

Northern Sydney Local Health District

Aboriginal Mental Health and Wellbeing Implementation Plan 2021-2025



Northern Sydney
Local Health District

Cover Art

Kris Khamis Artist

Pindarri (Walk this journey together)

It means to walk this journey together, my people were the only people here for over 65,000 years they maintained good health and wellbeing through connection to culture, country, and kin. Past policies impacted our social and emotional wellbeing and left us with a mistrust of services.

I have seen firsthand the wonderful work being completed by NSLHD and the Aboriginal Mental Health, Drug and Alcohol teams. I have loved ones with lived experience and the work they provide is cultural safe for people to address their health concerns.

By walking the journey together both Aboriginal and Non-Aboriginal people must ensure social and emotional wellbeing is a top priority for health.

The image represents Northern Sydney and the health services of NSLHD. The bridge and the people on the pillars are the consumers who utilize the services every day. The hands represent the commitment to work with first nation people, continuing to build culturally competent health services that reduce the poor health outcomes for Aboriginal people. The lands represent and acknowledge that this is and always will be Aboriginal Land

Kris Khamis is a Darug born local with strong ties to his grandmother's country and acknowledge the Wiradjuri people.

I have known many people in my life that struggle to have good social and emotional wellbeing. Health is holistic and for my people, it is the connection to mind, body spirit with strong connections to country, culture, and community.

By building better services that people utilize will close the gap and increase the life expectancy for my people allowing them to thrive.



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Acknowledgements



Northern Sydney Local Health District (NSLHD) would like to acknowledge and pay our respects to the traditional custodians of the country upon which we meet and work: The Gai-mariagal, Guringai and Dharug Peoples.

Their spirit can be found across the region and we honour the memory of our ancestors, Elders past, present and emerging.

As we endeavour to serve the health needs within the community, we recognise the importance of the land and the waters, as an integral part of people's health and wellbeing.

We are all just visitors to this place.

We are just passing through.

*Our purpose here is to observe and learn,
to grow and to love*

... And then we return home.

Australian Aboriginal Proverb

We also acknowledge the lived experience of people with mental health issues and caring, families and kinship groups. Their voices are essential in our work.

With thanks

Thank you to the following people for their support in developing this Implementation Plan to guide our work in mental health and wellbeing to 2025:

- Michelle Lawrence, NSLHD Clinical Lead for Aboriginal Mental Health and Drug & Alcohol (MHDA) Services (lead)
 - NSLHD Aboriginal Health Service team
 - The many NSLHD staff, consumer and carer representatives who have attended consultation workshops
 - Aboriginal and Torres Strait Islander community members, for their input at community consultations.
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Message from the Chief Executive

The health and wellbeing of Aboriginal and Torres Strait Islander communities across Northern Sydney Local Health District is a key priority for our health service. We acknowledge the significant health disparities that exist for first nations people.

The Northern Sydney Local Health District Aboriginal Mental Health and Wellbeing Implementation Plan 2021-2025 reflects our commitment to closing this gap through achieving the following goals:

Goal 1

Holistic person and family centred care and healing

Goal 2

Culturally safe and trauma informed quality care

Goal 3

Connected care



Our Mental Health and Drug & Alcohol team delivers care in collaboration with Aboriginal communities to provide world class treatment, with cultural respect and safety and the forefront. In order to achieve our goals in reducing health disparities and improving health and wellbeing outcomes for Aboriginal people, this Implementation Plan highlights the strategies that must be at the heart of how we work. It includes actions we will take with our partners to improve respectful, trusting and effective partnerships with the Aboriginal communities we serve.

The Implementation Plan builds on the significant work achieved by the Mental Health and Drug & Alcohol Directorate in line with the Aboriginal Mental Health Drug and Alcohol Action Plan 2019-2021. Priority actions have been developed through consultation and engagement with key stakeholders. By working collaboratively with all health staff, our community service partners and local Aboriginal and Torres Strait Islander communities, implementation of this plan will play an important role in improving the health and wellbeing of Aboriginal and Torres Strait Islander people across our district.

Deb Willcox

Chief Executive Officer

Introduction

Purpose of the Implementation Plan

The Implementation Plan responds to the vision, goals, guiding principles and strategic directions of the [NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025](#) (Figure 1).

The Implementation Plan aligns with the NSLHD MHDA Aboriginal Health Plan 2020–2023 and the NSLHD Aboriginal Health Plan 2017-2020 and is consistent with NSW Health and NSLHD strategic directions for Aboriginal and Torres Strait Islander Health. It also aligns with a range of NSW and national plans and initiatives (Appendix A).

The plan highlights the strong foundations NSLHD has built in working with Aboriginal and Torres Strait Islander consumers and communities in 2020 and the upcoming actions for 2021-2025.

Action Tables (pp 15-32) provide an overview of the work.

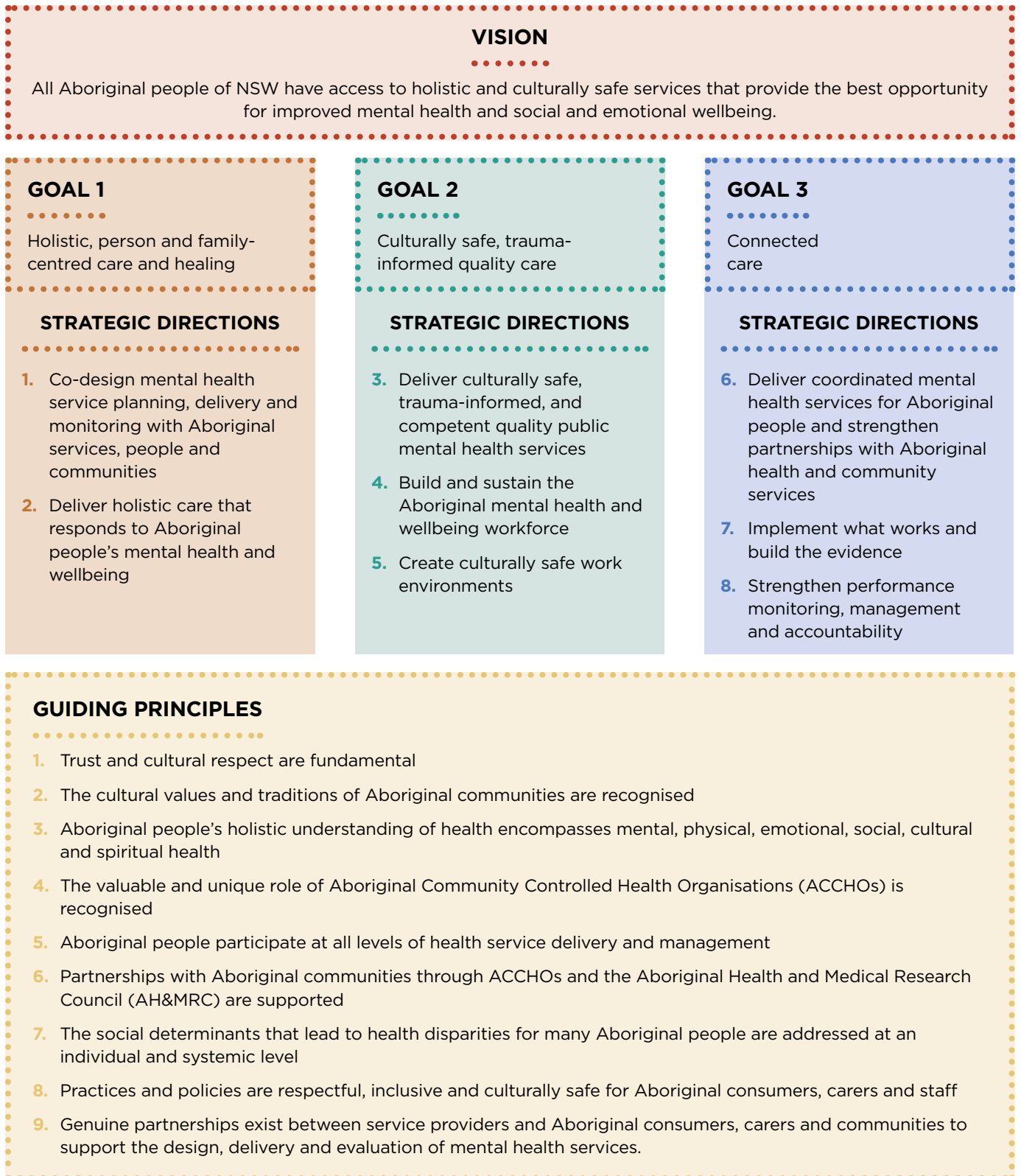
This plan is for implementation by all staff of the NSLHD who work with people with lived experience of mental health issues and their families and carers.

“We’re not starting from zero with this Implementation Plan thanks to our fabulous current team. We’re building on our strong foundations”

Workshop participant May 2021.



Figure 1 - NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025 Strategy at a glance (p11)



These principles are adapted from the *NSW Health Aboriginal Health Plan 2013-2023*. This Strategy also recognises and reflects the enduring principles of social and emotional wellbeing as set out in the *Gayaa Dhuwi (Proud Spirit) Declaration*.



Co-design

This Plan has been codesigned with Aboriginal and Torres Strait Islander services, staff, people and communities. Consumers, carers, health service and other partner service providers have also been engaged through workshops and community consultations.

The plan has been developed by the Aboriginal Clinical Leader supported by the Mental Health, Drug and Alcohol Director and the Aboriginal Mental Health, Drug and Alcohol Committee Coordinator. Consultation has occurred with the following stakeholders:

- Aboriginal Health Service
- Aboriginal Advisory Committee
- NSLHD Service Directors
- Aboriginal Controlled Health Services
- Aboriginal and Torres Strait Islander staff
- Non-Government Organisation (NGO) services
- The Aboriginal and Torres Strait Islander Community of NSLHD

Consultation occurred with local Aboriginal and Torres Strait Islander health workers and service directors, staff and consumers within the facilities who participated in focus groups and an online survey. Aboriginal and Torres Strait Islander community groups, included the Women's' and Men's group where ongoing engagement continues about their experience. The consultation process was conducted within COVID-19 restrictions.

In addition, the Aboriginal Cultural Engagement Self-Assessment results, Your Experience of Service (YES) survey and Carer Experience of Service (CES) survey were reviewed to identify gaps and inform key actions.

