth health hub in Lilydale as a first point of entry to a range of integrated services and supports across the stepped care continuum with the intent to replicate the model across the region.	EMPHN
	5. Continue to build and develop the network of headspace centres across the region utilising collaborative partnerships and integrated service delivery arrangements.	EACH, Mind Australia, Access Health and Community and EMPHN
	6. Establish and integrate headspace satellite sites in the Whittlesea and Lilydale areas with a focus on improving timely access and improving coordination of pathways of care for young people.	Mind Australia and EACH
	7. Develop and implement strategies to address demand management/wait times for service for young people with mental health needs in the catchment	EMPHN
Increased coordination of suicide postvention responses.	8. Develop and implement youth suicide postvention protocols for the Eastern and North Eastern parts of the region.	Eastern Health and EMPHN

FOCUS AREA 2

Improving pathways of care for people with alcohol and other drug issues

The use of alcohol and other drugs in Australia is a significant issue and is a substantial cost to the community. According to the National Drug Strategy 2016-2026 the impacts can include health, social and economic harms both direct and indirect.[50]

The most common drugs used in Australia are alcohol and tobacco with nearly one in five people drinking at levels causing increased risk of harm over a lifetime.[51] AIHW observes, "The consumption of alcohol, tobacco and other drugs is a major cause of preventable diseases in Australia."[52]

Alcohol & tobacco

are the most common drugs used in Australia with nearly **one in five** people drinking at levels causing increased risk of harm over a lifetime.

Alcohol and other drugs are included in this plan due to the significant correlation between misuse of these substances and mental illness. This approach aligns with the National Drug Strategy 2016-2027, which identifies people with co-morbid mental health conditions as a specific area of focus. It states that:

"Given the strong relationship between mental health and alcohol, tobacco and other drugs, it is imperative to improve the collaboration and coordination between services to ensure that the most appropriate treatment and supports is being made available to the individual."[53]

The EMPHN 2018 Needs Assessment indicates that "One in seven people...drink to levels that increase lifetime risk of alcohol related harm [and] one in three people exceed the single occasion risk guidelines."[54] The EMPHN Needs Assessment also identifies that in 2016, 13.7% of people in the catchment aged 14 years or older had recently used an illicit drug.[55]

The region has a highly developed network of services that address alcohol and other drug issues including:

- GP clinics
- Specialist providers of pharmacotherapies
- Needle and syringe providers
- Intake and assessment services
- Outpatient counselling services
- Care and recovery and non-residential withdrawal services
- Residential services.

A significant amount of LHN resources, including hospitalisations, ambulance use and emergency department presentations, are also directed to providing care to patients for which alcohol and/or drug misuse are either the primary presenting problem or secondary problem.

It is recognised that mental health services do not respond adequately to the drug and alcohol treatment needs of those with complex presentations, and that alcohol and other drug treatment service system are likewise often ill-equipped to intervene when a consumer also has a significant mental illness.

As such, further integration and collaboration within the sector and between sectors is critical in order to lessen the barriers to access, and improve treatment and support outcomes for people with alcohol and other drug issues and those affected by their misuse of substances.

Consultation Process

An existing consultation process (Co-design to identify alcohol and other drugs service opportunities in the EMPHN Catchment) undertaken by 360Edge, was used to identify and develop key goals and actions for inclusion in The Plan in order to ensure efficiency, alignment and coordination of regional processes. The consultation commenced in mid-2018 to inform alcohol and other drug service planning in the region with a focus on complementing and enhancing existing local services and avoiding duplication.

There were four intended outcomes in relation to enhancing integration of alcohol and other drug treatment services:

- Improved health outcomes for consumers
- Improved consumer experience
- Enhanced practitioner experience and satisfaction
- Increased system efficiency.

A discussion paper was disseminated that offered a detailed understanding of the current state of alcohol and other drug service system and an analysis of issues, needs and service gaps in the EMPHN catchment.[56] This document formed the basis for a series of workshops held with key stakeholders including:

- Consumer and carer representatives
- Aboriginal and Torres Strait Islander health services
- Specialist alcohol and other drug treatment services
- NGOs
- LHNs
- Private hospitals
- General practice
- Community health centres
- Peak bodies
- Local and state government.

Following the workshop series, a document was developed summarising key outputs and identifying six key themes to progress the work. These were: whole of person care; integration and access; the needs of families and carers; workforce development; consumers, peers and family involvement in service planning and implementation; and evaluation and outcome monitoring. A region-wide co-design workshop was then held with stakeholders to develop goals and actions to be included in this plan.

Goals

1. Improved service treatment outcomes through co-location and shared care arrangements.
2. Improved access to treatment services for people from culturally and linguistically diverse and marginalised groups.
3. Improved communication and information sharing between service providers and with consumers and carers.
4. Enhanced ease of navigation across the service system for consumers and carers.

Actions

The following actions represent a collaborative, systems-level approach to improving integration and access to treatment for people with drug and alcohol issues and their families and carers. Supported by a skilled, capable and diverse workforce pilot projects will not only be delivered, but also evaluated to identify applicability and scalability across the region.

GOAL	ACTION	LEAD AGENCY
Improved service treatment outcomes through co-location and shared care arrangements	9. Develop a regional model of care to better respond to and manage comorbidity or dual presentation of mental health and alcohol and other drug issues.	EACH
	10. Provide a coordinated response for people with complex alcohol and other drug issues who present at an emergency department. Disseminate learnings to support regional application.	Austin Health and Banyule Community Health
	11. With the aim of developing a region-wide approach, pilot and evaluate a post withdrawal day rehabilitation model (Recovery and Support Program, RaSP) for people with chronic and complex mental illness and harmful substance use.	Banyule Community Health
	12. Enhance primary care capacity for alcohol and other drugs prevention and early intervention, and integration and linkage with specialist services.	Victorian and Tasmanian Primary Health Network Alliance and DHHS
	13. Develop strategies and processes to support co-commissioning by PHNs and DHHS for better results.	Victorian and Tasmanian Primary Health Network Alliance and DHHS
Improved access to treatment for people from culturally and linguistically diverse and marginalised groups	14. Improve awareness of and access to drug and alcohol counselling for people of diverse cultural and linguistic backgrounds through co-location of counselling services at locations that meet client needs.	Migrant Information Centre
	15. Provide information and support to pharmacists to promote the reduction of adverse impacts of intravenous drug use through opiate antagonists.	Carrington Community Health
	16. Map specialist referral pathways between primary care and specialist alcohol and other drug services, and maximise strategies to enhance linked service responses	Victorian and Tasmanian Primary Health Network Alliance and DHHS

GOAL	ACTION	LEAD AGENCY
Improved communication and information sharing between service providers and with consumers and carers.	17. Build regional knowledge and understanding of relevant legislation (such as privacy) in order to improve engagement with families and carers.	Turning Point
	18. Coordination of the North East Dual Diagnosis Youth Network to provide a multi-agency and multi-disciplinary network focussed on clinical case review, capacity building and professional development.	St Vincent's Hospital (Nexus)
	19. Operation of the Eastern Metropolitan Region Dual Diagnosis Consumer and Carer Advisory Council and Dual Diagnosis Working Group.	Eastern Health
Enhanced ease of navigation across the service system for consumers and carers.	20. Explore the opportunity to create a shared intake process across state and commonwealth funded programs.	EMPHN
	21. Develop and document appropriate referral pathways across the region. (HealthPathways).	EMPHN

FOCUS AREA 3

Better meeting the needs of people with severe mental illness with complex needs

It is estimated that over 3% of the Australian population has a severe mental illness.

The National Mental Health Commission Review 2014 reports that 2% of the population experience severe episodic mental illness, 1% of the population experience severe persistent mental illness and 0.45% of the population experience severe and persistent illness with complex multi-agency needs.[57]

From these figures, we estimate that the EMPHN region is home to 30,000 people with severe episodic mental illness, 15,000 people with severe persistent mental illness and 6,700 people with severe and persistent mental illness with complex needs, requiring a multi-service and agency response.

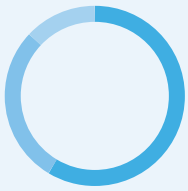
Living with severe mental illness can have a significant impact on a person's life and that of their families, carers and friends. This can include problems with employment, social isolation and poor physical health.[58] The average life expectancy of people with psychosis is estimated to be between 14 and 23 years shorter than the general population.[59]

Coordinating treatment and supports for people with severe and complex mental illness has been identified at a national level as one of the eight priorities of the Fifth National Mental Health and Suicide Prevention Plan (2017).[60] This plan recognises that:

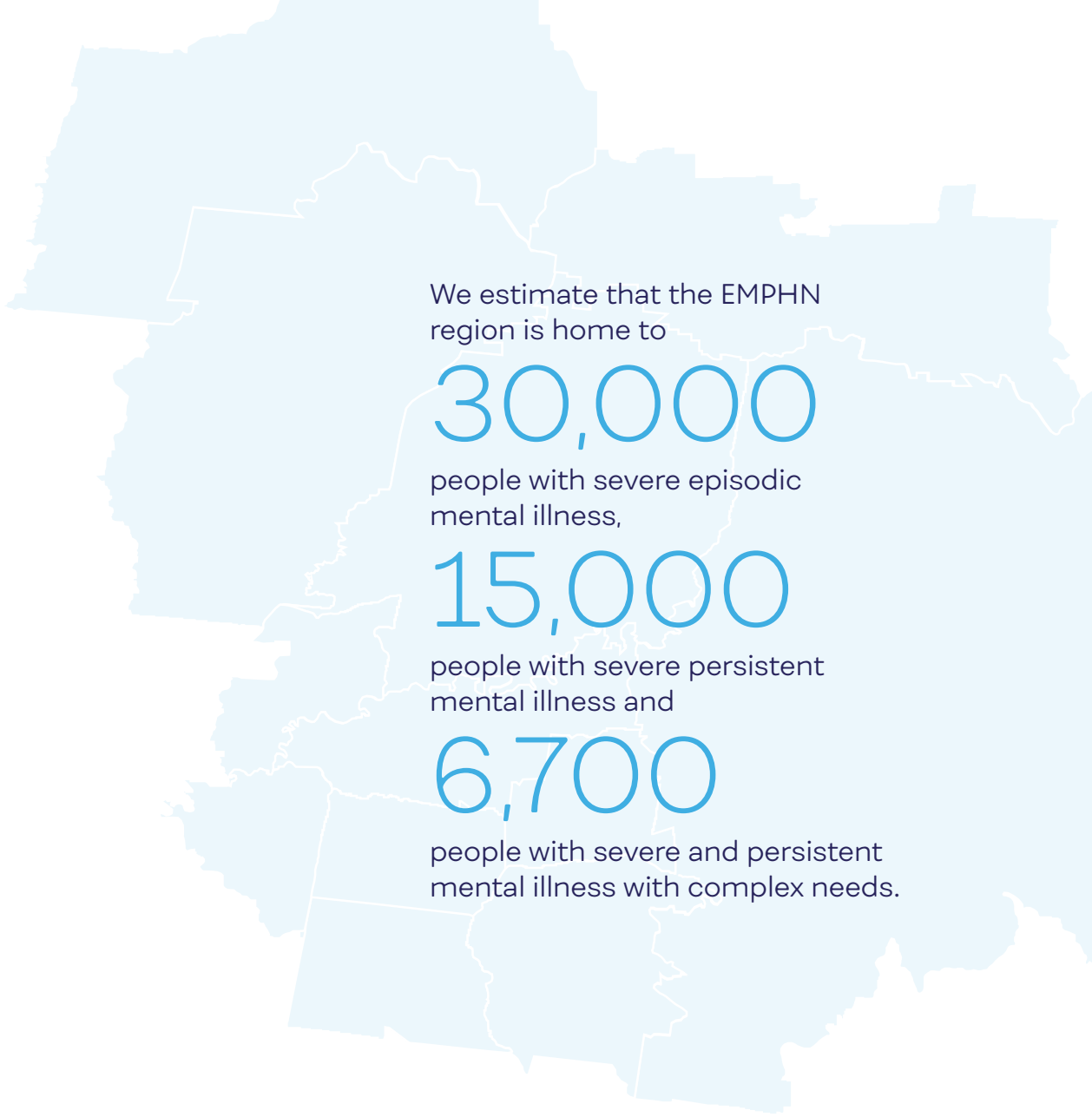
- The needs of this cohort are diverse
- The supports required will vary over time
- The needs of this group are often not met due to a range of factors including a fractured, complex and uncoordinated service system that is difficult for consumers and carers to navigate.

Over 3%

of the Australian population has a severe mental illness



- 2% of the population experience severe episodic mental illness
- 1% of the population experience severe persistent mental illness
- 0.45% of the population experience severe and persistent illness with complex multi-agency needs.



We estimate that the EMPHN region is home to

30,000

people with severe episodic mental illness,

15,000

people with severe persistent mental illness and

6,700

people with severe and persistent mental illness with complex needs.

Consultation Process

A broad consultation process was undertaken that included engagement across community, primary, secondary and tertiary care to inform development of an action plan to address the needs of people with severe mental illness with complex needs. A working group was initiated to further refine and expand the program of work identified in individual consultations and group forums. The working group was comprised of:

- Consumer representatives
- LHNs
- NGOs
- Community health centres
- EMPHN.

The consultation validated the issues of concern highlighted in the Fifth National Mental Health and Suicide Prevention plan, as outlined above. Stakeholders indicated the critical importance of people with severe mental illness with complex needs having easy access to a responsive, simplified and individualised service system (including all elements of care). In addition, consultations identified that more integrated care is required, enhancing linkages and pathways across mental and physical health and social service sectors, including a focus on building the capacity of the workforce.

Definition

The consultation process identified the need for a definition of severe mental Illness with complex needs in order to understand the identified cohort and guide the development of actions for The Plan.

The following definition emerged from the consultation, is based on the EMPHN Stepped Care Clinical Staging Model[61], and was agreed by working group members, including consumers and carers:

People with severe mental illness with complex needs include people with recurrent or persistent signs or symptoms with ongoing severe functional impact and/or people with signs and symptoms, which are severe, persistent and unremitting. It additionally incorporates the following five person-centred complexity factors:

1. Significant functional impairment
2. The presence of co-occurring disorders or health issues
3. Utilisation or need for multiple agency support
4. Past or present behaviour that is likely to present a risk to the person or others
5. Complicated experience as identified by the consumer.

Five goals were identified through the consultation and working group processes under which all activities are to be grouped.

Goals

1. Improved understanding of consumer experience of care in the region for the purpose of ensuring that care remains focussed on the needs of the consumer.
2. Utilisation of evidence informed interventions in order to reduce avoidable emergency and acute care presentations.
3. Improved access to mainstream social support services and activities to improve psychosocial wellbeing.
4. Improved timely communication and appropriate information sharing between service providers and with consumers and carers.
5. Improved physical health outcomes.

***Note** – there are no actions identified in this chapter for the final goal listed above, *Improved physical health outcomes*, as they are included in a separate chapter dedicated solely to this area of focus.

Actions

The following evidence informed actions will collectively improve outcomes for people with severe mental illness through greater coordination of treatment and support services within community settings. Developing new and innovative models of care that maintain a focus on the needs of the consumer will ensure interventions are tailored to meet the unique needs of each individual.

GOAL	ACTION	LEAD AGENCY
Improved understanding of consumer experience of care in the region for the purpose of ensuring that care remains focussed on the needs of the consumer.	22. Develop greater capability amongst the relevant workforce to respectfully receive feedback and action as appropriate across the region.	EMPHN – to be overseen by a Regional Plan Lived Experience Advisory Group.
Utilisation of evidence informed interventions in order to reduce avoidable emergency and acute care presentations.	23. Under the leadership of acute care, develop a model and the mechanisms to implement comprehensive secondary collaborative care plans that provide consumers at high risk of presentation and re-presentation to acute services with safe, quality and appropriate community support.	Austin Health
	24. Develop a regional panel to improve collective service delivery for people with severe mental illness with complex needs.	MIND Australia
Improved access to mainstream social support services and activities to improve psychosocial wellbeing.	25. Increase capability of the workforce to incorporate into practice a process to identify and support consumers who are socially isolated.	MIND Australia
	26. Develop a consumer led model utilising contemporary peer led workforce and volunteer system to implement practical and useful interventions.	Carrington healthAbility
	27. Improve pathways between homeless services and the health system.	Neami National and EACH
	28. Establish an effective psychosocial interface between the National Disability Insurance Agency, EMPHN and LHN funded psychosocial services in the region.	National Disability Insurance Agency, EMPHN and LHNs
Improved timely communication and appropriate information sharing between service providers and with consumers and carers.	29. Increase meaningful use of My Health Record for consumers.	EMPHN
	30. Promote referral, access and navigation pathways for consumers, carers and providers in the region via EMPHN's central intake.	EMPHN

FOCUS AREA 4

Improving physical health outcomes for people with severe mental illness

Although meeting the physical health needs of people experiencing mental ill health across the entire spectrum of acuity is important and widely acknowledged, this chapter places a particular emphasis on people with severe mental illness.

It is well recognised that people with severe mental illness, such as schizophrenia and bipolar affective disorder, have an excess mortality with life expectancy shortened by 15 to 30 years.[62] Furthermore, the gap in life expectancy between those with severe mental illness and the rest of the population is widening. Even more concerning, most of this gap is related to physical illness, and to risk factors that should be modifiable. The Mental and Physical Health Tracker[63] reveals that people with mental illness are more likely to have another chronic condition. For example, some 18% of the general population experience cardiovascular disease, while this figure is 27% in those with mental illness, and people with a mental illness are six times more likely to die from cardiovascular disease. Other areas of particular concern include chronic respiratory disease, metabolic illness such as diabetes, and poor oral health.

Studies have indicated that the contributing factors to this dire situation include lifestyle choices, inequitable access and utilisation of health care, and also substandard health care provision. That is, there is a confluence of consumer, provider and system factors that together result in poor physical health outcomes for people with severe mental illness.[64] Late diagnosis, limited investigation and poor treatment adherence all play a role. Other contributing factors are closely linked to the treatment of mental illness such as the side effects of some psychotropic medications, and the direct impacts of mental illness on factors such as exercise, income and nutrition.

Improving the physical health of this population group will depend on better access, coordination integration, and information sharing between different health and community service providers.

In Victoria, following the release by the National Mental Health Commission of the Equally Well Consensus Statement, the Government produced *Equally Well in Victoria* for specialist mental health services.[65]

The Equally Well framework emphasises the importance of engagement between clinician and consumer and encourages greater consideration of mental and emotional factors alongside physical health needs. It includes endorsement by Victoria's peak mental health consumer and carer organisations – the Victorian Mental Illness Awareness Council (VMIAC) and Tandem.

The goals and actions contained in this chapter have taken into consideration these two policy documents.

18% of the general population experience cardiovascular disease, while this figure is

27%

in those with mental illness

Consultation Process

A broad consultation process was undertaken that included engagement across community, primary, secondary and tertiary care to inform the development of an action plan to address the needs of people with severe mental illness with complex needs. Improving the physical health outcomes of this cohort of people was identified as a key objective through this process. A workshop was held to identify key actions to address this objective with representatives from LHNs, community health centres and EMPHN in attendance.

Improving the physical heath of people living with mental illness and reducing early mortality has also been identified as a priority in the Fifth National Mental Health and Suicide Prevention Plan. The consultation for this plan validated the issues of concern outlined in that document, indicating the critical importance of people with severe mental illness having access to a responsive, simplified and assertive general health system (including all elements of care). The consultation process identified the need for pathways of care to better screen, educate, refer and intervene to address physical health problems. Stakeholders reported the need to focus on building the capacity of the workforce to recognise and address physical health issues and enhance linkages between the health, mental health and social service sectors.

The following four goals were subsequently agreed to and finalised following review by consumer representatives of the Partners in Recovery Advisory Group.

Goals

1. Improved earlier identification of physical health conditions for consumers with severe mental illness.
2. Improve pathways of care to facilitate access to appropriate primary healthcare services for people with chronic conditions.
3. Facilitate increased access to public dental services.
4. Improve general practice nursing workforce capability to manage the physical health needs of people with a severe mental illness.

Actions

To improve the longstanding deficit in the physical health outcomes of people with severe mental illness, the following actions will significantly improve the capability of the mental health workforce to identify, refer and treat chronic conditions. Utilising a whole of person approach to care provides an opportunity to transform our service response at a regional level.

GOAL	ACTION	LEAD AGENCY
Improved earlier identification of physical health conditions for consumers with severe mental illness.	31. With the aim of developing a consistent region-wide approach, disseminate physical health screening tools currently being utilised across the region.	EACH
	Review uptake and utilisation of variety of screening tools to inform the development and implementation of approach.	EMPHN
	32. Develop a model of systematised screening, referral and treatment to better ensure early identification of physical health issues through	
	a) colocation of a primary care practitioner (practice nurse, dietician or GP) in a community area mental health service clinic and	Eastern Health and Carrington Health
	b) streamlined access to primary care services for consumers discharged from acute settings.	Austin Health
Improve pathways of care to facilitate access to appropriate primary healthcare services for people with chronic conditions.	33. Facilitate increased access across the region for consumers of an area mental health service to targeted chronic disease programs building on existing services and frameworks.	Carrington Health
	34. Build capability of providers to support consumers with mental health problems to access immunisations, cancer screening and smoking cessation support	EMPHN
Facilitate increased access to public dental services.	35. Build on existing practice to facilitate increased access for area mental health service consumers to local public dental services.	Melbourne Health (Northern Area Mental Health Service)
Improve general practice nursing workforce capability to manage the physical health needs of people with a severe mental illness.	36. Build the understanding and competence of practice nurses in a number of general practices in relation to mental illness through education and support provided by an area mental health service senior nursing staff.	Austin Health
	Document process with a view to sharing with other LHNs to enable scaling across the entire catchment.	

FOCUS AREA 5

Enhancing our mental health response for older people

It is recognised that mental health and wellbeing are important in older age.[66] There are a number of risk factors for poor mental health in older people, including loneliness, reduced independence, disability, prior depression, chronic disease, bereavement and unhealthy lifestyles.[67]

Chronic disease is of particular concern with the growing rates of many conditions including musculoskeletal and cardiovascular diseases.

Older people may experience chronic or relapsing mental illness throughout their lifetime or significant stressors such as physical ill health or bereavement may initiate onset of poor mental health.[68] AIHW asserts that:

"Although the prevalence of mental health disorders tends to decrease with age, there are certain sub groups of the older population that are at higher risk. These groups include people in hospital, supported accommodation, people with dementia, and older carers." [69]

Depression is a particular concern, with males over 85 years still having the highest aged specific rate of suicide.[70]

Social isolation is a common issue affecting people with mental illness and this can become more acute with ageing. Currently 81% of our older people don't have daily contact with people outside their home and 37% do not have weekly contact.[71] Enhancing social connection for older people through day programs and relevant social activities is a powerful means of prevention of the emergence, or exacerbation of, some mental health disorders.[72] Maintaining independence by assistance in mobility, household activities and structural changes to the home is important. Utilising existing programs, supports and infrastructure is critical to building sustainable social connection mechanisms. Local government have been identified as particularly relevant for this.

Currently

81%

of our older people don't have daily contact with people outside their home

A range of issues such as ageism, stoicism, stigma, comorbidities, dementia and endocrine disorders can result in mental illness being missed or undertreated. Developing systems to enable our workforce, consumers and carers to better identify older people at risk of mental health disorders and encourage access to treatment and support services was identified as important during the initial consultation phase.

It is also critical to screen for co-occurring alcohol and other drug issues given older people identify as a particular risk group and that the "impacts that older adults with a dual diagnosis are likely to experience will be different from those that young people do".[73]

In the EMPHN catchment, as per the national trend, there is a significant rise in the median age of the population. According to the EMPHN Needs Assessment, over the 15 years from 2016 to 2031, it is estimated that the total size of the population will increase, and that the percentage of people aged over 65 years will increase from 14% to 20%. This demographic shift places yet more importance on ensuring that primary health practitioners are skilled in the identification, referral, and management of older people with established and emerging mental ill health.

The EMPHN Needs Assessment 2018 identified that of the roughly 109,000 patients in the GP POLAR data system aged 65 years or above, almost 25,000 are recorded as having active mental health problems.

EMPHN are currently co-designing a Healthy Ageing Service Response for implementation throughout the catchment considering the holistic needs of older people, both those who are living independently in the community and those in residential aged care facilities. This process will be informed by data and learnings from pilots spanning service delivery and capacity building of general practice in clinics and within aged care facilities".

Consultation Process

In late 2018, EMPHN held a *Rapid Improvement Workshop – Older Persons Mental Health*, bringing together stakeholders from residential aged care facilities, community service organisations and hospitals to explore mental health and alcohol and other drug issues affecting older persons. This workshop, attended by over 80 people, provided an overview of the policy context, regional data, and the known gaps and challenges for older people at both a service and system level.

Strong and consistent themes were evident across the data. These themes included issues relating to service integration and continuity of care across services and sectors, pathways and system navigation for older persons, funding barriers, and education and capacity building, particularly for GPs and residential aged care staff.

To further refine work undertaken in the workshop and to identify specific actions for The Plan, a working group was convened comprising representatives from:

- Local hospital network's aged psychiatry
- Local government
- NGOs
- Community health centres
- University
- EMPHN.

The working group met three times with the final actions considered by consumer representatives to ensure relevance and appropriateness. Working group participants agreed that the four themes identified as part of the EMPHN *Rapid Improvement Workshop* held in late 2018 would be retained and translated into the goals presented below.

Goals

1. Increased earlier identification and intervention for older people at risk of mental illness.
2. Improve workforce capability to identify and respond to older people experiencing or at risk of mental illness.
3. Greater community capacity to support older people with mental illness.
4. Enhanced knowledge and understanding of evidence informed best practice approaches to working with older persons with mental illness.

Actions

It is anticipated that these actions have the potential to significantly improve the mental health response for older people across the region. Utilising community-based resources, supports and capacity encourages a more innovative, inclusive and responsive regional approach to key issues of social isolation, stigma and ageing.