Governance

The NSLHD Mental Health, Drug & Alcohol service in conjunction with the Aboriginal Health Service is responsible for developing, leading and monitoring the implementation of this plan. Implementation will be led by the Aboriginal Clinical Leader of Mental Health, Drug & Alcohol, guided by the Aboriginal and Torres Strait Islander community and involve all NSLHD staff.

Implementation will be supported and monitored on a quarterly basis by the NSLHD Aboriginal Mental Health, Drug & Alcohol Committee which will:

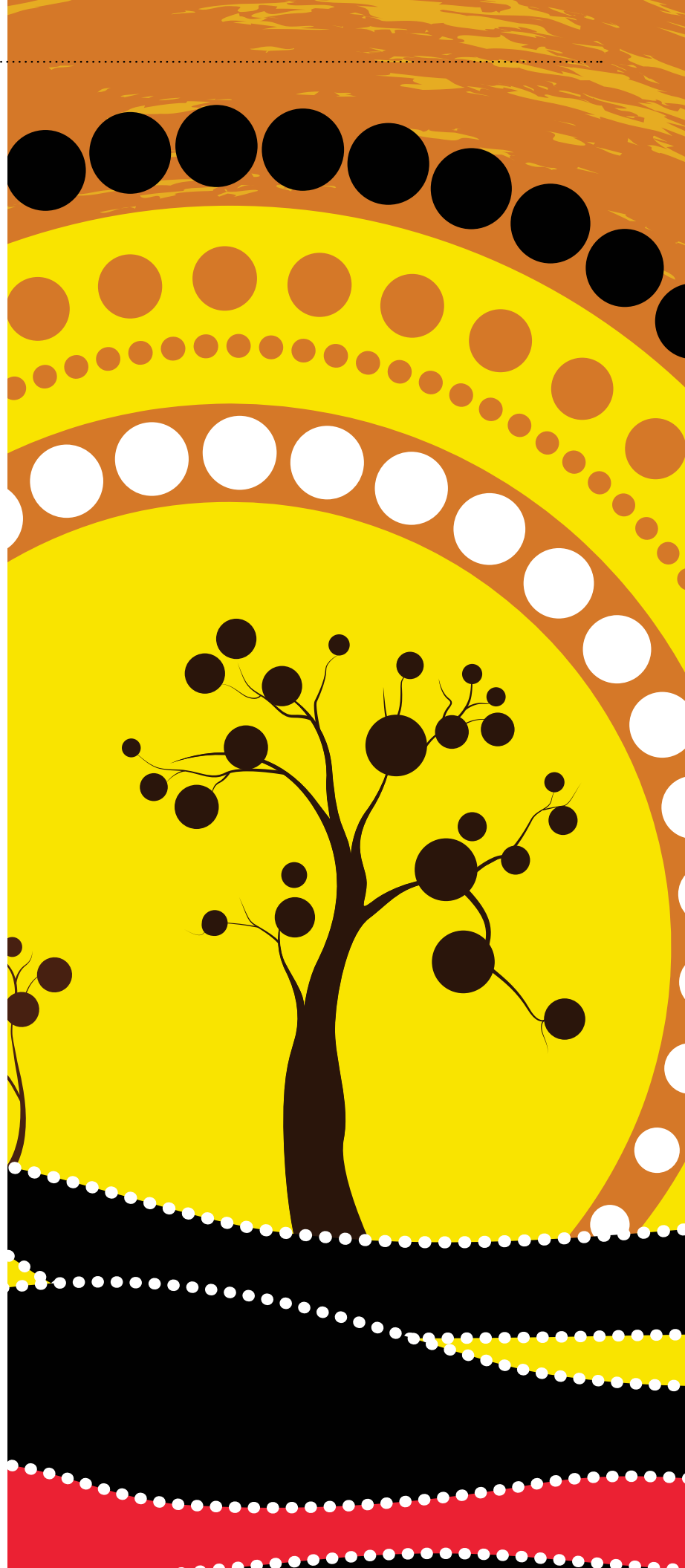
- Oversee the development, monitoring and evaluation of the Aboriginal Mental Health and Wellbeing Implementation Plan 2021-2025
- Review and monitor the key quality and safety indicators related to service delivery for Aboriginal and Torres Strait Islander consumers and relevant workforce data
- Report on implementation and recommendations to NSLHD Mental Health and Drug & Alcohol Executive and relevant governance groups

Annual implementation progress reports will be made to the NSW Ministry for Health. The Aboriginal Health Advisory Committee will receive updates and endorse the annual reports. Updates will be provided to the NSW Statewide Aboriginal Mental Health Leadership Group and other relevant statewide committees as required.

Principles

The following underpinning principles identified in the NSW Aboriginal Health Plan 2013-2023 are essential to achieving the strategic actions within the NSLHD Aboriginal Mental Health and Wellbeing Implementation Plan 2021-2025:

- Trust and cultural respect
- Recognition of the cultural values and traditions of Aboriginal and Torres Strait Islander communities
- Holistic approaches to the health of Aboriginal and Torres Strait Islander people
- The participation of Aboriginal and Torres Strait Islander people at all levels of health service delivery and management
- Partnership with Aboriginal and Torres Strait Islander communities
- Recognition of the contribution the health system can make to the social determinants of health.
- In addition, this Implementation Plan identifies as principles:
- It is the responsibility of all health service providers across NSLHD to ensure culturally safe services for Aboriginal and Torres Strait Islander consumers
- NSLHD will demonstrate commitment to improving Aboriginal and Torres Strait Islander health through high level engagement of their leadership, training in cultural safety, increased Aboriginal and Torres Strait Islander workforce and environments.

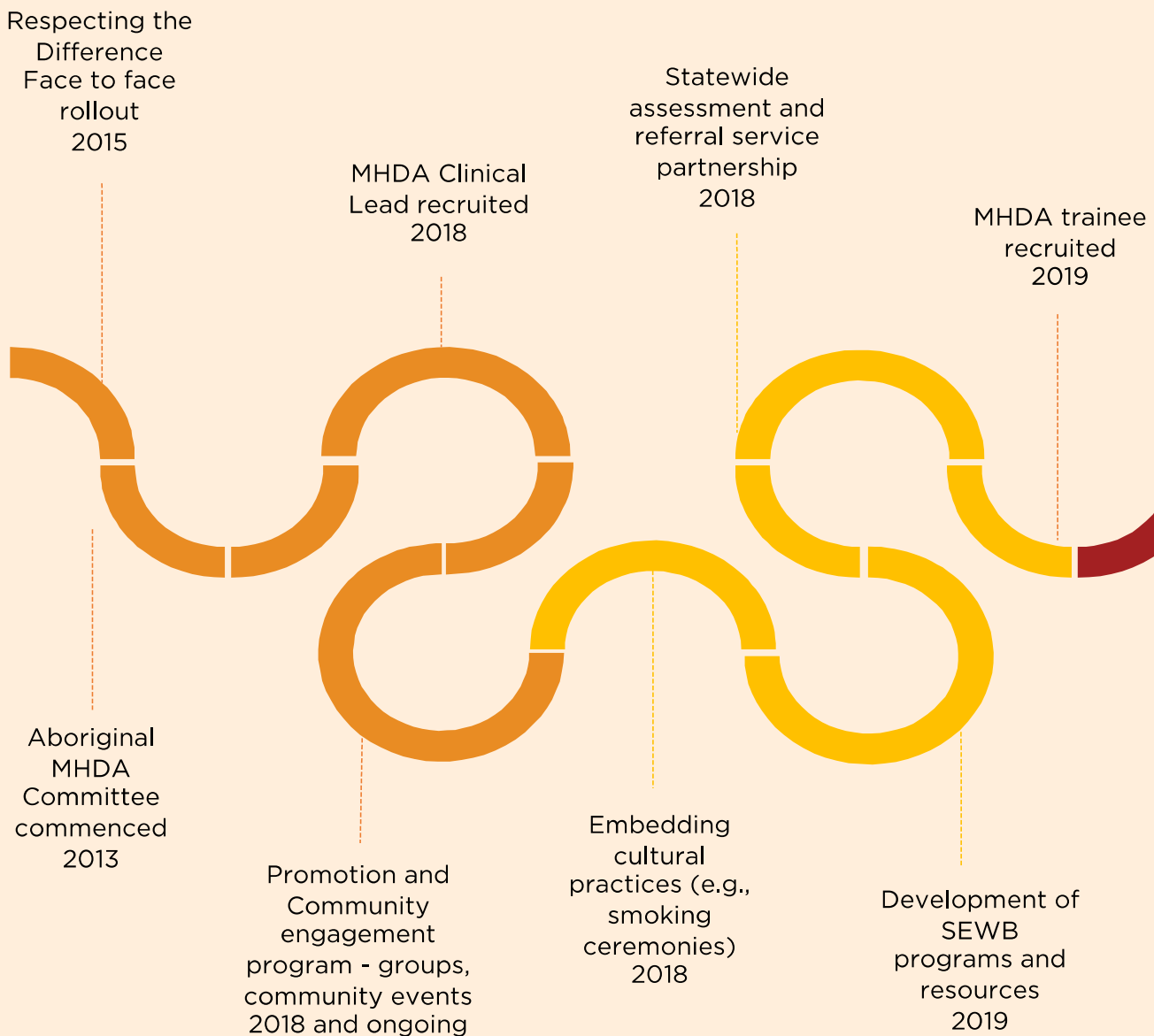


A snapshot of our journey

We are proud of the journey that we are on to improve social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander people in NSLHD. Figure 2 highlights some of the key achievements since 2018 and identifies several of our key priorities to 2025.

The 2021-2025 key priorities (p 22) and Action Tables (pp 24-45) provide greater detail on future initiatives.

Figure 2 – Key initiatives and directions



“We are proud that as a LHD, we TRY ... we have been acting and are committed to improving the wellbeing of Aboriginal and Torres Strait Islanders in our district”

*Workshop focus group
May 2021*

Development of cultural environments
2019 and ongoing

Asking the Question animation + package
2020

Growing the NSLHD Aboriginal MH workforce
ongoing

Renaming of buildings in traditional language, cultural signage and banners
2019

Data collection and analysis improvements
2019 and ongoing

Capacity building for the NSLHD non-Aboriginal MH and partner workforces

- Resources
- Professional development
- Quality improvement activities

2019 and ongoing

How we understand mental health and wellbeing

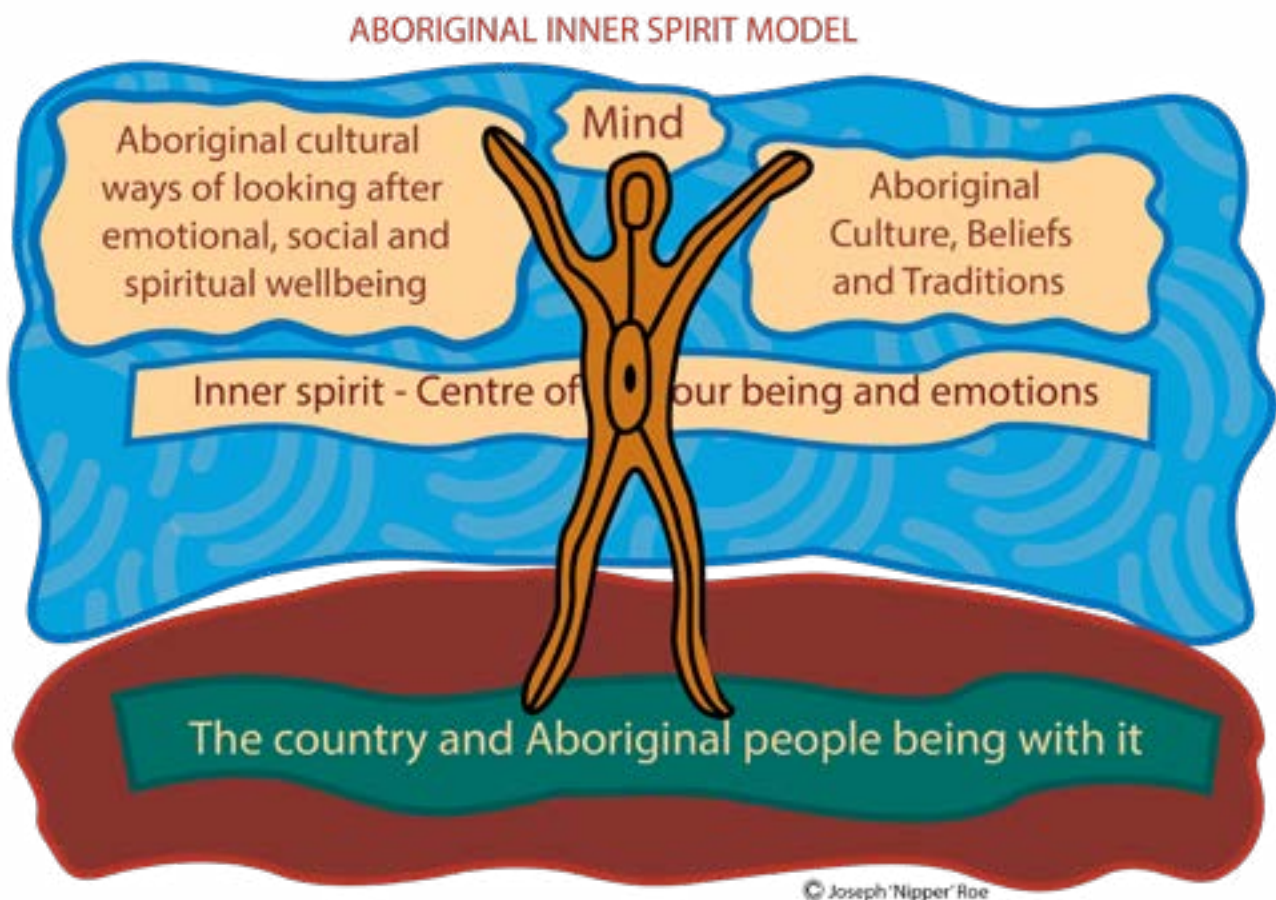
Social and emotional wellbeing

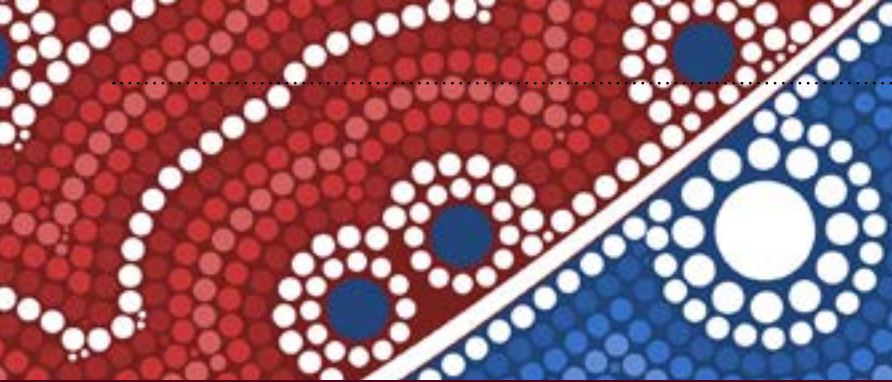
Our preferred term for describing mental health is 'social and emotional wellbeing'. The [Strong Spirit Strong Mind website](#) outlines a definition of social and emotional wellbeing (SEWB) and how it is reflected in the Aboriginal Inner Spirit Model (Figure 3). SEWB is "the physical wellbeing of the individual and also the social, emotional and cultural wellbeing of the whole community. This definition recognises the importance of connection to land, culture, spirituality, ancestry, family and community."

The Model shows how:

- "Our inner spirit is the centre of our being and emotions
- When our spirit feels strong our mind feels strong.
- When our spirit feels tangled our mind feels tangled.
- Strong inner spirit is what keeps people healthy and keeps them connected together.
- Strong inner spirit keeps our family strong, our community strong and our country alive."

Figure 3 – Aboriginal Inner Spirit Model

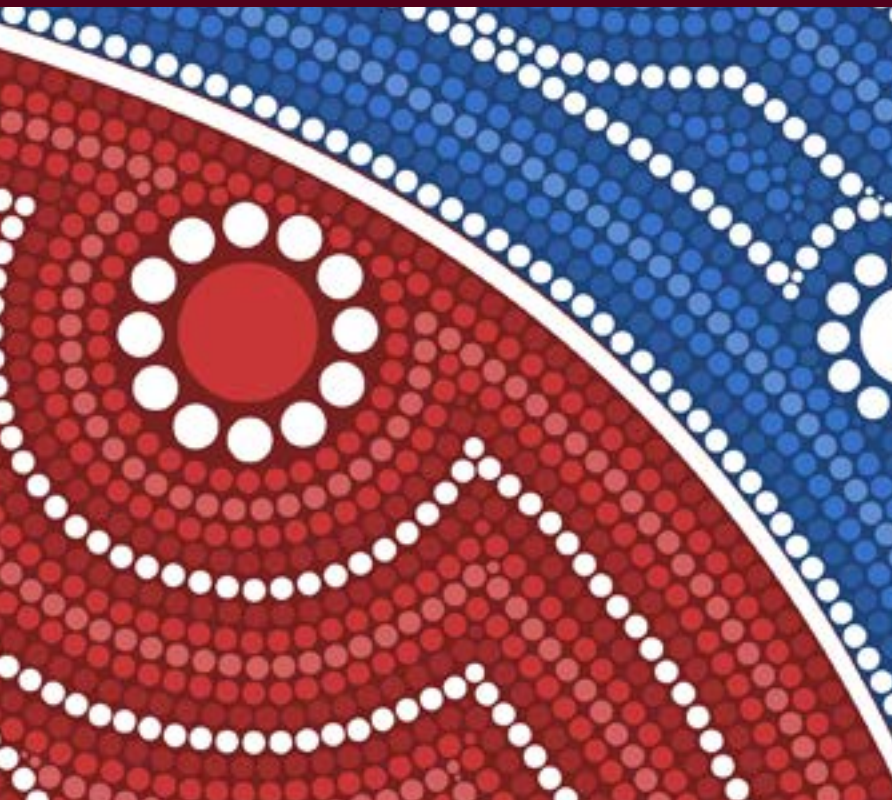




“In developing this Plan, as a first Nations Woman, I have to work towards closing the gap. By building strong foundations through the achievements of these goals in this Plan, it provides me an opportunity to improve the health and wellbeing of the community. We do this by providing a holistic health approach to a care that is engaging, and we offer this within culturally safe environments and through culturally safe services.”

Michelle Lawrence, NSLHD Aboriginal MHDA Clinical Lead, June 2021

Source: [Strong Spirit Strong Mind website](#)



Intergenerational trauma

In working with Aboriginal and Torres Strait Islander people it is important to understand the impact of intergenerational trauma. The Healing Foundation outlines how if Stolen Generations survivors have not had the opportunity to heal from trauma, they are likely to live in a state of distress, which can lead to a range of negative outcomes for themselves and their descendants.

The [Healing Foundation website](#) hosts a range of useful information and resources for health service providers, schools, other service providers and the general public on this topic.

We would like to thank 'Yolinda' for sharing her story which reminds us about the importance of holistic trauma-informed care.



Yolinda's story

Yaama I'm Yolinda. My journey has been long and the key word of my journey is trauma. I was born and removed at birth with my twin brother and placed into a family that was non-Aboriginal, no connection to culture, country or my kin. I was abused both physically and sexually, throughout my childhood and my relationships were abusive and traumatic.

I had my first child quite young and they were placed into foster care, I had another four children who are all under the care of FACS. I had multiple interactions with the law, in and out of jail and then I entered the forensic system and will be a forensic patient till I die. In 2018 my twin brother died, I was being abused by my carer, not taking medication and resumed my relationship with drugs and alcohol.

I have a diagnosis of Schizophrenia and was really unwell. I entered Bloomfield Hospital again, in and out for months. The doctors told me they wanted me to go to Macquarie Hospital. I attended the video assessment, I was surprised they had an Aboriginal person in the assessment, she asked me all these questions about myself and my culture. I was accepted into Macquarie. When I arrived, I met with Michelle the Aboriginal worker who was in my video assessment. I said "I'm Yolinda, I'm Schizophrenic". She said "No you are Yolinda and you live with Schizophrenia - you are not your illness". I knew then I was going to like this place. Michelle worked with me to support me with the doctors. I get quite verbal so Michelle was able to

talk to them about my loss of culture, connection and also the grief I was feeling for my brother, I didn't get put in seclusion - they managed it well.