GOAL	ACTION	LEAD AGENCY
Increased earlier identification and intervention for older people at risk of mental illness.	37. Identify and document a set of evidence informed risk factors for inclusion in organisational screening tools to ensure consistency across the region.	Bolton Clark
	38. Develop and document referral pathways across the region (HealthPathways).	EMPHN
	39. Develop innovative models of early identification and intervention within the education sector: a) Explore the potential to implement a university student led outreach model providing psychological counselling and social services (wellbeing clinic for older adults).	Swinburne Wellbeing Clinic for Older Adults
	b) Advocate extending model to other universities as appropriate.	Swinburne Wellbeing Clinic for Older Adults
	40. Co-design a regional healthy ageing service response with a focus on early identification and intervention.	EMPHN
	41. Enhance local government engagement with mental health sector in order to inform local planning and investment.	Maroondah Council
	42. Local government to consider the opportunity to reduce stigma of mental illness for older people when planning intergenerational activities.	Maroondah Council

GOAL	ACTION	LEAD AGENCY
Improve workforce capability to identify and respond to older people experiencing or at risk of mental illness.	43. Develop a workforce strategy to better support the broad range of staff involved in improving the outcomes for older people with mental illness.	EMPHN
	44. Support and train GPs in the use of a specific screening tool relevant to a GP consultation.	Eastern Health
	45. Provide GPs and their practice staff with access to primary and secondary consultation with a senior mental health nurse and/or psychiatrist in order to support older people with mental illness in the community.	Eastern Health
Greater community capacity to support older people with mental illness	46. Seek funding to deliver training targeting families, carers and community members that support or assist older people that are impacted by mental health	Knox City Council
	47. Develop a collaborative plan to highlight the opportunities of community based activities facilitated by community groups and the corporate sector.	Knox City Council
Enhanced knowledge and understanding of evidence informed best practices approaches to working with older people with mental illness.	48. Identify and action a series of opportunities for sharing of best practice approaches and a mechanism for ensuring sustainability consistent with EMPHN health ageing service response.	EMPHN

FOCUS AREA 6

Suicide prevention

Suicide is a significant public health issue in Australia with ABS data showing that suicide is the leading cause of death for Australians aged between 15 and 44.[74]

Suicide is a highly complex issue and has been identified as a key priority at both a national and state level with COAG identifying suicide as one of the eight priority areas in the Fifth National Mental Health and Suicide Prevention Plan. This plan recognises that the impact of suicide is profound for individuals and also has a significant impact on families, communities and societies.[75]

Suicide prevention is multifactorial. Reducing access to means such as through limiting access to guns, or limiting the ability to hoard medications through initiatives such as SafeScript is one aspect. Improving access to services, especially crisis services, is another. Substance misuse and mental illness are associated with increased risk of suicide, as are social issues such as family breakdown, unemployment, and loss of reputation. Improving the community and health service response to those in crisis is therefore part of a general effort to reduce suicide. General practice is often the point of access for those struggling with mental health disorders, family crisis or substance use. Knowing what services are available and how to access them is important for all primary care service providers.

Developing an effective response at a regional level requires a systems-level, cross-sector approach. Community involvement is also critical with the Fifth National Mental Health Plan identifying that

> "while governments have a pivotal role to play in addressing suicide, effective community engagement and action is central to improving outcomes."[76]

The Victorian Place Based Suicide Prevention Trials have an emphasis on working with local communities to understand their needs and priorities in order to plan a local response. Consultation and engagement, strengthening community capacity and capability and commissioning activities that support existing local structures is critical to the model. In the EMPHN region, the trial sites are in Maroondah and Whittlesea.

Consultation Process

An existing consultation and co-design process was used to identify and develop key goals and actions for inclusion in The Plan in order to ensure efficiency, alignment and coordination of regional processes. In mid-2018, ConNetica was engaged by EMPHN to assist with the development of a regional suicide prevention strategy. Through July and August 2018, a series of forums and interviews were held with over 80 stakeholders including:

- People with lived experience
- LHNs
- NGOs
- Peak bodies
- Community members
- General Practice

This process highlighted the need for a more coordinated approach to addressing suicide risk, taking into consideration existing frameworks, policies and programs, insights from the place based suicide prevention trials, the need to develop and build partnerships to more effectively utilise limited resources available, and the importance of strengthening community engagement and governance structures.[77]

Co-commissioning of Commonwealth and State services was also identified as an enabler to greater service integration, with this work currently underway by EMPHN and DHHS. Opportunities to build on this were seen as important.

Goals

1. Improve pathways for planned and unplanned care in the community.
2. Increase capacity of communities to identify and respond to people at risk of suicide.
3. Increase community and provider knowledge of suicide prevention services and resources.
4. Strengthen earlier detection and response for people at risk of suicide attending at a general practice.
5. Provide an alternative option to the emergency department for people experiencing a mental health crisis after hours.

Actions

The following actions recognise the need for a strong place-based community approach to better identify and respond to people at risk of suicide. Building community capacity, a diverse, skilled and capable workforce and trialling alternative and innovative treatment options that can be scaled across the region underpins this integrated systems level response.

GOAL	ACTION	LEAD AGENCY
Improve pathways for planned and unplanned care in the community.	49. Through the Hospital Outreach Post-suicidal Engagement Initiative, provide enhanced support and assertive outreach for people leaving the emergency department following treatment for an attempted suicide.	Eastern Health
	50. Develop and implement an agreed regional protocol, pathway and policy to guide practices across acute, general practice and community based suicide prevention and postvention services (considering lifespan and diversity).	NEAMI National and EMPHN
	51. Develop an Aboriginal and Torres Strait Islander Suicide Prevention and postvention Protocol, Pathway and Policy	EMPHN in collaboration with ACCHOs and ACCOs
Increase capacity of communities to identify and respond to people at risk of suicide.	52. Through place-based suicide prevention trials in Maroondah and Whittlesea, invest in and support the local communities to achieve a shared awareness, understanding and responsibility in suicide prevention and build capacity to respond. Use learnings to extend model across the region.	NEAMI National and EMPHN
Increase community and provider knowledge of suicide prevention services and resources.	53. Develop a central repository for up to date information on local supports and services.	Neami National and EMPHN
Strengthen earlier detection and response for people at risk of suicide attending at a general practice.	54. Provide professional development for GPs and general practice staff to assess risk and undertake suicide safety planning.	EMPHN
	55. Provide a suite of tools and resources to support general practice to use at point of care.	EMPHN
Provide an alternative option to the emergency department for people experiencing a mental health crisis after hours.	56. Seek funding to develop and implement an innovative therapeutic model of care incorporating triage, peer support, coordination, information and referral outside of business hours.	EMPHN

FOCUS AREA 7

Improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander communities

EMPHN acknowledges the importance of engaging and improving health outcomes for Aboriginal and Torres Strait Islander communities.

It is well known that the physical and mental health of people from Aboriginal and Torres Strait Islander backgrounds are poor compared with the general population. This is in part because services may not feel accessible and/or culturally safe.

Improving Aboriginal and Torres Strait Islander mental health and wellbeing, including suicide prevention, is one of the priorities of the Fifth National Mental Health and Suicide Prevention Plan.[78] Making this area a priority acknowledges that persons of Aboriginal and Torres Strait Islander background have higher rates of mental illness and suicide, but reduced access to health services. It recognises the impact of multi-generational trauma and the importance of integration between primary and acute mental health services. The Fifth Plan is complemented by the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 which provides further examples of stepped care models appropriate across the spectrum of care.[79]

As noted by the Australian Commission on Safety and Quality in Health Care in the notes accompanying the 2nd edition of the National Standards:

> Aboriginal and Torres Strait Islander people have the right to feel confident and safe in accessing the Australian healthcare system, and the system must be able to respond to their needs. For this to occur, health service organisations should ensure that service provision is equitable, and that patient needs drive the level and range of care that can be accessed.[80]

Together these policy and planning documents provide the basis for service improvements that will increase the accessibility and effectiveness of health services across the primary to tertiary spectrum for Aboriginal and Torres Strait Islander people.

In the EMPHN catchment, there are over 6,800 Aboriginal and Torres Strait Islander people, living mainly in Whittlesea-Wallan, Yarra Ranges, Knox and Banyule.[81]

The EMPHN Needs Assessment 2018 articulates the significantly higher levels of psychological distress, hospitalisation for mental health-related conditions and utilisation of community mental health services among Victorian Aboriginal and Torres Strait Islander people compared to non-Aboriginal Australians.[82]

Meeting the health needs of the Aboriginal and Torres Strait Islander community is of national importance and this work, led by the Aboriginal communities, will be supported and prioritised by EMPHN and other key stakeholders in the region.

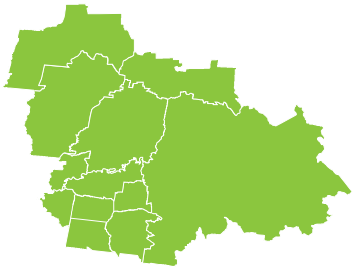
Consultation Process

In the EMPHN region Aboriginal communities have identified the importance of developing a specific approach to engagement and consultation (engagement framework) that is culturally appropriate, streamlined, does not duplicate existing processes and meets the needs of the relevant communities. The development of this plan has been respectful of this approach and consultation has been conducted through the EMPHN Aboriginal Liaison Worker. The goals and actions have also been reviewed by an Aboriginal consultant and local Aboriginal organisations.

The feedback during consultation highlighted that to best ascertain specific actions a separate Aboriginal and Torres Strait Islander Plan/Strategy, needs to be developed underpinned by the new engagement framework. Given time constraints for development of the regional plan, an additional sub-planning process, underpinned by the principles of self-determination, will be undertaken to achieve this.

As such, the actions contained in this plan are high level and reflect the need for future planning mechanisms and associated evaluation processes to achieve the goals identified.

A number of collaborative projects already underway or commencing in the region will be implemented in parallel to the additional sub-planning process and are reflected in the goals identified over the page.



In the EMPHN catchment, there are over

6,800

Aboriginal and Torres Strait Islander people, living mainly in Whittlesea-Wallan, Yarra Ranges, Knox and Banyule.

Goals

1. Develop leadership and governance by Aboriginal organisations and Aboriginal and Torres Strait Islander Communities to improve the health, social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander peoples in the EMPHN catchment.

2. Ensure that Aboriginal and Torres Strait Islander peoples have access to culturally safe, quality, and effective whole of person care in the EMPHN region.

3. Ensure Aboriginal and Torres Strait Islander Communities have access to the necessary resources and supports to enable culturally appropriate and safe suicide prevention service responses.

4. Enhance the capacity of Aboriginal Community Controlled Organisations to improve the health, social and emotional wellbeing of their communities.

5. Improve collaboration between Aboriginal community controlled organisations and mainstream services.

Actions

The actions, related to the four goals, collectively focus on ensuring greater regional leadership, self-determination and capability of Aboriginal and Torres Strait Islander people and organisations. This will result in enhanced culturally safe and appropriate governance and collaborative ways of working to address the significantly poorer health outcomes experienced.

GOAL	ACTION	LEAD AGENCY
Develop leadership and governance by Aboriginal organisations and Aboriginal and Torres Strait Islander Communities to improve the health, social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander peoples in the EMPHN catchment.	57. Utilising existing governance structures, develop a regional governance and planning platform that is driven by Aboriginal and Torres Strait Islander Communities and supported by key stakeholders and funders to enhance regional planning, policy and program development and innovative funding approaches.	EMPHN and DHHS in collaboration with ACCHOs, ACCOs and Local Aboriginal Networks.
	58. Develop an Aboriginal and Torres Strait Islander health and social and emotional wellbeing evaluation framework that is congruent with other available culturally appropriate evaluation frameworks.	EMPHN and DHHS in collaboration with ACCHOs, ACCOs and Local Aboriginal Networks.
	59. Develop a regional commissioning framework and other funding policies and procedures to more effectively address regional needs of the Aboriginal and Torres Strait Islander Community and supports self-determination and cultural safety principles.	EMPHN and DHHS in collaboration with ACCHOs, ACCOs and Local Aboriginal Networks.
Ensure that Aboriginal and Torres Strait Islander peoples have access to culturally safe, quality, and effective whole of person care in the EMPHN region.	60. Facilitate the development of regional principles of care that guide the creation of culturally appropriate service models for the Aboriginal and Torres Strait Islander Community.	EMPHN in collaboration with ACCHOs, ACCOs and Local Aboriginal Networks.
	61. Further development of culturally appropriate and safe HealthPathways.	EMPHN
	62. Develop a comprehensive guide for Aboriginal and Torres Strait Islander People to locate health and support services in the North of Melbourne.	Northern Health

GOAL	ACTION	LEAD AGENCY
Ensure Aboriginal and Torres Strait Islander Communities have access to the necessary resources and supports to enable culturally appropriate and safe suicide prevention service responses.	63. Develop and implement a safe, effective and culturally appropriate suicide prevention response for the region.	EMPHN in collaboration with ACCHOs, ACCOs and Local Aboriginal Networks.
Enhance the capacity of Aboriginal Community Controlled Organisations to improve the health, social and emotional wellbeing of their communities.	64. Develop a regional approach to support capacity building of ACCHOs and ACCOs.	EMPHN in collaboration with ACCHOs and ACCOs
Improve collaboration between Aboriginal community controlled organisations and mainstream services.	65. Develop and test a new service model comprising multidisciplinary assessment, mental health and alcohol and other drug treatment and cultural strengthening and healing for Aboriginal people over the age of sixteen in the North West of Melbourne.	Victorian Aboriginal Health Service
	66. Improve the linkages and pathways between Aboriginal and Torres Strait Islander Communities and the state-wide Koori in-patient beds.	St Vincent's Hospital

FOCUS AREA 8

Increasing support for general practice

It is now well recognised that the role of primary care (treatment of patients in the community) is a critical element of the mental health and alcohol and other drug treatment service systems.

"There is international evidence that national health care systems with strong primary care infrastructure have healthier populations, fewer health-related disparities and lower overall costs for health care than those countries that focus on specialist and acute care." [83]

General practice is a fundamental part of the primary care system with GPs having a role across the entire mental health stepped care continuum, including health promotion and prevention, early identification and treatment for mild, moderate and severe mental illness. Their role supports early identification of relapse and intervention that prevents a deterioration of a consumer's mental health condition. As with other serious health conditions, working in collaboration with specialist services is critical in the treatment and support of people with severe mental illness. GPs also have a central role in the assessment and treatment of physical ill health for consumers with mental illness and alcohol and other drug problems.