While I was in the hospital, I was linked to the Aboriginal women's group. I have strong friends who do not do drugs or alcohol, and there are elders who I call 'Aunty'. I have love and friendship. I go back to the hospital on such a high. Michelle got me linked with an Aboriginal pastor, Uncle Ray and he did some real cultural grief and loss with me, I was able to move forward and that is what my brother would have wanted. I started to re-connect with my children and am building relationships with them. Michelle also works with my children to give them an understanding of mental health and how it impacted all our lives. Michelle and I met with Uniting Care and got a great NDIS worker, the package is fantastic and I go fishing, to art class, women's group and they take me to Bungee Bidgel for my health needs. Michelle and I worked hard together. I made a decision I wanted to stay in Sydney and be closer to the women I met through the women's group. I have great support and I didn't want to go home and have nothing.

I got a flash new place in Gladesville, it is right by the water. Michelle's boss approved funding so all my furniture could be moved from Bathurst to Gladesville. This was a life saver, I had all my furniture and I didn't have to start again. Michelle got charities to give me plates and bookshelves and things like that. I feel Gladesville is my home and

a place to enjoy my life. I live in an elder population unit, it is so quiet and the neighbours love knowing about my culture.

I am now linked to Ryde Community Health. Another Aboriginal worker is there too - she is great and I stay in contact with Michelle, I ring her once a week to have a chat. Michelle is the first worker I've met (Aboriginal or non-Aboriginal) that takes the time to understand that people don't become drug addicts by choice.

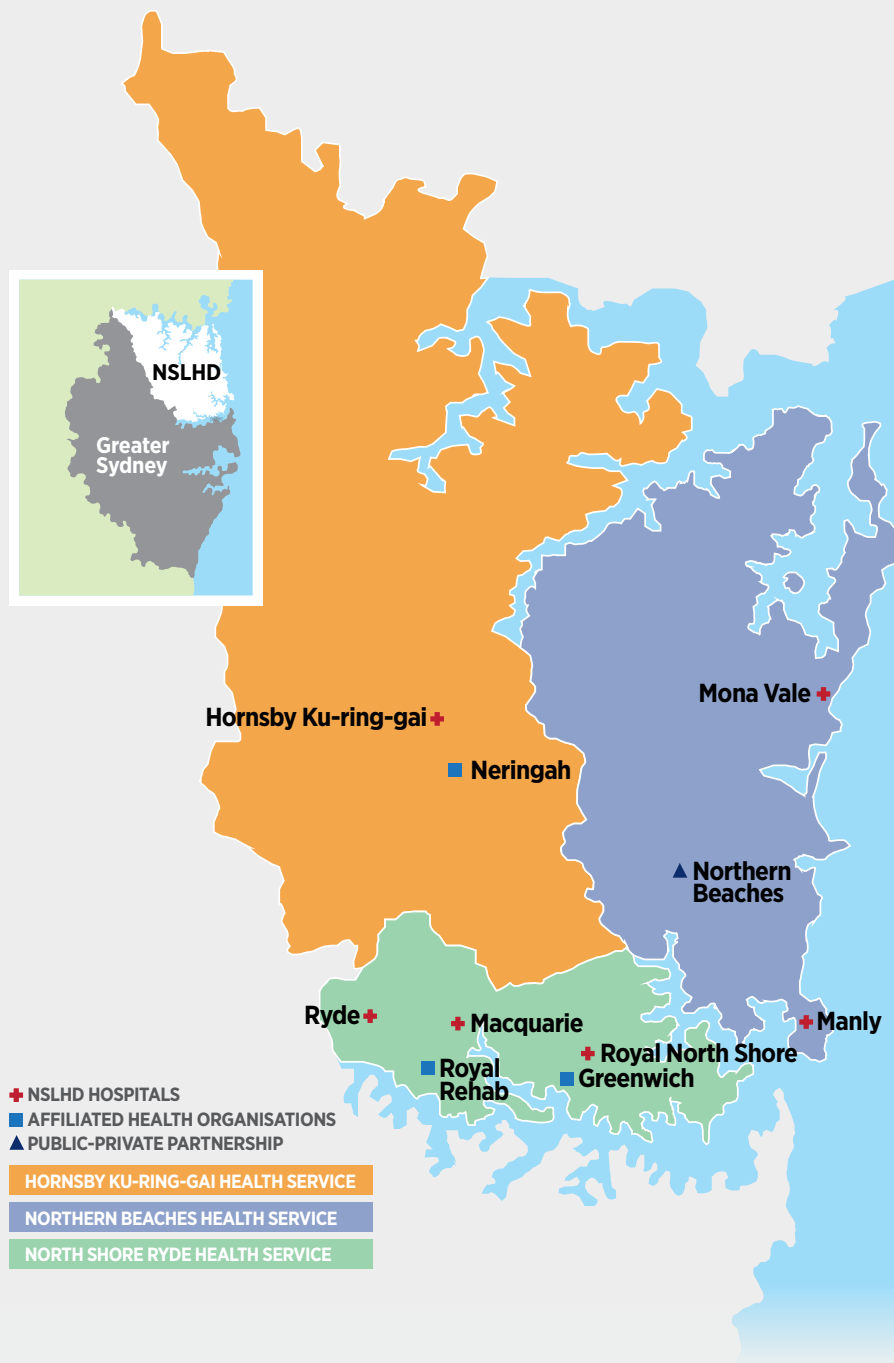
I have worked really hard on myself the last two years. Michelle taught me about self-worth, to love yourself, to be your best support. She is a really good counsellor. She understands my journey, she understands that I have made bad decisions, she has never once judged me. She has calmed me down on many occasions. This will be a life journey for me but one I see where I can for the first time in my life dare to dream. Macquarie hospital needs a 1000 of Michelle's, she is someone who understands that life is not rosy but with support and caring and love you can grow a rose bush the size of the world.

Our community

NSLHD lands

NSLHD health services are located on the traditional lands of the Dharug, Gai-mariagal and Guringai Aboriginal nations. Figure 4 shows the geography of the District.

Figure 4 – Geographical map of NSLHD



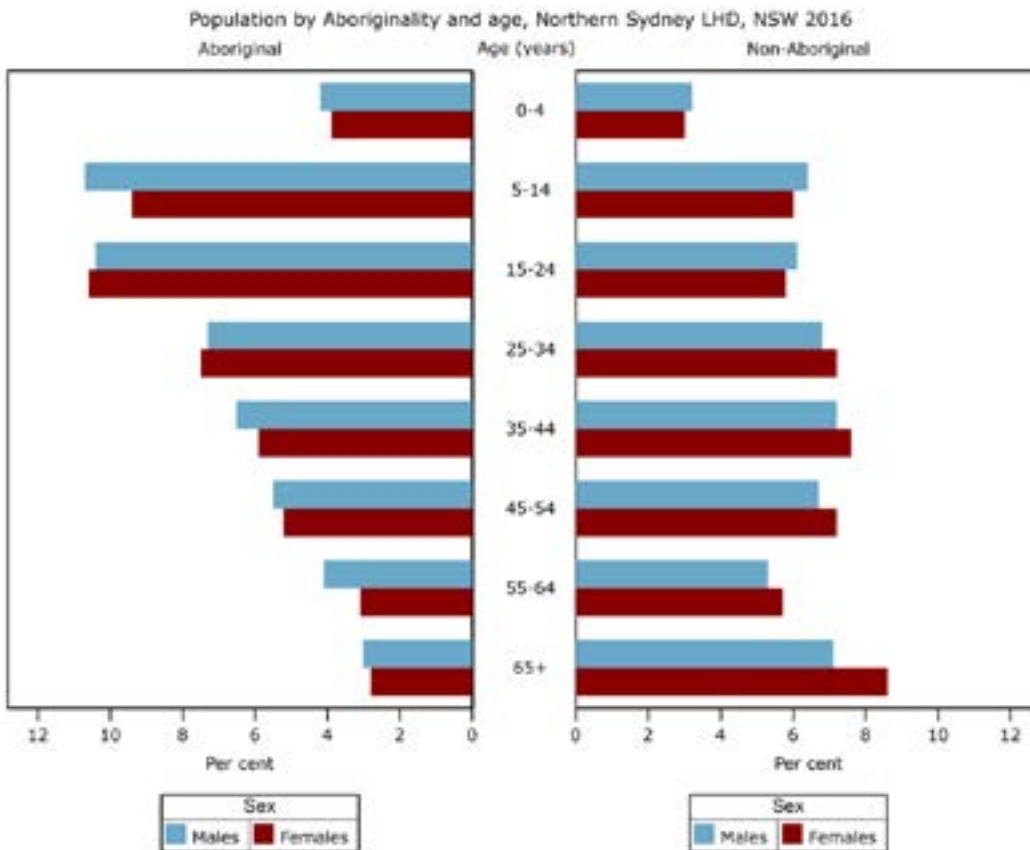
NSLHD Aboriginal and Torres Strait Islander people

The population of NSLHD in 2016 at the time of the most recent census was 914,233¹. At this time 4,051 people identified as Aboriginal and/or Torres Strait Islander (47.6% male and 52.4% female). This represents approximately 0.4% of the total NSLHD population, with the highest proportion living in the Northern Beaches council area². NSLHD has the smallest proportion of Aboriginal and Torres Strait Islander people compared to all NSW LHDs, with the average being 3.4%.

The age distribution of Aboriginal people in NSLHD is more heavily weighted to the younger age groups (under 25 years) than for non-Aboriginal people, which has a more even age spread (Figure 5). This trend is common to LHDs across NSW.

NSLHD has a large temporary population of young people aged 12 to 18 years who reside in the District to attend school. These are often young people who come to metropolitan Sydney from rural and regional areas on scholarships to attend education in the private school system. In 2021, there were over 600 young people on scholarships.

Figure 5 – Population by Aboriginality and age, NSLHD 2016



Source: Centre for Epidemiology and Evidence. Health Stats NSW. Sydney: NSW Ministry of Health. Available at [link](#) (accessed 5 April 2021).

The NSW Government Department of Aboriginal Affairs website hosts important data and information relevant to the wellbeing of Aboriginal people in NSW. This includes 'Key Data' snapshots of information on population characteristics, education, employment, housing and crime.

1 Source: Centre for Epidemiology and Evidence. Health Stats NSW. Sydney: NSW Ministry of Health. Available at [link](#) (accessed 14 June 2021).