General practice is a universal health service and, according to the Royal Australian College of General Practice (RACGP), it is unsurprising that mental health is the most common reason patients visit their GP. Easily accessed without referral, general practice is key to providing equitable access to care for mental health issues.[84] "The BEACH survey found that depression, anxiety and sleep disturbance were the three most frequently GP-managed mental health related problems in 2015–16".[85] The importance of presentation to GPs was recognised in the Commonwealth government investments in Better Access and Access to Allied Psychological Services– with referrals coming through general practice supported by a mental health plan. The important role of primary care has also been recognised in the growth of headspace centres, with GPs an important component of the care available to young people.

At a regional level, approximately 82% of adults living in the EMPHN catchment see a GP at least once every 12 months. On average, people attend their GP six times a year. In the EMPHN catchment, almost 78,000 out of a total of 518,000 patients registered in POLAR had an active mental health diagnosis as at 21 October 2018. Of these, most were experiencing mood disorders.

General practice also has an essential role in identifying and managing people with alcohol and other drugs issues, particularly people misusing alcohol or prescription medications. In Australia, an estimated 826,000 GP visits per year are for alcohol or other drug related care and treatment.[86] Primary care stakeholders consulted for the EMPHN Needs Assessment report that the most common substance use disorders related to alcohol use. This is

not surprising given that "in 2016, about 1 in 6 (17.4%) Australians aged 14 and over put themselves or others at risk of harm while under the influence of alcohol in the last 12 months."[87] The RACGP Guidelines suggest that patients aged 15 and over should be asked about the quantity and frequency of their alcohol intake and that motivational interviewing can be a useful and effective strategy.[88]

Given the critical importance of General Practice and GPs it is therefore important to ensure that this element of the service system is well supported to best meet the needs of consumers and carers.

Consultation Process

Consultations were undertaken with GPs utilising a range of methods including a focus group, practice visits and teleconferencing. Analysis of data gathered from this consultation process elicited valuable information at both the practice- and system-level. Key findings are:

- There is a need to improve feedback and communication between mental health and alcohol and other drug treatment services and GPs.
- Service system providers require greater communication about investigations, diagnostic and treatment decisions and discharge planning when known consumers are in other parts of the service system.
- There is a desire for better engagement of GPs by mental health and alcohol and other drug treatment providers in input and decision making for known consumers.
- Further information on services available across the stepped care continuum for both mental health and alcohol and other drug treatment would be valuable given the complexity of the service systems and the current period of significant change and reform.
- Accessing immediate specialist intervention or psychiatric consultation and review in a timely manner can be difficult for patients of all ages.
- The system is fragmented with a lack of coordination between mental health and alcohol and other drug services limiting effective coordination of care.
- There is a need to improve physical health outcomes for people with severe mental illness and complex needs.
- Development or enhancement of mental health and alcohol and other drugs referral pathways are needed.

Utilising the information gained through the consultation process and the knowledge and expertise of the EMPHN General Practice Engagement and Mental Health and Alcohol and Other Drugs Teams, the following goals were identified to increase support for GPs and general practice in improving outcomes for consumers with mental illness and/or alcohol and other drug issues.

Goals

1. Enhance the interface between general practice, hospitals, mental health and alcohol and other drug treatment and suicide prevention services for the purpose of increased system level collaboration.
2. Enhance the ability of general practice to treat people with mental illness and alcohol and other drug issues in primary care through the development of models of care.
3. Develop and augment collaborative practice between GPs with enhanced experience and skills in mental health and alcohol and other drug issues and specialist services.
4. Increase capability of general practice workforce to better respond to the needs of people with a mental illness or alcohol and other drug issues.
5. Improve general practice access to relevant and timely information.

In Australia, an estimated

826,000

GP visits per year are for alcohol or other drug related care and treatment.

Actions

The following actions recognise that general practice is an essential element of the service system and that developing collaborative regional models of care and innovative funding approaches, and acknowledging and developing specialist capability, are critical to ensuring their involvement is maximised.

GOAL	ACTION	LEAD AGENCY
Enhance the interface between general practice, LHNs, mental health and alcohol and other drug treatment and suicide prevention services for the purpose of increased system level collaboration.	67. Support active participation by general practice as a core team member in collaborative care planning.	EMPHN
Enhance the ability of general practice to treat people with mental illness and alcohol and other drug issues in primary care through the development of models of care.	68. Explore the development of financially sustainable shared care models between general practices and specialist services.	EMPHN
	69. Implement agreements with LHNs to provide clinical attachment for GPs to enhance existing skills in mental health, alcohol and other drug issues and suicide prevention and to understand their application.	EMPHN
Develop and augment collaborative practice between GPs with enhanced experience and expertise skills in mental health and alcohol and other drug issues and specialist services.	70. Identify and recognise GPs with specialist skills and experience in working with mental health and alcohol and other drug issues.	EMPHN
	71. Develop a mechanism to improve rapid access to specialist services for consumers requiring higher levels of care when assessed by GPs with enhanced skills.	EMPHN
	72. Develop protocols and pathways between GPs in Schools and headspace centres to facilitate expedited access to services.	EMPHN

GOAL	ACTION	LEAD AGENCY
Increase capability of general practice workforce to better respond to the needs of people with a mental illness or alcohol and other drug issues.	73. Develop an education and training strategy to better support general practice to identify and treat mental health and alcohol and other drug issues.	EMPHN
	74. Develop an education and training strategy to facilitate the engagement of GPs who have a specific interest in developing specialist mental health and alcohol and other drugs skills in further training and education.	EMPHN
	75. Provide mental health first aid training for frontline staff in general practice	EMPHN
	76. Increase use of EMPHN Psychiatric Advice and Consultation Service and review impact.	EMPHN and contractor delivering service
Improve general practice access to relevant and timely information.	77. Review and update GPs/Primary Health communication strategy across the region around mental health, alcohol and other drugs and suicide prevention.	EMPHN
	78. Increase meaningful use of Health Pathways as a referral tool and a resource for keeping abreast of clinical evidence-based practice.	EMPHN

FOCUS AREA 9

The role of quality, safety and clinical governance in complex integrated care

One of the key factors underpinning effective service delivery is a focus on quality and safety.

The 2nd edition of the National Safety and Quality Health Service Standards (NSQSHSS) has continued an emphasis on clinical governance to ensure that there are systems in place within health service organisations to maintain and improve the reliability, safety and quality of health care. Standard 1 (Clinical Governance), together with the Standard 2 (Partnering with Consumers) set the overarching requirements for the effective implementation of all other standards. The Clinical Governance Standard recognises the importance of governance, leadership, culture, patient safety systems, clinical performance and the patient care environment in delivering high quality care.[89]

Quality and Safety are also among the priorities of the Fifth National Mental Health Plan.

"The National Safety and Quality Framework defines three core principles for safe and high-quality care: that care is consumer centred, driven by information and organised for safety. When combined, the concepts of safety and quality promote a focus on the things that are right, as well as looking at what goes wrong, in health care. Safety and quality have been integral to mental health reform over the past three decades."[90]

In Victoria, the importance of clinical governance came to the fore in the investigation of adverse clinical incidents at Djerriwarrh Health Service. Subsequent inquiries found that seven babies suffered deaths that could have been avoided were it not for a confluence of gaps in staff capabilities, risk management and clinical governance and made recommendations about the collection and use of data to promote safe and effective care.[91] Safer Care Victoria was established in the aftermath of the inquiries into this service.

With the implementation of the NDIS and the consequent service system changes a focus on quality and safety is imperative.

Consultation Process

Broad based consultation elicited a strong appetite for a joined up, region-wide approach to quality, safety and clinical governance. Stakeholders identified that a shared clinical governance framework would support more improved transitions of care, effective care pathways, simplified referral mechanisms, quality processes and the capacity to learn from adverse events and poor outcomes.

The importance of a multi-agency model of continuous quality improvement was seen as important to collectively improving outcomes for consumers and carers in a complex environment. Although organisations across the region each individually had comprehensive clinical governance frameworks in place, specific considerations on how to work in an integrated environment needs further exploration. Development of a quality improvement model underpinned by international best practice, and specific improvement projects to test and refine the model utilising local knowledge and data, were considered appropriate to progress this activity.

Involving consumers and carers in the design, delivery and evaluation of mental health and alcohol and other drug services is an important part of a comprehensive clinical governance framework. A region-wide, multifaceted approach to engagement and participation would ensure the voices of carers and consumers are embedded from governance through to operations.

These goals present an opportunity to develop a level of collective leadership and accountability across the entire region in implementing and evaluating a consistent, systems approach to ensuring the best outcomes for consumers.

Goals

1. Utilising regional data, improve and monitor outcomes for patient experience, quality and safety in an integrated clinical care context.
2. Enhance consumer and carer participation in the design, delivery and evaluation of mental health, alcohol and other drug treatment and suicide prevention services.
3. Enhance workforce capability across the region to respond to people experiencing mental health and/or alcohol and other issues.
4. Ensure a consistent and transparent evaluation process underpins the implementation of The Plan.

Actions

The following actions will ensure an innovative and collaborative region-wide approach to quality, safety and clinical governance in the mental health and alcohol and other drugs service systems. It is envisaged that the models designed would be made available for other regions and further adapted for application in other integrated care settings.

GOAL	ACTION	LEAD AGENCY
Utilising regional data, improve and monitor outcomes for patient experience, quality and safety in an integrated clinical care context.	79. Design a shared clinical governance framework that will support more effective care pathways, simplified referral mechanisms, quality processes and capacity to learn from adverse events across the region.	Eastern Health and EMPHN
	80. Test and refine the regional shared clinical governance framework through specific improvement projects utilising local knowledge and data.	Eastern Health and EMPHN
	81. Revise and further develop the regional shared clinical governance framework for use by mental health and alcohol and other drug treatment organisations working across the continuum of care.	Eastern Health and EMPHN
Enhance consumer and carer participation in the design, delivery and evaluation of mental health, alcohol and other drug treatment and suicide prevention services.	82. Develop a region-wide lived experience strategy that: a) Addresses engagement, participation and collaboration with people who have a lived experience b) Addresses peer workforce development, harnessing existing knowledge, experience and expertise in the region.	EMPHN
Enhance workforce capability across the region to respond to people experiencing mental health and/ or alcohol and other issues.	83. Identify and deliver a range of training and sector capacity building activities utilising existing networks and partnerships.	EMPHN in partnership with EMHSCA and NEMHSCA
Ensure a consistent and transparent evaluation process underpins the implementation of The Plan.	84. Develop a region-wide approach to identifying, monitoring and reporting on system level outcomes as a result of increased integration and collaboration.	Plan Governance Group
	85. Review on an annual basis plan program logic.	Plan Governance Group
	86. Identify and strategically respond where new models and frameworks can be successfully expanded and scaled across the region.	Plan Governance Group

FOCUS AREA 10

Information management and data sharing

Utilisation of data is a critical part of any planning process (including ongoing review), and involves identification of current community needs and service availability and utilisation in order to:

- Identify areas of unmet need across local communities
- Improve future targeting of clinical and support services and build capacity of the system
- Enhance service integration between acute, non-acute and community services
- Maximise the health, wellbeing, social inclusion, and sense of meaningful engagement of those who experience the impacts of mental illness, suicide or alcohol and other drugs.
- Identify opportunities to improve quality and safety of services

Information sharing between LHNs and community services is an essential feature of planning for and achieving integrated service delivery across the continuum of care. EMPHN has undertaken extensive work to develop systems that collect information about the type and level of activity undertaken by commissioned community mental health services. A range of consumer outcome measures are also collected through these information systems. Additional information relating to services provided by GPs is collected through POLAR.

Community service providers and LHNs also separately report information about state funded mental health and alcohol and drug treatment services.

When taken as a whole, these sources of information can provide a comprehensive snapshot of:

- Population demographics
- Health demographics
- Service availability
- Historic service utilisation
- Perceptions of current service delivery

Additionally, this information provides a basis for review and evaluation to drive improvements across the system.

The Commonwealth has provided primary health networks and LHNs with access to the National Mental Health Service Planning Framework, which will further support decision-making utilising the above data sets.

However, examination of these current data sets reveals three major gaps in existing information that can be addressed to improve the delivery and integration of services across the region. These are:

- Detailed consumer and service information remains in silos
- Different information is contained within each of these silos
- Current information captures only part of the consumer journey.

Improved integration of currently available data can be achieved. Moreover, integration of information collected across a broader range of health and community services can provide a more complete picture of activities that are provided or required to address the needs of consumers.

Effective collaboration between service providers is required as a first step to any future sharing of data. Specific data collaborations can build trust about how information is to be used by different providers and establish common goals of the use of data by all participating agencies. Without collaboration, formation of common goals, and sharing of information, attempts to obtain and integrate data may be viewed as an additional burden upon busy service providers.

Collaborations between community mental health providers and general practice can facilitate integration of existing information. This will provide a better understanding of pathways for referral, and levels of active care coordination and service attendance across different providers. The impact of new methods of delivering services upon consumers and participating service providers can also be monitored. Longer-term impacts of health promotion, and secondary and tertiary prevention activities upon the local service system can also be more actively investigated.

Collaborations between community mental health providers and acute/sub-acute services across the catchment area can also be more comprehensively understood using data. When community services are unavailable in catchment areas or access to these services is limited (e.g. outside of standard business hours), consumers often attend acute services. Planned and unplanned use of these services by consumers can be mapped and assessed to identify opportunities for minimising potentially avoidable acute care service utilisation by clients who can be effectively managed in community settings.

Integrated data can also provide a more dynamic picture about how consumers transition between different services and across the local service system. Planned service pathways can be identified and monitored over time to identify whether consumers utilise these services as intended. Where planned models of service delivery are not occurring, gaps can be more effectively identified, and services can be strengthened to meet consumer needs.

Integrated data will also allow the region to more effectively target high risk groups (e.g. younger people at risk of suicide or self-harm) for specific interventions, and to more comprehensively understand services for mental health consumers with multiple and complex needs (e.g. older people receiving care at home, individuals with alcohol or other drug related issues, people facing domestic violence, unemployment, or disability). Improvements can then be planned from a local systems perspective and services strengthened to address identified needs.

Effective community mental health and other support services rely upon staff with the right capability to recognise and address the needs of consumers. As services are expanded or developed to address needs of mental health consumers across the catchment area, data can also be collected and monitored to identify areas where increased support, education, development and training can enable staff to more effectively meet current and emerging consumer needs.

Consultation Process

Ongoing consultation throughout the development of this plan revealed widespread support and enthusiasm for progressing information and data sharing activities across the region. As such, a future vision for mental health, alcohol and other drugs and suicide prevention data collection, analysis and utilisation was developed through an iterative process with EMPHN.

An overall architecture for classifying data available within the EMPHN catchment was developed focusing upon the major activities undertaken with consumers in the local catchment area, embedded in an overall context of illness prevention.

In order to address identified gaps in data collection, maximise the use of existing information, and further improve services available to consumers, the goals below were developed.

Goals

1. Improve data sharing between EMPHN commissioned services, LHNs and General Practice across the region.
2. Improve consumer access to timely and appropriate care across different community services within the region by utilising shared linked data.
3. Ensure service planning and improvements for high needs and other targeted consumer groups are informed by locally relevant data.
4. Identify workforce capability gaps.

Actions

Collectively the actions below represent a commitment across the region to partner with greater transparency and trust in order to ensure service planning is data driven and meets the needs of the community. Clearer governance, including ownership and oversight of data will not only enhance shared accountability but also provide evidence to support new ways of working and identify pooled funding and co-commissioning opportunities.

GOAL	ACTION	LEAD AGENCY
Improve data sharing between EMPHN commissioned services, LHNs and General Practice across the region.	87. Establish data collection and governance processes for system wide analysis of mental health service utilisation	EMPHN in collaboration with commissioned services, general practice and LHNs.
Improve consumer access to timely and appropriate care across different community services within the region by utilising shared linked data	88. Undertake initial (baseline) data extraction, linkage and analysis of EMPHN commissioned services, LHNs and General Practice.	EMPHN in collaboration with commissioned services, general practice and LHNs
	89. Monitor referral, access and transition between EMPHN commissioned services, LHNs and general practice and identify service gaps for key population groups.	EMPHN and LHNs
Ensure service planning and improvements for high needs and other targeted consumer groups are informed by locally relevant data.	90. Undertake ongoing (triennial) data collection and linkage with LHN, EMPHN commissioned services and general practice data to monitor consumer pathways of care between community and acute services	EMPHN
	91. Utilise Regional Planning Governance group to better align service planning processes across the region, and ensure a commitment to a shared regional agenda	Regional Plan Governance and Consumer Advisory Groups
Identify workforce capability gaps.	92. Analyse service usage data and referral patterns to assist in identifying workforce service system knowledge gaps.	EMPHN and LHNs

Keeping the faith

Accountability and implementation

This inaugural plan has been developed with the intention that it will continue to be built and developed over subsequent years on an iterative basis. Therefore, as with any planning process, it is critical to ensure the integrity of the vision, and process and monitor the achievement of goals and completion of actions, over the life of The Plan.

This not only provides a platform for sustainability of the approach but also drives accountability. Organisations leading projects will be accountable to the governance group, other organisations and stakeholders who have been involved in the development of The Plan. Transparent reporting on progress will demonstrate the achievements and service system improvements being delivered for consumers and carers. Consumer and carer experience measures will report on the experience of people with lived experience to ensure alignment with the goals.

Governance

Implementation, monitoring and review of The Plan will be overseen by a regional governance structure as depicted in Attachment 2. The structure consists of an overarching Regional Integrated Mental Health, Alcohol and Other Drugs, and Suicide Prevention Plan Governance Group.

The Governance Group includes representatives from EMPHN, the six LHNs, community health, the NGO sector, local government, DHHS and general practice. The Governance Group will have a direct link with the LHN Primary and Population Health Committees and the EMPHN Clinical Council and Community Advisory Group.

Sitting alongside the Governance Group, an overarching Regional Integrated Mental Health, Alcohol and Other Drugs, and Suicide Prevention Lived Experience Advisory Group is proposed. The Lived Experience Advisory Group would include consumers and carers and people with lived experience. It would have strong links with existing consumer advisory committees in the region. The Chair and Vice Chair of this group would also be members of the Governance Group. As part of the development of the Regional Lived Experience Strategy, an agreed governance structure for The Plan will be finalised.

Additional working groups will be established to support specific projects and/or actions as required.

Lead agencies will be responsible for the implementation of actions and maintaining agreed timelines. Lead agencies will also be responsible for the provision of regular progress reports to the Governance and Lived Experience Advisory Groups.

EMPHN and LHNs will be responsible for ensuring governance arrangements are in place with the necessary processes, systems and structures to enable accountability, continuous quality improvement and future collaboration.

The Governance Group will be responsible for measuring the impact of integration through this collaborative approach and for monitoring the high level outcomes of The Plan. They will also oversee an annual review against milestones and measurement with feedback provided to all stakeholders through a community forum and a publicly available report.

Stakeholder engagement and communication

A comprehensive stakeholder engagement and communication strategy will be developed to provide ongoing connection and involvement with the many aspects of The Plan.

This strategy will reflect a commitment to the principle of greater transparency of information through the development of trust and effective communication between key stakeholders and the community to support better outcomes and accountability.

The stakeholder strategy will leverage existing networks and forums as well as create new mechanisms to fill gaps and meet goals identified in this plan. Opportunities for networking, peer support, capacity building, communities of practice, knowledge sharing and information provision will be identified.

The strategy will also build on current communication mechanisms, including The Plan website, to ensure all stakeholders are informed of the progress of The Plan and regional achievements. In line with a collaborative data governance framework, regional data will be shared to support informed regional service planning and improved client outcomes.

People with a lived experience are critical stakeholders and as such, a region-wide approach to engagement, participation and collaboration with people who have a lived experience as a consumer or a carer/family member/support person is being progressed. This strategy, included as an action in the *Quality, safety and clinical governance in complex integrated care area of focus* will entail:

- Undertaking a scoping review to understand the issues, needs and gaps for people with a lived experience in our region
- Tracking the different ways – including advisory groups, committees, forums, the peer workforce, etcetera – that people with a lived experience are currently contributing to service improvements
- Creating a range of future opportunities for collaboration that appeal to the different interests' consumers and carers may have for participation
- Delivering a region-wide forum for people with a lived experience to contribute to service planning improvements
- Involving consumers and carers from diverse backgrounds, and different levels of mental health needs, to develop a Lived Experience Participation Plan
- Developing a set of recommendations for the next five years on how the region can increase lived experience collaboration.

Evaluation

A robust program of evaluation will embed quality, safety and outcome measures in the implementation process and will enhance the regional capacity to identify successful actions and those which need to be modified or changed to better meet the needs of consumers and carers.

It will drive system improvement, service planning and collaborative practice. It will support the regular review of projects, and highlight benefits and barriers to wider scale implementation. Quality measures will be underpinned by the experiences and outcomes of consumers and carers. A program logic has been developed to underpin this process (Attachment 3).

Evaluation will consider the outcomes of the specific actions through their respective key performance indicators as articulated in the implementation work plan at Attachment 4. It will reference the higher level goals across the 10 areas of focus to provide tangible progress against the transformational intent of The Plan.

Specific activities to support evaluation are incorporated into *The role of quality, safety and clinical governance in complex integrated care* area of focus.

Stakeholders demonstrated significant commitment and participation in the development of this plan and ensuring their ongoing trust and engagement will require evidence of planned activity contributing to regional level system reform.

Consistency and sustainability

In order to maximise the significant commitment made by stakeholders in the development of The Plan, it is envisaged that future regional planning will be informed by the collective priorities agreed during this process and evaluation of the goals and actions.

It is envisaged that where other collaborative activity is being planned for the region, it will also be guided by the objectives, areas of focus and goals identified in The Plan. This will be enhanced through the use of regional data and evaluation.

EMPHN have a role in commissioning primary mental health and alcohol and other drug treatment services across the region. Where possible, commissioning activity will align to the objectives, the goals and the core principles of The Plan in order to ensure a consistent, integrated and collaborative approach to service planning and delivery. This includes identification of services to be funded, evaluation and measurement of activity, and incorporation of regional approaches identified in The Plan. Two key examples of relevant regional approaches within The Plan are the development of a standardised mechanism to receive consumer and carer feedback and a consistent physical health screening tool. Once developed, it is expected that these tools will be incorporated into appropriate future commissioning specifications.

Commissioning of services is not limited to EMPHN and it is therefore envisaged that the longer term direction incorporates joint planning, service design, co-investment and co-commissioning with state government and other sector stakeholders.

It is intended that this plan will run for five years with a review of progress against key milestones forming the basis of the next plan.

This plan will run for

5 years

Conclusion

This plan responds to a commitment made by Commonwealth and State governments in the Fifth National Mental Health Plan.

Its focus on imbedding integration and collaboration through a whole of system approach is both challenging and ambitious. Stakeholders in this region have embraced the challenge and recognised that in order to improve outcomes for consumers and carers through systems level change, an ongoing commitment to a substantial program of work is required. Ongoing investment, partnerships, planning and service delivery will enable an iterative but continual reform of the service system to better meet the needs of our communities. This is a first step in a longer journey.

Attachments

Attachment 1
List of participating stakeholders

Access Health and Community
ACSO
Anglicare Victoria
Ashburton Family Practice
Austin Health
Banyule City Council
Banyule Community Health
Baptcare
Blue Cross
Bolton Clarke
Boroondara City Council
Caraniche
Carrington Health
CDC Plumbing
Central Bayside Community Health Services
City of Whittlesea
cohealth
Consumers and Carers
Consumer consultants and peer workers
Denman Enterprises
Department of Veteran Affairs
DHHS
DPV Health
EACH
Eastbrooke Family Clinic
Eastern Community Legal Centre
Eastern Health
Eastern Melbourne PHN
Eastern Melbourne Primary Health Care Collaborative
EDVOS
Eastern Mental Health Service Coordination Alliance
EMPHN Clinical Council
EMPHN Community Advisory Committee
Epworth Clinic
Forensicare
General Practitioners
headspace centres
headspace National
Healesville Indigenous Community Services Association
HealthAbility
Healthscope
Hello Sunday Morning
Incolink
Inspiro Community Health Service
Knox City Council
Link Health and Community
Manningham City Council
Maroondah City Council
Mentis Assist
Merri Health
Migrant Information Centre
Mind Australia
Mirvac
Monash City Council
Monash Health
Mount Waverly Clinic
National Youth Commission Australia
National Disability Insurance Agency
Neami National
Nexus Primary Health
North and West Metro AOD Service
Northern Health
Northern Mitcham Clinic
North West Melbourne PHN
Odyssey House Victoria
Outer East Primary Care Partnership
Pharmaceutical Society of Australia
Recovery Focussed Committee
Reservoir High School
Safer Care Victoria
SalvoCare Eastern
Selby Family Clinic
SHARC
Sport and Life Training
St Vincent's Hospital
Stockland
Support After Suicide
Swinburne Health Service
Swinburne University
Taskforce
The Melbourne Clinic
Turning Point Eastern Health
Uniting Prahran
Uniting ReGen
Victorian Alcohol and Drug Association
Victorian Aboriginal Health Service
VOICE
Wellways
Western Bulldogs Community Foundation
Wheelers Hill Clinic
Whitehorse City Council
Whittlesea Community House
Whittlesea Secondary School
Windana
Yarra Ranges Council
Youth Projects
Youth Support and Advocacy Service

Attachment 2
Plan implementation governance structure

Governance Membership

a) A Chair will be nominated by the Governance Group

b) Lived experience group representative(s)

c) CEO's/Senior Managers of LHNs, PHN and other key stakeholders.

Key Purpose

- Integration, collaboration and communication
- Seek innovative funding opportunities
- Quality and safety
- Engagement with and improved outcomes for consumers and carers

Overarching Memorandum of Understanding

a) Terms of reference

b) Code of conduct

Regional Integrated Mental Health, Alcohol and Other Drugs, and Suicide Prevention Plan

Links with six LHN Primary and Population Health Advisory Committee, EMPHCC, BHNEM, EMHSCA, NEMHSCA and organisation Boards

Governance Group

Lived Experience Governance

- Links with people of lived experience (consumer/carer) working committees
- Links with EMPHN Consumer Advisory Group and Clinical Council

Coordination and governance support
Reporting, monitoring and evaluation

The 10 Priorities each have a set of objectives and actions

- Young people
- Alcohol and other drugs
- Severe mental illness with complex needs
- Physical health and vulnerable groups
- Older people
- Suicide prevention
- Aboriginal and Torres Strait Islanders
- Primary health capacity building
- Quality and Safety: Clinical governance
- Information technology and data sharing

Lived experience strategy

Implementation workplan

Communication and marketing strategy

Reporting, monitoring and evaluation framework

Attachment 3
Program logic

The program logic is currently under development.