2 Northern Beaches Council area population highlights

Our teams

NSLHD has a passionate Aboriginal Mental Health Drug and Alcohol workforce of a Clinical Leader Mental Health Drug and Alcohol, an Aboriginal Trainee and an Assistant in Nursing.

The partnering NSLHD Aboriginal Health Service workforce is comprised of a Director, Operations Manager, Clinical Nurse Consultant (CNC), Care Coordinator Integrated Team Care (ITC) Program, Registered Nurse, Aboriginal Liaison Officer and Executive Assistant. The Director of the Aboriginal Health Service is responsible to the NSLHD Chief Executive.



Our partners

Our Mental Health Drug and Alcohol and Aboriginal Health Service teams work with the full range of NSLHD health services to provide holistic care for consumers. We actively partner with consumer and carer representatives including peer workers through our formal committees such as our Aboriginal Mental Health Drug and Alcohol Committee and project advisory groups. Co-design is an integral component of the way we work with people with lived experience, communities, service partners and our team members.

NSLHD has no Aboriginal Community Controlled Health Service (ACCHS) within its borders, but the District has a formal partnership with Sydney Metro Aboriginal Medical Service (AMS) at Redfern and regularly partners with Yerin ACCHS on the Central Coast.

NSLHD has developed the [Bungee Bidjel Aboriginal and Torres Strait Islander Health Clinic](#) which is located within the General Practice (GP) Training Unit at Hornsby Ku-ring-gai Hospital and provides a culturally safe, secure and friendly place for Aboriginal and Torres Strait Islander people to attend medical appointments with GPs and nurses. Bungee Bidjel offers a comprehensive 715 Health Check every 9-12 months and warm referrals for free optometry, dental and legal services. People requiring psychology and psychiatry can access this at Bungee Bidjel through the Integrated Team Care (ITC) project.

Our teams have strong partnerships with government and non-government providers of housing, education and training, NDIS services and other social support services. These partnerships support a holistic approach to care for NSLHD consumers.

The District works in close collaboration with the Northern Sydney Primary Health Network (PHN) and jointly developed the [Northern Sydney Mental Health, Suicide Prevention and Drug & Alcohol Regional Plan 2021-2026](#).

The District is partnering on actions with the PHN in line with Priority 5, Key action 1- NSPHN and NSLHD will work with Aboriginal Health services and community members to increase Indigenous leadership and engagement in co-design, planning, delivery and evaluation of services and programs.

NSLHD collaborates with the community through attending regular Aboriginal and Torres Strait Islander groups and community events. Community consultation has strongly informed mental health drug and alcohol initiatives such as Asking the Question animation and resources, developing cultural environments and creating of sensory gardens.

Figure 6 – NSLHD holistic approach to mental health care



Impacts and outcomes

NSLHD Aboriginal and Torres Strait Islander consumers

NSLHD data confirms that Aboriginal and Torres Strait Islander people are overrepresented in mental health services. Around 0.4% of the NSLHD population identify as Aboriginal and/or Torres Strait Islander and 0.82% of people presenting to our NSLHD Emergency Departments (EDs) identify as Aboriginal and/or Torres Strait Islander³. Just over 2% (2.35%) of NSLHD mental health service consumers identify as Aboriginal and/or Torres Strait Islander⁴.

Emergency Department contact

What the data shows: Aboriginal and/or Torres Strait Islander people presenting to the ED with mental health and/or other health issues are twice as likely to leave the ED before they receive a completed response than non-Aboriginal people (6% compared to 3% respectively)⁵.

Our response: One of our Aboriginal staff follows up with each of these people to ask them what could have improved their experience and we use this feedback to improve our cultural responsiveness. If we have established trust and people are willing to engage, we also link them with the services they require and ensure they receive culturally appropriate care.



Mental health service contact

What the data shows: Around half of Aboriginal and Torres Strait Islander consumers using hospital based mental health services (58%) rated their overall experience as either excellent or very good, compared with 68% of non-Aboriginal and Torres Strait Islander consumers⁶.

Due to the low numbers of people identifying as Aboriginal and/or Torres Strait Islander, some of our data is statistically unreliable, however from looking at trends, we know that Aboriginal and Torres Strait Islander people are less likely to receive post discharge community contact from mental health teams and have a higher 28 day mental health readmission rate than non-Aboriginal and Torres Strait Islander people. We also know they have a shorter length of inpatient stay than non-Aboriginal and Torres Strait Islander people⁷.

Our response: To provide culturally appropriate health services, we try to identify Aboriginal and Torres Strait Islander people early, whenever and wherever they come into contact with our services. If they want to be connected to cultural supports and pathways, we link them with the appropriate supports across the District. We aim to provide them with a culturally safe and responsive, trauma-informed and holistic service that meets their needs.

³ Between 1 September 2018 and 31 March 2021, 0.82% of people presenting to NSLHD EDs with mental health issues identified as Aboriginal and/or Torres Strait Islander (N=3347).

⁴ Between 1 September 2018 and 31 March 2021, 2.35% of NSLHD consumers identified as Aboriginal and/or Torres Strait Islander (N=125).

⁵ 6% of Aboriginal and/or Torres Strait Islander people presenting to the ED for mental health problems between 1 September 2018 and 31 March 2021 left the ED against medical advice or did not wait, compared to 3% of non-Aboriginal and Torres Strait Islander people.

⁶ YES survey feedback April 2020 to March 2021

⁷ Between 1 September 2018 and 31 March 2021, that Average Length of Stay in a mental health inpatient unit was 11.99 days for Aboriginal and Torres Strait Islander people and 15.81 days for non-Aboriginal and Torres Strait Islander people.

Kam's story

We would like to thank 'Kam' for sharing his story which reminds us about the importance of holistic trauma-informed care.

Hello my name is Kam , I am a 52 year old male , I was removed from my mother at a young age and placed in Foster care. During that period I suffered at the hands of the people who were trusted to care for me.

I self-medicated (band aid effect as I come to realise in therapy) with drugs and alcohol, could not hold down a steady job and had relationship problems.

Before I met Michelle and the guys at the Aboriginal Health Unit, I was lost. I was living on a beach, one day I travelled to Hornsby and met with Molly, the guys at the GP clinic did not judge me. They listened and straight away tried to help me. When I was younger I had an acquired brain injury, straight away they organised specialist appointments and into treatment but still that was not it.

I met with Michelle who did a mental health assessment on me, she thought there was more happening, I saw the Doctor and then a psychiatrist, I received a diagnosis of Schizophrenia. I did not believe it for years I have been hearing voices, paranoid, was always told it had to do with my head injury.



I started to work with Michelle, she explained my symptoms and worked with me to understand that whilst I had this diagnosis I was also suffering with intergenerational trauma and trauma at the hands of my perpetrators.

Michelle got me a house, Molly was able to reduce my Work and Development Order (WDO) of over \$20,000 to nil, I was able to get my license, this enabled me to get back to work as a painter. I used to turn up every day, never once did they turn me away.

Michelle was able to get me a NDIS package of over \$60,000. I have a NDIS worker and I have a great life.

I had been dealing with services that wrote me off, thought I was a drug addict. The guys worked with me to understand my past, my present and look forward to the future.

That to me is the definition of holistic care, understanding my trauma, working with me and instilling hope when there was none, working with services to get me housed, a NDIS worker and as Michelle always tells me, to thrive in the community.

2021-2025 key priorities

Our priorities are described in detail in the following Action Tables aligned with the [NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025](#).

Key priorities include but are not limited to:

1. Building and sustaining the Aboriginal mental health and wellbeing workforce (Strategic Direction 4) by increasing the number of Aboriginal workers and the type and scope of their roles across all levels and positions in the NSLHD mental health drug and alcohol workforce (Strategic Action 4.1)
2. Delivering culturally safe, trauma-informed, quality public mental health drug and alcohol services (Strategic Direction 3) by:
 - a. completing development of cultural environments across the LHD (Strategic Action 3.4)
 - b. developing and evaluating a clinical cultural assessment package/ toolkit resource to assist clinicians in working with Aboriginal people (aligned with Strategic Directions 3.2, 3.4 and 7.1)
 - c. continuing capacity building through a range of in-service methods, training, yarning circle opportunities
 - d. quality improvement activities through quality file audits and following up on consumer feedback, using appreciative inquiry and other reflective learning methods
 - e. strengthening relationships with Aboriginal communities in NSLHD (Strategic Actions 3.5 and 3.6)
3. Delivering holistic care that responds to Aboriginal people's mental health and wellbeing and healing (Strategic Direction 2) by embedding traditional cultural practices in care and treatment (Strategic Action 2.7).



How to read the Action Tables

The following Action Tables present recently completed NSLHD activities and planned action in line with the Goals, Strategic Directions and Strategic Actions of the [NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025](#).

All Strategic Actions are assumed to be relevant for LHDs as either lead or supporting agencies. Leads other than LHDs are indicated in red.

Purple text indicates actions that NSLHD intends to take that are not specifically mentioned in the NSW Strategy, but that are aligned with the Strategic Actions.

“Let’s get beyond Respecting the Difference Training ... it’s highly regarded but now we need to gain a deeper understanding.”

Workshop participant May 2021

Action tables

GOAL 1: Holistic, person and family centred care and healing

Strategic Direction 1.

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

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
1.1 Establish and maintain processes to ensure Aboriginal people with lived experience of mental illness, their carers and communities are included in the co-design of service planning and models of care.	<ul style="list-style-type: none"> Consumer and carer involvement is outlined in PR2009_245 v3 Consumer Participation –Mental Health Drug & Alcohol Consumers and carers are offered the YES, CES and CSQ-8 surveys in line with PR2008_026 Consumer and Carer Experience Surveys –Mental Health Drug & Alcohol A Peer Workforce is recruited and there is Peer Worker representation on the Aboriginal MHDA Committee The NSLHD MHDA Consumer and Carer networks are in operation 	Continue to implement PR2009_245 v3	All	PR2009_245 v3 is being implemented in MH and D&A services 100% of time	Ongoing
		Continue to implement PR2008_026	All	PR2008_026 is being implemented in MH and D&A services 100% of time	Ongoing
		Provide ongoing support for the Peer Worker attending the Aboriginal MHDA Committee	Aboriginal Clinical Lead - MHDA	There is Peer Worker representation at/ engagement in 100% of Aboriginal MHDA Committee meetings	Ongoing
		An Aboriginal or Torres Strait Islander person with lived experience is engaged, paid and supported as a member of the Aboriginal MHDA Committee	Director MHDA and Aboriginal Clinical Lead - MHDA	One Aboriginal or Torres Strait Islander person with lived experience is engaged, paid and supported as a member of the Aboriginal MHDA Committee	Year 1: 2021
		Recruit Aboriginal and Torres Strait Islander Consumer and Carer Peer Workers	Aboriginal Clinical Lead -MHDA In partnership with the MHDA Community Engagement Manager	One Aboriginal or Torres Strait Islander Peer worker is recruited	Years 1-2: 2021-22
		Recruit Aboriginal and Torres Strait Islander consumers and carers to the NSLHD Consumer and Carer network	Aboriginal Clinical Lead - MHDA	One Aboriginal or Torres Strait Islander consumer and one Aboriginal or Torres Strait Islander carer is recruited to the NSLHD Consumer and Carer network	Years 1-2: 2021-22
		Develop an Aboriginal and Torres Strait Islander MHDA Family and Carer Engagement Guide	Aboriginal Clinical Lead -MHDA in partnership with the MHDA Family and Carer Manager	Aboriginal and Torres Strait Islander MHDA Family and Carer Engagement Guide is being implemented	Years 2-3: 2022-23

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
1.2 Partner with Aboriginal communities, consumers and carers to map services with PHNs, ACCHOs and CMOs to identify service gaps and duplication and plan for the equitable distribution of services.	<ul style="list-style-type: none"> Aboriginal Clinical Lead for MHDA is a member of the Sydney North (SN) PHN Aboriginal Advisory Committee - mapping services, looking at gaps, reducing duplication. Meets quarterly. Committee has developed a joint Northern Sydney Mental Health, Suicide Prevention and Drug & Alcohol Regional Plan - Released Dec 2020. Ongoing consultation is underway with men's groups, a PHN youth group and women's groups to understand gaps, needs and solutions 	Ongoing quarterly SNPHN Aboriginal Advisory Committee representation	Aboriginal Clinical Lead - MHDA	Attendance at 4 SNPHN Aboriginal Advisory Committee meetings per year	Ongoing
		Support implementation of Regional Plan activities - Priority 5, Key action 1 - SNPHN and NSLHD will work with Aboriginal Health services and community members to increase Indigenous leadership and engagement in co-design, planning, delivery and evaluation of services and programs.	All	MHDA will best endeavours engage the Aboriginal and Torres Strait Islander Community in all activities, document and evaluated engagement and make ongoing improvements from the feedback to strengthen input.	Ongoing
		NSLHD Aboriginal and Torres Strait Islander Health and Mental Health Drug and Alcohol staff attendance at men's groups and women's groups. Feedback brought back to NSLHD to inform service planning	Aboriginal Clinical Lead - MHDA	Fortnightly attendance at women's group and as relevant attendance at men's group is monitored. Additional engagement strategies are implemented if attendance drops or remains status.	Ongoing
		Ongoing partnership work with Redfern AMS. Sydney Metro Aboriginal agreement is being renewed with Redfern AMS	Aboriginal Clinical Lead - MHDA	Sydney Metro Aboriginal agreement is renewed by NSLHD with relevant input from Aboriginal Clinical Lead - MHDA upon request.	Year 1: 2021

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
1.3 Develop processes/ systems that are led by Aboriginal people in the identification, monitoring and reporting of holistic approaches to care and share the findings in translatable and practical ways with Aboriginal people and communities.	<ul style="list-style-type: none"> • See 1.1 • Ask the Question video, posters and resources, Face Book site have been developed. Staff have been trained. Over 5000 hits on Facebook and other social media outlets. Video displayed across Health Info net and PHN sites. HNE and SLHDs are also using the package • Consultation on the Ask the Question video has involved over 500 hours of attending, women's groups, youth groups, men's groups, attending community events. • A MHDA project team has been developed to look at ways that would create culturally welcoming environments and consultations have begun with the Dharug, Gai-mariagal and Guringai communities 	Continue to display the <i>Ask the Question</i> video on loop in a variety of health settings, including ED and clinics	All	Number of NSLHD health settings displaying the <i>Ask the Question</i> video and using the resources and number of other LHDs using the package	Years 1-2: 2021-22
		Continue to use the <i>Ask the Question</i> video and resources in training - including at orientation and staff development days. Identify further opportunities to further leverage off this very successful video to further engage the Aboriginal and Torres Strait Islander Community in identifying.	Aboriginal Clinical Lead - MHDA	Proportion of NSLHD staff trained in <i>Ask the Question</i> (100%) Number of additional opportunities identified and developed leveraging off the initial resource.	Ongoing
		Share the video with other LHDs through presentation at Mental Health Program Council	Aboriginal Clinical Lead - MHDA	Ask the Question video and resources are presented to Mental Health Program Council Document the number of other LHDs and institutions that are currently utilising <i>Ask The Question</i> including those that have been made local for the relevant LHD. Partnership established with Northern Beaches Council	Year 1: 2021 Years 2-3: 2022-23 and ongoing
1.4 Support the inclusion of carers and families in care and treatment planning.	• As per 1.1	As per 1.1	As per 1.1	As per 1.1	As per 1.1

Strategic Direction 2.

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

2.1 Ensure policies and services include a definition of social and emotional wellbeing and how this interacts with healing for Aboriginal people and communities. * Ministry and LHD lead	• NSLHD ensures an Aboriginal Health Impact Statement (AHIS) is completed at the start of all processes to develop policies, procedures, initiatives and programs –in line with PD2017_034 <i>Aboriginal Health Impact Statement</i>	NSLHD MHDA service completes AHIS for all relevant activities	NSLHD MHDA GSU	All MH and D&A policies, procedures, projects and programs have an AHIS completed at the start of work and at the time of review	Ongoing
		NSLHD promotes the definition of social and emotional wellbeing (SEWB) and interaction with healing for Aboriginal and Torres Strait Islander people and communities in policies, procedures, guidelines, models of care and resources including via stickers, posters, banners, etc in every service	All MHDA in partnership with the AHU	SEWB definition is included in all relevant NSLHD MHDA products	Ongoing

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
2.2 Develop and implement strategies and pathways for providing comprehensive and coordinated care across clinical disciplines when Aboriginal people have co-existing mental health and physical health problems or disability.	<ul style="list-style-type: none"> MHDA Clinical Lead is a member of the NSW statewide referral service supporting collaborative care for Aboriginal people with complex needs-including physical health, NDIS and housing needs. Clinical Lead is involved at the service level from triage to discharge and ensures there is Aboriginal health professional involvement. NSLHD implements a policy to ensure mental health consumers are offered a comprehensive physical health assessment Aboriginal and Torres Strait Islander people are frequently referred to the Bungee Bidgel Aboriginal and Torres Strait Islander Health Clinic located within the GP Training Unit at Hornsby Ku-ring-gai Hospital. Bungee Bidgel provides a culturally safe, secure and friendly place for Aboriginal and Torres Strait Islander people to attend medical appointments with GPs and nurses. It offers a comprehensive 715 Health Check every 9-12 months and warm referrals for free optometry and dental Continued increase in the number of people referred to and accepted into Macquarie Hospital for longer term care that identify as Aboriginal and Torres Strait Islander 	Continue physical health checks through Bungee Bidgel	Aboriginal Health Unit in partnership with MHDA	Number of NSLHD mental health consumers receiving a 715 health check at Bungee Bidgel per year	Ongoing
		Increase psychology and psychiatry access for Aboriginal and Torres Strait Islander people accessing Bungee Bidgel through the Integrated Team Care project	Aboriginal Health Unit in partnership with MHDA	Number of psychology and psychiatry sessions (or episodes of care) provided to Bungee Bidgel mental health consumers per annum	?? Funding period
		Promote services that help people find their connections eg 'ID myself' and 'Link up' (stolen generation)	Aboriginal Health Unit in partnership with MHDA	Number of referrals	Ongoing
		Link with Aboriginal and Torres Strait Islander specific services such as Sydney Aboriginal Corporation which also supports links to NDIS services	Aboriginal Health Unit in partnership with the Aboriginal Clinical Lead-MHDA and the MHDA Clinical Partnerships Manager	Number of referrals, successful referrals and engaged service provision	Ongoing
		Aboriginal Clinical Lead-MHDA is involved in all referrals and assessment of people referred to Macquarie Hospital that identify as Aboriginal and Torres Strait Islander	MQH Clinical Access and Demand Manager and Aboriginal Clinical Lead-MHDA	Number of referrals and assessment where the Aboriginal Clinical Lead-MHDA has been consulted upon or involved in.	Ongoing

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
2.3 Ensure that Aboriginal people with lived experience of mental illness are provided with culturally appropriate ways to lead individual decision making and care planning.	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander MHDA clinicians partner with Mental Health and Drug and Alcohol services in care planning with Aboriginal and Torres Strait Islander consumers and carers: <ul style="list-style-type: none"> o Consumers are asked about their cultural needs in care including foods (e.g. kangaroo), cultural protocols (including men's and women's business) o Rights and responsibilities are discussed with consumers and carers o Consumers and carers are involved in care planning and decision making, including transfer of care planning o Consumers identify the involvement of service partners (e.g. NDIS, NGO, GPs etc) for collaborative treatment planning 	Conduct focus groups with consumers and carers (youth, adults and older persons) via PHN, women's and men's group, and other community contacts about how NSLHD can strengthen culturally appropriate ways to lead individual decision making and care planning	Aboriginal MHDA Team	Number of focus groups held Recommendations from focus groups are implemented	Years 2 and 3: 2022 and 2023
		New Aboriginal and Torres Strait Islander MHDA Peer Worker role is engaged in supporting Aboriginal and Torres Strait Islander consumers to lead individual decision making and care planning	Aboriginal MHDA Team	Peer Worker is involved in care planning with Aboriginal and Torres Strait Islander consumers and carers	Ongoing