Attachment 4 Implementation Workplan

AREA OF FOCUS	ACTION	OUTCOME AND PROCESS INDICATORS
FOCUS AREA 1 **Improving outcomes for young people**	1. Develop a youth mental health strategy addressing service gaps, models of care and workforce development.	• Appointment of working group chair • Terms of reference developed and members confirmed • Regional strategy developed
	2. Implementation of a senior taskforce to guide innovative service delivery planning, coordination and investment in the Whittlesea catchment.	• Appointment of an independent chair • Terms of reference developed and members confirmed. • Work plan developed • Recommendations developed and advocacy undertaken
	3. Develop business case for the delivery of a comprehensive, innovative stepped care model for young people aged 12-25 in the Eastern corridor of the EMPHN catchment including consideration of new funding models. Seek funding to implement model as opportunities arise.	• Initiate working group with terms of reference developed and membership confirmed. • Business plan developed • Applications submitted for ongoing funding.
	4. Establish and pilot an integrated youth health hub in Lilydale as a first point of entry to a range of integrated services and supports across the stepped care continuum with the intent to replicate the model across the region.	• Improved health literacy of young people and their families. • Improved access and support delivered from Lilydale, Healesville and Upper Yarra • Consortium confirmed and services operational
	5. Continue to build and develop the network of headspace centres across the region utilising collaborative partnerships and integrated service delivery arrangements.	• headspace Network work plan

LEAD	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Lead: EMPHN Involved: LHNs, headspace, DET, DHHS, vocational provider, alcohol and other drugs provider					
Lead: Northern Health Involved: LHNs, local government, NGOs, DHHS, DET, education provider, consumer representative and EMPHN					
Lead: Eastern Health Involved: EMPHN, NGOs, headspace, general practice.					
Lead: EMPHN Involved: LHNs, local government, NGOs, general practice.					
Lead: Mind Australia, EACH, Access Health and Community and EMPHN Involved: LHN, vocational provider, alcohol and other drugs provider, general practice, private allied health.					

AREA OF FOCUS	ACTION	OUTCOME AND PROCESS INDICATORS
Improving outcomes for young people *(continued)*	6. Establish and integrate headspace satellite sites in the Whittlesea and Lilydale areas with a focus on improving access and improving coordination of pathways of care for young people.	• Satellite sites in operation
	7. Develop and implement strategies to address demand management/ wait times for service for young people with mental health needs in the catchment.	• Scope of demand identified • Strategies developed and documented • Strategies implemented
	8. Develop and implement youth suicide postvention protocol for the Eastern and North Eastern parts of the region.	• Youth Suicide Postvention Protocols in operation
FOCUS AREA 2 **Improving pathways of care for people with alcohol and other drug issues**	9. Develop a regional model of care to better respond to and manage comorbidity or dual presentation of mental health and alcohol and other drug issues.	• Work plan developed • Model of care developed and documented
	10. Provide a coordinated response for people with complex alcohol and other drug issues who present at an emergency department. Disseminate learnings to support regional application.	• Number of patients seen • Number of referrals made to community organisations
	11. With the aim of developing a region-wide approach, pilot and evaluate a post withdrawal day rehabilitation model for people with chronic and complex mental health use and harmful substance use.	• Number of participants completing program • Participant substance use over time • Health and wellbeing over time • Level of depression post completion of program
	12. Enhance primary care capacity for alcohol and other drug prevention and early intervention, and integration and linkage with specialist services.	• Number of referral pathways • Scope Alcohol and Other Drugs screening tool pilot implementation • Workforce development activities
	13. Develop strategies and processes to support co-commissioning by PHNs and DHHS for better results.	• Development of co-commissioning framework • Scope development of shared Alcohol and other drugs program guidelines • Development of shared patient reported outcome measurements

LEAD	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Lead: Mind Australia, EACH, Access Health and Community and EMPHN Involved: LHN, vocational provider, alcohol and other drug provider, general practice, private allied health.					
Lead: EMPHN Involved: Consumers and carers, LHNs, headspaces, DET					
Lead: Eastern Health and EMPHN Involved: Austin Health, Mind Australia, Neami National, headspace					
Lead: EACH					
Lead: Austin Health and Banyule Community Health					
Lead: Banyule Community Health Involved: St Vincent's Hospital					
Lead: Victorian Tasmanian Primary Health Network Alliance and DHHS					
Lead: Victorian Tasmanian Primary Health Network Alliance and DHHS					

AREA OF FOCUS	ACTION	OUTCOME AND PROCESS INDICATORS
Improving pathways of care for people with alcohol and other drug issues *(continued)*	14. Improve awareness of and access to drug and alcohol counselling for people of diverse cultural and linguistic backgrounds through co-location of counselling services at locations that meet client needs.	• Number of counselling sessions provided
	15. Provide information and support to pharmacists to promote the reduction of adverse impacts of intravenous drug use through opiate antagonists.	• Number of pharmacists involved, number of people provided with Naloxone.
	16. Map specialist referral pathways between primary care and specialist alcohol and other drug services, and maximise strategies to enhance linked service responses	• Alcohol and other drug service mapping completed • Number of referral pathways
	17. Build regional knowledge and understanding of relevant legislation (such as privacy) in order to improve engagement with families and carers.	• Information disseminated • Education sessions provided.
	18. Coordination of the North East Dual Diagnosis Youth Network to provide a multi-agency and multi-disciplinary network focussed on clinical case review, capacity building and professional development	• Number of member organisations • Number of capacity building activities
	19. Operation of the Eastern Metropolitan Region Dual Diagnosis Consumer and Carer Advisory Council and Dual Diagnosis Working Group	• Number of members • Number of meetings • Number of activities undertaken
	20. Explore the opportunity to create a shared intake process across state and commonwealth funded programs.	• Development of shared screening and assessment protocols
	21. Develop and document appropriate referral pathways across the region. (HealthPathways).	• Number of relevant referral pathways

LEAD	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Lead: Migrant Information Centre Involved: Turning Point, Link Community Health					
Lead: Carrington Community Health Involved: Pharmacists					
Lead: Victorian Tasmanian Primary Health Network Alliance and DHHS					
Lead: Turning Point					
Lead: St Vincent's Hospital (Nexus)					
Lead: Eastern Health					
Lead: Victorian Tasmanian Primary Health Network Alliance and DHHS					
Lead: EMPHN Involved: General Practice, LHNs					

AREA OF FOCUS	ACTION	OUTCOME AND PROCESS INDICATORS
FOCUS AREA 3 **Better meeting the needs of people with severe mental illness with complex needs**	22. Develop greater capability amongst the relevant workforce to respectfully receive feedback and action as appropriate across the entire region.	• KPIs to be developed by Consumer Advisory Committee
	23. Under the leadership of acute care, develop a model and the mechanisms to implement comprehensive secondary collaborative care plans that provide consumers at high risk of presentation and re-presentation to acute services with safe, quality and appropriate community support.	• Number of high risk individuals supported in the community with a collaborative care plan • Number of re-presentations of people with a collaborative care plan. • A consumer experience measure.
	24. Develop a regional panel to improve collective service delivery for people with severe mental illness with complex needs.	• Implement and trial panel. • Review outcomes for consumers.
	25. Increase capability of the workforce to incorporate into practice a process to identify and support consumers who are socially isolated.	• Identification of process to identify consumers who are socially isolated. • Provision of workforce training. • Test and refine process prior to regional dissemination
	26. Develop a consumer led model utilising contemporary peer led workforce and volunteer system to implement practical and useful interventions.	• Documentation and dissemination of model.
	27. Improve pathways between homeless services and the health system.	• Number of referrals from homeless services to the health system
	28. Establish an effective psychosocial interface between the National Disability Insurance Agency, Local Area Coordinators, EMPHN and LHN funded psychosocial services in the region.	• Development of subregional psychosocial interface committees. • Work plan developed.
	29. Increase meaningful use of My Health Record for consumers.	• Increased numbers of Shared Health Summaries or Event Summaries uploaded by Healthcare providers • Increased numbers of 'viewing' of My Health Record by Healthcare providers
	30. Promote referral, access and navigation pathways for consumers, carers and providers in the region via EMPHN's central intake.	• Promotion undertaken • Referral pathways developed

LEAD	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Lead: EMPHN – to be overseen by a Regional Plan Consumer Advisory Group					
Lead: Austin Health Involved: Community Health, LHNs, NGOs					
Lead: MIND Australia Involved: EMPHN, LHNs, NGOs, Community Health, General Practice					
Lead: MIND Australia					
Lead: Carrington Community Health					
Lead: Neami National Involved: LHNs, General Practice, Community Health					
Lead: EMPHN Involved: National Disability Insurance Agency, Local Area Coordinators, Psychosocial service providers and LHNs					
Lead: EMPHN Involved: General Practice					
Lead: EMPHN					

AREA OF FOCUS	ACTION	OUTCOME AND PROCESS INDICATORS
FOCUS AREA 4 **Improving the physical health outcomes for people with severe mental illness**	31. With the aim of developing a consistent region-wide approach, disseminate physical health screening tools currently being utilised across the region.	• Number of services in receipt of screening tool
	Review uptake and utilisation of variety of screening tools to inform the development and implementation of approach.	• Number of services utilising screening tool.
	32. Develop a model of systematised screening, referral and treatment to better ensure early identification of physical health issues through	
	a. colocation of a primary care practitioner (practice nurse, dietician or GP) in a community area mental health service clinic and	• Number of primary care practitioners placed in community AMHS. • Number of hours of service of primary care practitioner. • Number of people provided shared care arrangements
	b. streamlined access to primary care services for consumers discharged from acute settings.	• Number of referrals post discharge.
	33. Facilitate increased access across the region for consumers of an area mental health service to targeted chronic disease programs building on existing services and frameworks.	• Increased numbers of people with severe mental illness being assessed and treated for chronic disease. • Low rates of people who did not attend.
	34. Build capability of providers to support consumers with mental health problems to access immunisations, cancer screening and smoking cessation support.	• Scope of demand identified • Strategies developed and documented • Strategies implemented
	35. Build on existing practice to facilitate increased access for area mental health service consumers to local public dental services.	• Increased numbers of mental health consumers accessing dental care. • Low rates of people who did not attend.

LEAD	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Lead: EACH and EMPHN Involved: Banyule Community Health					
Lead: Eastern Health and Banyule Community Health					
Lead: Austin Health Involved: Banyule Community Health					
Lead: Carrington Community Health Involved: Eastern Health					
Lead: EMPHN					
Lead: Melbourne Health (Northern Area Mental Health) Involved: DPV Health					

AREA OF FOCUS	ACTION	OUTCOME AND PROCESS INDICATORS
Improving the physical health outcomes for people with severe mental illness *(continued)*	36. Build the understanding and competence of practice nurses in a number of general practices in relation to mental illness through education and support provided by an area mental health service senior nursing staff. Document process with a view to sharing with other LHNs to enable scaling across the entire catchment..	• Hours of support/training provided • Number of secondary consultations • Practice nurse feedback • Model documented
FOCUS AREA 5 **Enhancing our mental health response for older people**	37. Identify and document a set of evidence informed risk factors for inclusion in organisational screening tools to ensure consistency across the region.	• Risk factors identified and documented • Number of organisations using screening tool underpinned by documented risk factors.
	38. Develop and document referral pathways across the region. (HealthPathways).	• Number of relevant referral pathways
	39. Develop innovative models of early identification and intervention within the education sector: a) Explore the potential to implement a university student led outreach model providing psychological counselling and social services (wellbeing clinic for older adults) b) Advocate extending model to other universities as appropriate.	• Discussions with interested parties regarding model • Discussions with university sector following model development.
	40. Co-design a regional healthy ageing service response with a focus on early identification and intervention.	• Models co-designed • Implementation approach documented
	41. Enhance local government engagement with mental health sector in order to inform local planning and investment.	• Documented consultation and engagement by Maroondah Council with relevant sector organisations in Eastern Metropolitan region for council planning. • Older person's mental health is included as a priority in multiple council plans.

LEAD	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Lead: Austin Health Involved: Identified general practices					
Lead: Bolton Clarke Involved: EACH					
Lead: EMPHN Involved: General Practice, LHNs					
Lead: Swinburne Wellbeing Clinic for Older Adults					
Lead: EMPHN					
Lead: Maroondah Council Involved: Councils in EMPHN Catchment					

AREA OF FOCUS	ACTION	OUTCOME AND PROCESS INDICATORS
Enhancing our mental health response for older people *(continued)*	42. Local government to consider the opportunity to reduce stigma of mental illness for older people when planning intergenerational activities.	• Inclusion of activities to reduce stigma specifically incorporated into relevant activities delivered by council.
	43. Develop a workforce strategy to better support the broad range of staff involved in improving the outcomes for older people with mental illness.	• Implementation of workforce Strategy • Development and implementation plan • Number of activities delivered
	44. Support and train GPs in the use of specific screening tool relevant to a GP consultation.	• Number of GPs trained. • Feedback on the utility of the screening tool for GPs and their patients.
	45. Provide GPs and their practice staff with access to primary and secondary consultation with a senior mental health nurse and/ or psychiatrist in order to support older people with mental illness in the community.	• Development of an evaluation plan to identify utilisation of model. • Number of GPs utilising service. • Number of patients engaging with the program in the community as a result of consultation. • Reduced hospital admissions for the identified cohort.
	46. Seek funding to deliver training targeting families, carers and community members that support or assist older people that are impacted by mental health	• Number of funding grant applications submitted.
	47. Develop a collaborative plan to highlight the opportunities of community based activities facilitated by community groups and the corporate sector.	• Number of organisations involved • Plan developed.
	48. Identify and action a series of opportunities for sharing of best practice approaches and a mechanism for ensuring sustainability consistent with EMPHN healthy ageing service response.	• Plan developed • Governance and oversight mechanism developed.