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
2.4 Develop strategies for providing coordinated care for Aboriginal people who have coexisting mental health and alcohol and other drug issues and who are experiencing multiple disadvantage. * Ministry lead	<ul style="list-style-type: none"> NSLHD offers a 715 health check (comprehensive physical health check) every 9-12 months via Bungee Bidgel –this includes a SEWB assessment and links with IDAT service, Odyssey House, and other relevant services such as Redfern AMS for OTP. A NSLHD Clinical psychologist provides services once per month for people with D & A concerns at Bungee Bidgel Consultation liaison is provided from NSLHD D&A services to mental health consumers NSLHD MHDA service accepts direct referrals for CYMHS clients (eg from women's groups, schools, headspace etc). Young people are offered a priority one-off assessment that considers the young person's needs (including MH, D&A and physical health etc) and trauma history. Relevant support and referrals are made that take a holistic approach Aboriginal Clinical Lead or staff under this position -MHDA provides culturally relevant in reach to the NSLHD Detox Unit 	D & A -NSLHD MHDA service is partnering with Odyssey House on a Cultural Dreamtime Rehabilitation Program that could be implemented across the LHD	NSLHD Service Director DA and Aboriginal Clinical Lead -MHDA	D & A -a Cultural Dreamtime Rehabilitation Program is developed and piloted across two NSLHD long stay units	Years 1-4: 2021-2024
		Economic -Embed the Work and Development Order (WDO) initiative across a range of Aboriginal and Torres Strait Islander Health programs to enable clients to work off fines as part of their engagement with health services	NSLHD Service Director DA and Aboriginal Clinical Lead -MHDA. Aboriginal Health Unit	Number of Aboriginal and Torres Strait Islander people on WDOs accessing services annually	Reporting by financial year from Year 1: 2021
		Housing -Partner with Housing organisations to secure an Aboriginal Housing for Health program in Northern Sydney	NSLHD Vocational and Housing Program Manager in partnership with Aboriginal MHDA Clinical Lead	Housing -A formal Aboriginal Housing for Health program is operating in Northern Sydney	Year 2: 2022 and ongoing
		Review of the NSLHD DA Detox Models of Care to ensure cultural engagement of the people admitted to the unit that identify as Aboriginal and/or Torres Strait Islander	NSLHD Service Director DA and Aboriginal Clinical Lead -MHDA	Review of the NSLHD DA Models of Care Includes this important feature.	Year 2: 2022 and ongoing

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
2.5 Implement organisational health literacy intervention programs to continually improve service responsiveness to Aboriginal people with varying mental health literacy strengths and needs. ** link with 3.4, 3.7, 6.6 * NSW Mental Health Commission lead	<ul style="list-style-type: none"> NSLHD has a range of culturally responsive organisational health literacy initiatives to ensure Aboriginal and Torres Strait Islander people with varying mental health literacy needs and strengths are supported: <ul style="list-style-type: none"> There are 18 courses for staff involving providing culturally responsive care Timelines of trauma and events are promoted to improve understanding Staff are provided a Glossary of SEWB NSLHD implements the Healing Foundation video NSLHD Corporate Communications team and the Consumer and Carer Network assist with tailoring health messages for consumers and carers NSLHD MHDA Clinical Lead delivers the module on working with Aboriginal infants, children, young people, families and communities for the statewide Introduction to CYMHS practice course 	Partner with the NSW Mental Health Commission in developing and implementing organisational health literacy intervention programs to continually improve service responsiveness to Aboriginal and Torres Strait Islander people	NSLHD Director MHDA and Aboriginal Clinical Lead - MHDA	NSLHD engagement in this program. Roll out the initiative across NSLHD when finalised.	Reliant on the NSW MH Commission schedule of works
		NSLHD MHDA closely monitors staff completion of all identified modules and addresses any shortfalls. Reporting to the NSLHD MHDA Executive Committee, The NSLHD MHDA Workforce Committee and the NSLHD Aboriginal MHDA Committee.	NSLHD MHDA Service Directors, MHDA Workforce Committee, MHDA LCD Manager, Aboriginal MHDA Committee.	NSLHD MHDA have a greater than or equal to 80% completion of the relevant courses mapped to the ANZSCO Codes.	Ongoing
		Partner with HETI to develop a SEWB training package for Aboriginal and Torres Strait Islander staff	TBA when work being scoped.	Training package developed	Reliant on HETI schedule of works.
2.6 Develop and implement strategies for providing services in non-traditional settings and formats that improve access to mental health care for Aboriginal people without them having to leave family, country and community.	<ul style="list-style-type: none"> NSLHD MHDA staff partner with LHD community mental health teams to conduct home visits or visits to relevant place in the geography of NSLHD. Services are delivered and events are held at Bungee Bidgel A range of non-traditional strategies and settings have been developed in NSLHD to improve access to mental health and drug and alcohol care for Aboriginal and Torres Strait Islander people including -Yarning Circles, murals and spaces with ping pong tables. 	Consumers onsite have direct access to vegetable gardens and twice a year they are opened up to community members. Programs are being developed across the district with OTs using items such as fruit and veggies for sensory programs (taste, touch sense), cooking assessments and education.	Aboriginal Health Unit, NSLHD Service Directors MHDA and Aboriginal Clinical Lead - MHDA	Number of quality improved environments Number of consumers educated in traditional healing methods, cooking Aboriginal and Torres Strait Islander food	Ongoing

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
2.7 Demonstrate how traditional healing methods have been explored and implemented or incorporated into service design, development and delivery.	<ul style="list-style-type: none"> Every unit that has had a change/upgrade has been smoked. Ceremonies have been held. Consultation has been undertaken with members of the Ngangkari program Cultural practices such as smoking ceremonies have been used where the physical environment permits 	<p>Continue to liaise with Nangkaris</p> <p>Bring traditional healing into units at Macquarie Hospital and evaluate their mental and physical health benefits</p>	<p>Aboriginal Health Unit</p> <p>NSLHD Service Director MQH and Aboriginal Clinical Lead - MHDA</p>	<p>Number of traditional healing sessions</p> <p>Consumer and carer satisfaction via survey</p> <p>Number of education sessions conducted on traditional healing</p>	Ongoing
		<p>Investigate opportunities for elder support during end of life care</p>	<p>NSLHD OPMHS Manager/CNC and Aboriginal Clinical Lead - MHDA</p>	<p>Best known practice is consulted upon and if appropriate documented to guide services through EOL for Aboriginal and Torres Strait Islander People who chose to palliate in the respective service. This is made available to all.</p>	Year 2: 2022
2.8 Co-design healing programs with vulnerable community groups , such as Stolen Generation survivors, that recognise the impact of intergenerational trauma and the importance of healing.	<ul style="list-style-type: none"> SEWB support for people living in low SES housing. NSLHD is partnering with welfare agencies (eg DCJ) and engaging a Centrelink consultant to provide services to NSLHD consumers via Bungee Bidgel. An Aboriginal AIN works with other team members to support vulnerable persons through the homeless hub so that no person is discharged to homelessness NSLHD staff help consumers access transport funding to attend health appointments through the ITC program. Intensive team coordination is provided to NSLHD consumers with chronic/multiple needs and requiring integrated care, funded through the PHN. NSLHD is exploring the ID know yourself program and works with the Healing Foundation. This includes using the Healing Foundation video and helping consumers understand how to link up to find their family. This video is also played for staff during orientation to improve awareness and referrals. 	<p>Plaques/signage to acknowledge and honour the Stolen Generation are being placed in all campuses. Yarning circles and places for reflection are being built across hospital campuses. Sites are in the front or close to the front of hospitals to make these accessible for Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander people.</p>	<p>NSLHD MHDA Service Directors in consultation with the Aboriginal Clinical Lead -MHDA or delegate</p>	<p>All hospital campuses have plaques/signage and/or places for reflection</p>	Year 2: 2022
		<p>Trauma Informed Practice Training is made available and access by MHDA staff. Whilst this is generic it provides all staff with the underpinnings of trauma and the effects this has on an individual across the life time.</p>	<p>MHDA Manager LCD</p>	<p>MHDA fund expert trauma informed practice training to provide key foundations for working with people who have experienced significant trauma.</p> <p>Percentage/numbers of staff who have completed this is monitored.</p>	Ongoing
		<p>NSLHD brings Health Educators to consumers and communities to answer questions and provide health promotion education (this included addressing COVID fears and questions).</p>	<p>NSLHD Aboriginal Health Unit</p>	<p>Monthly/quarterly/ad hoc health education sessions held in NSLHD community locations per year.</p> <p>Aboriginal Health Unit COVID promotions posted on the NSLHD MHDA Facebook page and via relevant newsletters.</p>	Ongoing

GOAL 2: Culturally safe, trauma-informed quality care

Strategic Direction 3.

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

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
3.1 Provide access to cultural support (which may include but not be restricted to an Aboriginal mental health drug and alcohol worker, Aboriginal peer worker or family) during a mental health and/or drug and alcohol admission or episode of care.	<ul style="list-style-type: none"> NSLHD employs an Aboriginal Health Liaison Officer and two (soon to be 4 FTE) Aboriginal mental health drug and alcohol staff who are involved with all referred consumers. These roles provide cultural support and/or consultation and/or referrals along a care pathway. Welcome to the Unit packs include pathways for culture support. 	Continue to refer consumers to Bungee Bidgel for cultural care	All	Number of referrals	Ongoing
		Creation and implementation of a referral form to use when a referral is being made to the NSLHD Aboriginal MHDA Team	Aboriginal Clinical Lead -MHDA in consultation with the NSLHD MHDA GSU	A referral form is consulted upon, developed, barcoded for entry into eMR and implemented	Year 3: 2023

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
3.2 Continually implement trauma informed care training to NSW mental health employees and build capacity in mental health workforces	<ul style="list-style-type: none"> All NSLHD mental health drug and alcohol training is trauma-informed and person-centred - "nothing about me without me". All training has an Aboriginal component. Delivered the 'Working with Aboriginal People Clinical Guidelines' -6 Videos to new CYMHS staff from 2018 and to all NGOs. 	Continue training at mandatory orientation - MHDA staff receive the Ask the Question animation, Intergenerational Trauma video, Aboriginal Services, History of the District, Where to go for support (NSLHD staff), links to training	Manager LCD and all new staff to MHDA	<p>100% of new staff to NSLHD MHDA complete mandatory orientation which incorporates all named training.</p> <p>New staff completion of mandatory training is reported monthly to the MHDA Exec Committee and via the MHDA Service Director template reports to the Director MHDA.</p>	Ongoing
		'Dija know' in-service training informed by staff surveys. Topics such as: <ul style="list-style-type: none"> Grief and loss Death and Dying Working effectively with First Nations people Intergeneration trauma 	Manager LCD and Aboriginal Clinical Lead - MHDA	<p>Didja know staff survey -ask staff what their educational needs are to build their capacity</p> <p>Survey to see if in-services met needs</p> <p>Number of in-services held</p> <p>MHDA Training and Education Plan 2022+ Incorporates this and progress is reported against this evaluated plan.</p>	Ongoing
		Mental Health First Aid training	Manager LCD and Aboriginal Clinical Lead - MHDA	Number of staff trained	Ongoing
		Intranet links to trauma-informed videos and newsletters to provide information (eg ACE videos, My Journey to Dreaming [end of life care])	Aboriginal Clinical Lead -MHDA in partnership with Information Management Team and Engagement Manager	Ad hoc surveys	Ongoing
		Admin staff complete "Asking the Question"	MHDA Manager LCD	Manager reports for training -flags for non-completion	Ongoing
		Continue to deliver the 'Working with Aboriginal People Clinical Guidelines' -6 Videos to mental health drug and alcohol staff (when available)	All	Number of clinical staff trained	Ongoing