LEAD	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Lead: Maroondah Council Involved: Councils in EMPHN Catchment					
Lead: EMPHN					
Lead: Eastern Health Involved: General Practice					
Lead: Eastern Health Involved: General Practice					
Lead: Knox City Council					
Lead: Knox City Council Involved: Councils Community groups, volunteer groups, retail and private industry, primary care providers and mental Health service providers					
Lead: EMPHN					

AREA OF FOCUS	ACTION	OUTCOME AND PROCESS INDICATORS
FOCUS AREA 6 **Suicide Prevention**	49. Through the Hospital Outreach Post-Suicidal Engagement Initiative, provide enhanced support and assertive outreach for people leaving the emergency department following treatment for an attempted suicide.	• Ambulatory contact hours • Contacts within 24 hours from time of discharge from referral unit (Emergency Department, acute ward) • Contacts within 72 hours face-to-face from time of discharge
	50. Develop and implement an agreed regional protocol, pathway and policy to guide practices across acute, general practice and community based suicide prevention and postvention services (considering lifespan and diversity).	• Pathway included on Health Pathways. • Signed formal Regional Suicide Prevention Protocol between key stakeholders. • Annual audit of Protocol compliance demonstrates improvement.
	51. Develop an Aboriginal and Torres Strait Islander Suicide Prevention and Postvention Protocol, Pathway and Policy.	• Protocol, Pathway and Policy in operation
	52. Through place-based suicide prevention trials in Maroondah and Whittlesea, invest in and support the local communities to achieve a shared awareness, understanding and responsibility in suicide prevention and build capacity to respond. Use learnings to extend model across the region.	• Development and implementation of work plan identifying process to develop shared understanding. • Number of forums and events/activities held and number of people attending. • Community resources such as clubs/ groups/networks are recognised as partners in suicide prevention.
	53. Develop a central repository for up to date information on local supports and services.	• Central repository developed and operational. • Services, consumers, and families are able to access service information via an online platform. • Central repository is branded and highly visible in the community. • Service providers know where to refer for the appropriate level of care • Central repository is updated on a six monthly basis
	54. Provide professional development for GPs and general practice to assess risk and undertake suicide safety planning.	• Number of GPs and practice staff trained in suicide risk assessment and safety planning.

LEAD	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Lead: Eastern Health					
Lead: Neami National and EMPHN Involved: LHNs, Community Health Services, Police, Ambulance and DHHS					
Lead: EMPHN in collaboration with ACCHOs and ACCOs.					
Lead: Neami National and EMPHN					
Lead: EMPHN and DHHS					
Lead: EMPHN Involved: General Practice, Neami National					

AREA OF FOCUS	ACTION	OUTCOME AND PROCESS INDICATORS
Suicide Prevention *(continued)*	55. Provide a suite of tools and resources to support general practice to use at point of care	• 100%GPs have access to suicide risk tool • Percentage of practices using the risk assessment. • Number of consumers who have been assessed as it risk who have suicide safety plans.
	56. Seek funding to develop and implement an innovative therapeutic model of care incorporating triage, peer support, coordination, information and referral outside of business hours.	• Development of model • Funding applications submitted • Commencement of trial (pending funding).
FOCUS AREA 7 **Improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander communities**	57. Utilising existing governance structures, develop a regional governance and planning platform that is driven by Aboriginal and Torres Strait Islander Communities and supported by key stakeholders to support regional planning, policy and program development and innovative funding approaches.	• Regional governance and planning platform developed, documented and endorsed by Aboriginal communities and key stakeholders. • Governance and Leadership opportunities are identified and Aboriginal and Torres Strait Islander leaders are invited and supported to participate.
	58. Develop an Aboriginal and Torres Strait Islander Health, Social and Emotional Wellbeing evaluation framework that is congruent with other available culturally appropriate evaluation frameworks.	• Development of a culturally appropriate evaluation, outcomes and experience framework
	59. Development of a regional commissioning framework and other funding policies and procedures to more effectively address regional needs of the Aboriginal and Torres Strait Islander Community and supports self-determination and cultural safety principles.	• Regional commissioning framework developed, documented and in use.
	60. Facilitate the development of regional principles of care that guide the creation of culturally appropriate service models for the Aboriginal and Torres Strait Islander Community.	• Regional principles developed and disseminated. • Regional principles guide the development of culturally appropriate and safe treatment and support services, referral pathways and workforce development.

LEAD	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Lead: EMPHN Involved: General Practice, Neami National					
Lead: EMPHN Involved: LHNs					
Lead: EMPHN and DHHS in collaboration with ACCHOs, ACCPs, Local Aboriginal Networks and LHNs					
Lead: EMPHN and DHHS in collaboration with ACCHOs, ACCPs, Local Aboriginal Networks and LHNs					
Lead: EMPHN and DHHS in collaboration with ACCHOs, ACCPs, Local Aboriginal Networks and LHNs					
Lead: EMPHN in collaboration with ACCHOs, ACCPs, Local Aboriginal Networks and LHNs					

AREA OF FOCUS	ACTION	OUTCOME AND PROCESS INDICATORS
Improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander communities *(continued)*	61. Further development of culturally appropriate and safe HealthPathways.	• Number of referral pathways developed.
	62. Develop a comprehensive guide (an app) for Aboriginal and Torres Strait Islander People to locate health and support services in the north of Melbourne.	• Number of listed services • Number of times website visited.
	63. Develop and implement a safe, effective and culturally appropriate suicide prevention response work plan for the region.	• Culturally appropriate, safe and accessible treatment and support services are available. • A culturally safe and skilled workforce in the community controlled and mainstream health organisations sector. • Aboriginal and Torres Strait Islander communities have the relevant skills to respond to community, health, social and emotional wellbeing.
	64. Develop a regional approach to support capacity building of ACCHOs and ACCOs.	• Development and implementation of a regional work plan to support prioritised capacity building initiatives identified by ACCHOs and ACCOs.
	65. Develop and test new service model comprising multidisciplinary assessment, mental health and alcohol and other drug treatment and cultural strengthening and healing for Aboriginal people over the age of sixteen in the North West of Melbourne.	• Culturally inclusive assessment methods incorporated into practice by consortium members. • New and enhanced formal partnerships between VAHS and LHNs. • Extended referral pathways • Streamlined access to coordinated services including social support. • Increased knowledge and evidence base documented to inform future investment.
	66. Improve the linkages and pathways between Aboriginal and Torres Strait Islander Communities and the state-wide Koori in-patient beds.	• Mapping and consultation undertaken • Pathways documented

LEAD	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Lead: EMPHN Involved: General Practice, ACCHOs, ACCOs, NGOs and LHNs					
Lead: Northern Health					
Lead: EMPHN in collaboration with ACCHOs, ACCPs, Local Aboriginal Networks and LHNs					
Lead: EMPHN and ACCHOs and ACCOs.					
Lead: Victorian Aboriginal Health Service Involved: LHNs, DHHS					
Lead: St Vincent's Hospital Involved: Victorian Aboriginal Health Service					

AREA OF FOCUS	ACTION	OUTCOME AND PROCESS INDICATORS
FOCUS AREA 8 **Increasing support for General Practice**	67. Support active participation by general practice as a core team member in collaborative care planning.	• Increase in case conferencing. • GP engagement in discharge planning. • Specialist/ GP events held. • Annual GP and stakeholder survey indicates improvement in collaboration.
	68. Explore the development of financially sustainable shared care models between general practices and specialist services.	• Models developed. • Increased shared care arrangements in place trialled across the region.
	69. Implement agreements with LHNs to provide clinical attachment for GPs to enhance existing skills in mental health, alcohol and other drug issues and suicide prevention and to understand their application.	• Trusted partnerships between GPs, acute and other specialists in mental health, alcohol and other drug and suicide prevention clinical services.
	70. Identify and recognise GPs with specialist skills and experience in working with mental health and alcohol and other drug issues.	• EMPHN has a register of GPs with special interest in mental health and alcohol and other drug issues. • Number of GPs identified and participating in program.
	71. Develop a mechanism to improve rapid access to specialist services for consumers requiring higher levels of care when assessed by GPs with enhanced skills.	• Mechanism negotiated with health services for rapid access to specialists/ secondary consultations/acute services. • Number of referrals made and received in a timely manner.
	72. Develop protocols and pathways between GPs in Schools and headspace centres to facilitate expedited access to services.	• GPs in schools' doctors have improved and streamlined access to headspace services. • Number of shared care arrangements in place.
	73. Develop an education and training strategy to better support general practice to identify and treat mental health and alcohol and other drug issues.	• Tailored training and CPD opportunities for GPs/Practice Nurses to further build their clinical knowledge base in mental health, alcohol and other drugs and suicide prevention • Number of face-to-face sessions and number of GPs and Practice Nurses attending. • Number of webinars and number of GPs and Practice Nurses registering. • Number of GPs completing EMPHNs online learning modules.

LEAD	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Lead: EMPHN Involved: General practice, LHNs					
Lead: EMPHN Involved: General Practice and LHNs					
Lead: EMPHN Involved: General Practice and LHNs					
Lead: EMPHN Involved: GPs					
Lead: EMPHN Involved: LHNs					
Lead: EMPHN					
Lead: EMPHN					

AREA OF FOCUS	ACTION	OUTCOME AND PROCESS INDICATORS
Increasing support for General Practice *(continued)*	74. Develop an education and training strategy to facilitate the engagement of GPs who have a specific interest in developing specialist mental health and alcohol and other drugs skills in further training and education.	• Strategy developed • GPs with a special interest identified. • Specialist mental health and alcohol and other drugs training and education provided.
	75. Provide mental health first aid training for frontline staff in general practice	• Number of frontline staff trained. • Frontline staff provide a supportive environment for consumers presenting to general practice/or who are escalating to crisis. • Frontline staff can identify and appropriately respond to suicidality.
	76. Increase use of EMPHN Psychiatric Advice and Consultation Service and review impact.	• POLAR data shows that 100% of general practices are providing services to consumers with mental health, alcohol and other drug challenges and those at risk of suicide. • Service is reviewed with feedback incorporated into model.
	77. Review and update GPs/Primary Health communication strategy across the region around mental health, alcohol and other drugs and suicide prevention.	• GPs are informed on the range of health and community support services available to support consumers with mental health, alcohol and other drug challenges and suicide prevention. • Technology is used to support safe transfer of consumer information.
	78. Increase meaningful use of Health Pathways as a referral tool and a resource for keeping abreast of clinical evidence-based practice.	• Number of GPs accessing Mental Health, alcohol and other drugs and Suicide Prevention Pathways. • Number of GPs reporting multi-purposes for using Health Pathways. • Number of GPs who have link to Health Pathways on desktop.

LEAD	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Lead: EMPHN Involved: GPs, RACGP					
Lead: EMPHN Involved: General Practice					
Lead: EMPHN with support from contractor delivering the service					
Lead: EMPHN					
Lead: EMPHN Involved: General Practice					

AREA OF FOCUS	ACTION	OUTCOME AND PROCESS INDICATORS
FOCUS AREA 9 **The role of quality, safety and clinical governance in complex integrated care**	79. Design a shared clinical governance framework that will support more effective care pathways, simplified referral mechanisms, quality processes and capacity to learn from adverse events.	• Best practices approaches identified. • Consultation with other PHNs on existing and planned shared clinical governance projects. • Document draft framework
	80. Test and refine the regional shared clinical governance framework through specific improvement projects utilising local knowledge and data.	• Identify specific improvement projects and test application of methodology
	81. Revise and further develop the shared clinical governance framework for use by mental health and alcohol and other drug treatment organisations working across the continuum of care.	• Refine framework based on learnings. • Develop regional implementation approach
	82. Develop a region-wide lived experience strategy that: a) Addresses engagement, participation and collaboration with people who have a lived experience b) Addresses peer workforce development, harnessing existing knowledge, experience and expertise in the region.	• Scoping and mapping of current consumer and carer engagement mechanisms mapped • Process for developing strategy documented • Strategy operationalised • Scoping and mapping of current peer workforce • Best practice models identified and shared • Region-wide strategy documented
	83. Identify and deliver a range of training and sector capacity building activities utilising existing networks and partnerships.	• Scope current workforce development requirements • Develop and implement workforce development initiatives.
	84. Develop a region-wide approach to identifying, monitoring and reporting on system level outcomes as a result of increased integration and collaboration.	• Comprehensive evaluation approach developed, documented and operational
	85. Review on an annual basis plan program logic.	• Program logic reviewed • Findings communicated
	86. Identify and strategically respond where new models and frameworks can be successfully expanded and scaled across the region.	• Models and frameworks being trialled and tested reviewed for applicability to scale across the entire region.

LEAD	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Lead: Eastern Health and EMPHN					
Lead: EMPHN					
Lead: Eastern Health and EMPHN					
Lead: EMPHN Involved: Plan Consumer Advisory Group, LHNs, NGOs					
Lead: EMHSCA and NEMHSCA					
Lead: Plan Governance and Consumer Advisory Groups					
Lead: Plan Governance and Consumer Advisory Groups					
Lead: Plan Governance and Consumer Advisory Groups					

AREA OF FOCUS	ACTION	OUTCOME AND PROCESS INDICATORS
FOCUS AREA 10 **Information management and data sharing**	87. Establish data collection and governance processes for system wide evaluation of mental health service utilisation	• Percent of relevant acute health services agreeing to share data for system level analysis. • Collaborative processes for linking, analysis and sharing of system level data between EMPHN and other catchment services established and maintained.
	88. Undertake initial (baseline) data extraction, linkage and analysis of EMPHN commissioned services, LHNs and General Practice.	• Baseline data gathered
	89. Monitor referral, access and transition between EMPHN commissioned services, LHNs and general practice and identify service gaps for key population groups.	• Population rate of GP referrals for community mental health services. • Population rate of GP referrals for community mental health services
	90. Undertake ongoing (triennial) data collection and linkage with LHN, EMPHN commissioned services and general practice data to monitor consumer pathways of care between community and acute services.	• Changes in demand for acute and community mental health services across the catchment are identified for high needs and identified consumer groups. • All service planning is underpinned by data. • Percent of current consumers presenting to an emergency department for mental health treatment after hours. • Percent of current consumers presenting to an emergency department for mental health treatment during business hours.
	91. Utilise Regional Planning Governance group to better align service planning processes across the region, and ensure a commitment to a shared regional agenda	• Establish ongoing Regional Governance group • Terms of reference developed and members confirmed • Numbers of meetings held
	92. Development and use of agency-based skills matrix to assess organisational capability to address the needs of mental health consumers	• Skill matrix developed and being used across all partners in project

LEAD	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Lead: EMPHN Involved: Commissioned services, general practice and LHNs					
Lead: EMPHN Involved: Commissioned services, general practice and LHNs					
Lead: EMPHN					
Lead: EMPHN Involved: LHNs					
Lead: EMPHN and LHNs Involved: consumers and carers and other plan stakeholders					
Lead: EMPHN					

References

1 Commonwealth Department of Health. *The Fifth National Mental Health and Suicide Prevention Plan*. Canberra: DOH, 2017.

2 See: https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Framework-for-Recovery-oriented-Practice

3 Commonwealth Department of Health. *The Fifth National Mental Health and Suicide Prevention Plan*. Canberra: DOH, 2017.

4 National Mental Health Commission. *The National Review of Mental Health Programmes and Services Summary*. Sydney: NMHC, 2014.

5 Commonwealth Department of Health. *The Fifth National Mental Health and Suicide Prevention Plan*. Canberra: DOH, 2017, p.19.

6 National Mental Health Commission. *Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia*. Sydney: NMHC, 2016.

7 Commonwealth Department of Health. 2017. *National Drug Strategy 2017–2026*. Canberra: DOH, 2017.

8 Commonwealth Department of Health and Ageing. *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*. Canberra: DOHA, 2013.

9 Commonwealth Department of the Prime Minister and Cabinet. *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*. Canberra: PM&C, 2017.

10 Commonwealth Department of the Prime Minister and Cabinet. *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*. Canberra: PM&C, 2017, p.8.

11 Commonwealth Department of Health and Ageing. *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*. Canberra: DOHA, 2013, p.4.

12 Commonwealth Department of Health and Ageing. *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*. Canberra: DOHA, 2013.

13 Victorian Government Department of Health and Human Services. *Victoria's 10 Year Mental Health Plan*. Melbourne: DHHS, 2015.

14 Victorian Government Department of Health and Human Services. *Victorian Suicide Prevention Framework 2016–25*. Melbourne: DHHS, 2016.

15 Victorian Auditor General's Office. *Access to Mental Health Services*. 2019. Available at: https://www.audit.vic.gov.au/report/child-and-youth-mental-health.

16 Victorian Auditor General's Office. *Child and Youth Mental Health*. 2019. Available at: https://www.audit.vic.gov.au/sites/default/files/2019-03/20190321-Mental-Health-Access.pdf.

17 Victorian Government. Royal Commission Mental Health Terms of Reference. 2019. Available at: https://engage.vic.gov.au/royal-commission-mental-health-terms-of-reference.

18 See https://dhhs.vic.gov.au/news/more-support-people-who-have-attempted-suicide.

19 Victorian Government. *Victorian public health and wellbeing plan 2019–2023*. Melbourne, 2019.

20 Silburn K. *Recommissioning community mental health support services and alcohol and other drugs treatment services in Victoria: Report on findings from interviews with senior personnel from both sectors*. Melbourne: Australian Institute of Primary Care and Aging, 2015.

21 Victorian Government Department of Health and Human Services. *Korin Korin Balit-Djak Aboriginal health, wellbeing and safety strategic plan 2017–2027*. Melbourne: DHHS, 2017

22 Victorian Government Department of Health and Human Services. *Balit Murrup Aboriginal social and emotional wellbeing framework 2017–2027*. Melbourne: DHHS, 2017

23 Victorian Government Department of Health and Human Services. *Aboriginal governance and accountability framework*. Melbourne: DHHS, 2017

24 Victorian Department of Health and Human Services. *Municipal public health and wellbeing planning*. 2018. Available at: https://www2.health.vic.gov.au/public-health/population-health-systems/municipal-public-health-and-wellbeing-planning.

25 *EMPHN Needs Assessment Report.* Melbourne: EMPHN, 2018, p.17.

26 Black Dog Institute. *Facts and figures about mental health.* Available at: https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts_figures.pdf?sfvrsn=8.

27 Australian Institute of Health and Welfare. *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011.* Australian Burden of Disease Study series no. 3. BOD 4. Canberra: AIHW, 2016.

28 National Mental Health Commission. *The National Review of Mental Health Programmes and Services Summary.* Sydney: NMHC, 2014.

29 *EMPHN Needs Assessment Report.* Melbourne: EMPHN, 2018, p.52.

30 *EMPHN Needs Assessment Report.* Melbourne: EMPHN, 2018, p.52.

31 Australian Bureau of Statistics. *National Health Survey 2014–15.* Canberra: ABS, 2015.

32 Australian Bureau of Statistics. *National Health Survey 2014–15.* Canberra: ABS, 2015.

33 Australian Institute of Health and Welfare. *National Drug Strategy Household Survey.* Canberra: AIHW, 2016.

34 *EMPHN Needs Assessment Report.* Melbourne: EMPHN, 2018, p.87.

35 360edge. *Shaping the future. Alcohol and other drug response in Eastern Melbourne.* Melbourne: 360 Edge, 2019, p.12.

36 Australian Bureau of Statistics. *Causes of Death, Australia, 2017.* Canberra: ABS, 2018.

37 Australian Bureau of Statistics. *Causes of Death, Australia, 2017.* Canberra: ABS, 2018.

38 Commonwealth Department of Health. *The Fifth National Mental Health and Suicide Prevention Plan.* Canberra: DOH, 2017.

39 Victorian Government Department of Health and Human Services. *Victoria's 10 Year Mental Health Plan.* Melbourne: DHHS, 2015.

40 World Health Organization. *Preventing suicide: a global imperative.* Geneva: WHO, 2014, p.7.

41 *EMPHN Needs Assessment Report.* Melbourne: EMPHN, 2018, p.53.

42 Bell T, Mendoza J, Stretton A and Salvador-Carulla L. *EMPHN Integrated Mental Health and AOD Service Atlas (East and North East Melbourne) – Final report.* Sunshine Coast: ConNetica, 2018.

43 Bell T, Mendoza J, Stretton A, and Salvador-Carulla L. *EMPHN Integrated Mental Health and AOD Service Atlas (East and North East Melbourne) – Final report.* Sunshine Coast: ConNetica, 2018, p.x.

44 POLAR GP stands for Population Level Analysis and Reporting for general practice. It is proprietary software that uses health analytics to inform quality improvement in general practice through analysis of their own identified patient data.

45 Safer Care Victoria. *Victorian Clinical Council Advice: Integration of care: from fragmented to seamless.* Melbourne: Safer Care Victoria, 2018, p.1.

46 World Health Organization. *Mental Health: a state of well-being.* 2014. Available at: https://www.who.int/features/factfiles/mental_health/en/

47 National Mental Health Commission. *Glossary.* 2014. Available at: http://www.mentalhealthcommission.gov.au/our-reports/our-national-report-cards/2013-reportcard/supporting-information/glossary.aspx.

48 Victorian Government Department of Human Services. *Victorian Child Health and Wellbeing Survey.* Melbourne: DHS, 2006.

49 Australian Bureau of Statistics. *Causes of Death, Australia, 2017.* Canberra: ABS, 2018.

50 Commonwealth Department of Health. *National Drug Strategy 2017–2026.* Canberra: DOH, 2017.

51 Australian Institute of Health and Welfare. *Alcohol and other drug treatment services in Australia: 2016–17.* Drug treatment series no. 31. Cat. no. HSE 207. Canberra: AIHW, 2018.

52 Australian Institute of Health and Welfare. *Alcohol, tobacco and other drugs in Australia.* 2018. Available at: https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/people-from-culturally-and-linguistically-diverse-backgrounds.

53 Commonwealth Department of Health. *National Drug Strategy 2017–2026.* Canberra: DOH, 2017, p.29.

54 *EMPHN Needs Assessment Report.* Melbourne: EMPHN, 2018, p.83.

55 *EMPHN Needs Assessment Report.* Melbourne: EMPHN, 2018, p.84.

56 360 Edge. *A model to enhance alcohol and other drug services in Eastern Melbourne.* Melbourne: 360 Edge, 2019.

57 National Mental Health Commission. *The National Review of Mental Health Programmes and Services Summary.* Sydney: NMHC, 2014, p.14.

58 Morgan VA, Waterreus A, Carr V, Castle D, Cohen M, Harvey C, et al. Responding to challenges for people with psychotic illness: updated evidence from the survey of high impact psychosis. *Australian and New Zealand Journal of Psychiatry* 2017;51(2).

59 National Mental Health Commission. *The National Review of Mental Health Programmes and Services Summary.* Sydney: NMHC, 2014, p.19.

60 Commonwealth Department of Health. The Fifth National Mental Health and Suicide Prevention Plan, Canberra: DOH, 2017.

61 EMPHN. *Mental Health Stepped Care Model Brochure.* Melbourne: EMPHN, 2019

62 Colton CW, Manderscheid RW. Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Preventing chronic disease* 2006;3(2).

63 Harris B, Duggan M, Batterham P, Bartlem K, Clinton-McHarg T, Dunbar J, et al. *Australia's Mental Health and Physical Health Tracker.* Melbourne: Victoria University, 2018.

64 De Hert M, Correll CU, Bobes J, Cetkovich-Bakmas M, Cohen D, Asai I, et al. Physical illness in patients with severe mental disorders. Prevalence, impact of medications and disparities in health care. *World psychiatry.* 2011;10(1).

65 Victorian Government Department of Health and Human Services. *Equally well in Victoria.* Melbourne: DHHS, 2019.

66 World Health Organisation. *Mental health of older adults.* 2017. Available at: https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults

67 Knight, B.G. and Pachana, N.A. *Psychological assessment and therapy with older adults.* Oxford, UK: Oxford University Press, 2015.

68 Australian Institute of Health and Welfare. *Australia's welfare 2015.* Australia's welfare series no. 12. Cat. no. AUS 189. Canberra: AIHW, 2015.

69 Australian Institute of Health and Welfare. *Older Australia at a glance.* 2018. Available at: https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/service-use/mental-health.

70 *EMPHN Needs Assessment Report.* Melbourne: EMPHN, 2018, p.9.

71 *EMPHN Needs Assessment Report.* Melbourne: EMPHN, 2018, p.94.

72 Australian Government Department of Health. 2006. *Older adults.* Available at: http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-p-mono-toc~mental-pubs-p-mono-pop~mental-pubs-p-mono-pop-old.

73 Victorian Dual Diagnosis Initiative. Building Up Dual Diagnosis in Holistic Aged Services. *Older Adults Dual Diagnosis Resource Guide.* 2015. p.2.

74 Australian Bureau of Statistics. *Causes of Death, Australia, 2017.* Canberra: ABS, 2018.

75 Commonwealth Department of Health. *The Fifth National Mental Health and Suicide Prevention Plan.* Canberra: DOH, 2017.

76 Commonwealth Department of Health. *The Fifth National Mental Health and Suicide Prevention Plan.* Canberra: DOH, 2017, p.23.

77 Mendoza J, Wands M, and Ozols I. *Final Report: Suicide Prevention Regional Strategy, Eastern Melbourne (prepared for Eastern Melbourne PHN).* Sunshine Coast: ConNetica, 2018.

78 Commonwealth Department of Health. *The Fifth National Mental Health and Suicide Prevention Plan.* Canberra: DOH, 2017.

79 Commonwealth Department of the Prime Minister and Cabinet. *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing.* Canberra: PM&C, 2017.

80 Australian Commission for Safety and Quality in Healthcare. *National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health.* Sydney: ACSQHC, 2017, p.2.

81 *EMPHN Needs Assessment Report.* Melbourne: EMPHN, 2018, p.8.

82 *EMPHN Needs Assessment Report.* Melbourne: EMPHN, 2018, p.73.

83 National Mental Health Commission. *The National Review of Mental Health Programmes and Services Summary*. Sydney: NMHC, 2014, p.16.

84 Royal Australian College of General Practitioners. *Submission to the Productivity Commission Inquiry into Mental Health*. Melbourne: RACGP, April 2019, p.4.

85 Australian Institute of Health and Welfare. *Mental Health Services in Australia*. 2019. Available at: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary/key-concepts#.

86 Commonwealth Department of the Prime Minister and Cabinet, *Final Report of the National Ice Taskforce*. Canberra: PM&C, 2015.

87 Australian Institute of Health and Welfare. *Alcohol, tobacco and other drugs in Australia*. 2018. Available at: https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/alcohol.

88 The Royal Australian College of General Practitioners. *Guidelines for preventive activities in general practice, 9th edn*. Melbourne: RACGP, 2016.

89 Australian Commission for Safety and Quality in Health Care. *National Safety and Quality Health Service Standard*. Sydney: ACSQHC, 2017.

90 Commonwealth Department of Health. *The Fifth National Mental Health and Suicide Prevention Plan*, Canberra: DOH, 2017, p. 42.

91 Duckett S, Cuddihy M, Newnham H. *Targeting Zero: Supporting the Victorian Hospital System to Eliminate Avoidable Harm and Strengthen Quality of Care: Report of the Review of Hospital Safety and Quality Assurance in Victoria*. Melbourne: Victorian Government, 2016.

Connecting people.
Our plan.

connectingpeople-ourplan.com.au