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
3.3 Continually review and implement Respecting the Difference training to NSW mental health employees to build the capacity of the workforce to understand Aboriginal culture and the specific health needs of Aboriginal people and communities in mental health services.	<ul style="list-style-type: none"> Respecting the Difference is continually implemented across NSLHD. 	Continue to implement Respecting the Difference online and face to face training.	All	90% of staff have completed the Respecting the Difference online training and 80% face-to-face training by December 2022 subject to availability secondary to COVID and course capacity	Year 2: 2022
		Develop and implement a local evaluation process for Respecting the Difference Face to Face training program to assess if the following aspects are improved: <ul style="list-style-type: none"> awareness of issues affecting Aboriginal and Torres Strait Islander people staff confidence in caring for Aboriginal and Torres Strait Islander people staff behaviour change 	All MHDA staff and MHDA Manager LCD and Aboriginal Clinical Lead - MHDA	Survey process completed and negative variance results are actioned. In addition Patient Safety Culture Survey results demonstrate >70% of staff feel comfortable working with people who identify as Aboriginal and/or Torres Strait Islander/from diverse backgrounds and the People Matters Survey >70% of staff identify that personal background is not a barrier to participation. Negative variance is actioned and following years survey results are positively reflective of the action.	Ongoing
		MH First aid training is provided to mental health drug and alcohol non-clinical staff	Manager LCD and MHDA Executive Office MHDA (Administration Professional head)	70% of mental health non-clinical staff have been trained in MH First Aid	Year 3: 2023
3.4 Improve the cultural safety of mental health service environments through the inclusion of culturally appropriate language, behaviours, artworks, brochures and service information, and décor.	<ul style="list-style-type: none"> NSLHD uses Aboriginal cultural protocols at all NSLHD events and meetings, supported by the provision of accessible information and resources 2021 initiative – all MHDA Exec learn a new Aboriginal word each meeting and are required to present it in a sentence back to the Director MHDA that same week Environmental projects are underway across the LHD including renaming of rooms to local words, chosen by Aboriginal and Torres Strait Islander staff, displaying banners, posters, murals etc 	Ongoing use of Aboriginal cultural protocols at all NSLHD events and meetings, and provision of accessible information and resources	All	Aboriginal cultural protocols and resources are used at 100% of NSLHD MHDA formal events and meetings	Ongoing
		In partnership with the Education team, develop a culturally competent audit tool based upon 'Respecting the Difference' on line mandatory training	MHDA Manager LCD and Aboriginal Clinical Lead - MHDA	Culturally competent audit tool is developed for Respecting the Difference online training	Year 2: 2022
		Document and show case via the NSLHD MHDA Newsletter all cultural achievements in respective services.	All and Aboriginal MHDA Committee to track progress	Progress and achievements documented in the Aboriginal MHDA Committee minutes	Ongoing
		Undertake an audit of MHDA staff Aboriginal cultural knowledge, including identifying MHDA services connection with NSLHD Aboriginal Community via survey monkey	Aboriginal MHDA Team	Audit is undertaken and baseline assessed of NSLHD MHDA staff cultural competence and connection to NSLHD local Aboriginal and Torres Strait Islander community. Negative variance is actioned and further audit completed to identify progress.	Year 3

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
3.5 Promote and support Aboriginal community-led initiatives that facilitate connection to culture, country and community within public mental health services.	<ul style="list-style-type: none"> The Royal Commission consulted with First Nations people from the Disaster Zones to develop resources NSLHD MHDA Facebook page and Newsletter are regular promoters of initiatives. 	<p>NSLHD MHDA Aboriginal team member is represented on the local response group which is partnering with services across the state. Activities include:</p> <ul style="list-style-type: none"> Implementing a training video for staff on working with Aboriginal and Torres Strait Islander people in a disaster. This outlines steps to take with individuals and local services. Providing links to AMSs Implementing codesigned resources including a disaster zone fact sheet, health banners in Aboriginal design, Disaster Response team staff T-with Aboriginal artwork designs. 	Director MHDA and MHDA Risk Manager (Disaster Portfolio) and Aboriginal Clinical Lead - MHDA	<p>Cultural representation on local response group</p> <p>More Aboriginal and Torres Strait Islander people enter evacuation centres in the event of a disaster (as service is culturally appropriate) - recommendation from the Royal Commission</p> <p>Number of disaster education training sessions on best practice in working with First Nations people in disasters provided to MH staff</p> <p>Number of Disaster Video watches.</p>	Ongoing
3.6 Introduce and strengthen Aboriginal consumer, carer, community and staff feedback mechanisms to support improved service planning and delivery. * Ministry and LHD lead	<ul style="list-style-type: none"> See 1.1. Consumer and carer surveys. This NSLHD MHDA Implementation Plan 2021-2025 was developed in consultation with key stakeholders including Redfern AMS, Aboriginal and Torres Strait Islander community members 	These NSLHD MHDA Implementation Plan 2021-2025 actions will be undertaken in collaboration with key stakeholders and a rolling evaluation of progress against the plan has been developed and will be entered into ACTIONIT for ease of access and retrieval of progress.	MHDA Manager GSU and Aboriginal Clinical Lead - MHDA	Actions are implemented as outlined in this plan and available in ACTIONIT	Years 1-5: 2021-2025
3.7 Promote culturally appropriate mental health literacy training (for example, Aboriginal Mental Health First Aid) to Aboriginal community workers and organisations.	<ul style="list-style-type: none"> NGOs (HASI plus and Mission Australia) were supported to complete the NSW Ministry of Health cultural competency training. 	NSLHD MHDA Aboriginal team members work with the Ryde Council Reconciliation Plan group. Activities include partnering in rolling out MH First Aid training and resources (eg flyers) for the community (Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander people) and running community events.	Aboriginal Clinical Lead - MHDA, MHDA HASI+ Manager	<p>Engagement activities are minuted in the NSLHD MHDA Aboriginal Committee.</p> <p>Number of MH First Aid sessions delivered and number of participants completed.</p>	Years 3-5: 2023-25
		Review existing education and training courses delivered by NSLHD to ensure culturally appropriate content	MHDA Manager LCD and Aboriginal Clinical Lead - MHDA	80% of education and training courses delivered by NSLHD to MHDA clinicians have been reviewed for culturally appropriate content	Year 2: 2022

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
3.8 Develop strategies to ensure that Aboriginal LGBTIQ+ people have access to culturally safe care.	<ul style="list-style-type: none"> The <i>Ask the Question</i> animated video acknowledges sister girls and brother boys 	Continue to display the video for the public and training for staff – See 1.3	All	See 1.3	Ongoing
		There continues to be NSLHD Aboriginal health team representation on the LGBTIQ Committee	All NSLHD MHDA LGBTIQ portfolio holder	NSLHD Aboriginal health team representation on 100% of LGBTIQ Committee meetings	Ongoing

Strategic Direction 4.

Build and sustain the Aboriginal mental health and wellbeing workforce

4.1 Increase the number and type of Aboriginal workers across all levels and positions in the MHDA workforce (including Aboriginal MHDA clinical leaders and trainees, management, nursing, allied health and medical, clinical leadership, clinical service delivery and peer support roles).	<ul style="list-style-type: none"> NSLHD employs one Clinical Lead for Aboriginal MHDA NSLHD employs one MHDA trainee under the Djirruwang Program NSLHD Workforce Team is employing strategies and considering policy implications of activities such as reviewing all vacant positions (including long term vacancies) to see if they are appropriate to be identified. NSLHD MHDA have completed Position Descriptions for a Social and Emotional Peer Worker positions and an Aboriginal and Torres Strait Islander MHDA Clinical Positions. 	<p>Partner with the NSLHD workforce Team and other stakeholders to develop a strategy to increase the Aboriginal and Torres Strait Islander MHDA workforce as part of a broader plan to increase the NSLHD Aboriginal and Torres Strait Islander Health workforce over the next 4 years (2021-2025) that will:</p> <ul style="list-style-type: none"> cover both men's and women's business increase the mental health clinical workforce (eg Social work/Allied health or via MH Nursing cadetship) 	<p>MHDA Workforce (Service managers)</p> <p>NSLHD Director MHDA and Aboriginal Clinical Lead - MHDA</p>	<p>100% increase in Aboriginal MH clinical positions (1 FTE)</p> <p>100% increase in Aboriginal MH trainee positions (1 FTE)</p> <p>Employment of a SEWB Peer Worker position 1 FTE.</p>	Years 1-3: 2021-23
4.2 Partner on reciprocal arrangements between public mental health drug and alcohol services and ACCHOs for staff secondment and rotations .	<ul style="list-style-type: none"> There is no ACCHO in NSLHD however, NSLHD has an agreement with Sydney Metro AMS (Redfern) The NSLHD/Sydney Metro AMS Agreement is being renewed and reciprocal staff arrangements could be discussed if relevant under this agreement 	<p>Nil planned</p> <p>Opportunities will be considered if they arise.</p>	NA	NA	NA
4.3 Identify factors, including workplace culture, and implement strategies to improve recruitment and retention of Aboriginal mental health staff.	<ul style="list-style-type: none"> See 4.1 related to recruitment See 5.1 	See 4.1 related to recruitment	NSLHD Director MHDA and Aboriginal Clinical Lead - MHDA	See 4.1	See 4.1
		Promote NSLHD as an employer of choice and advertise jobs through the Koori mail, Aboriginal and Torres Strait Islander employment agencies, professional peaks, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Sydney Metro AMS, Yerin ACCHS, University and TAFE.	NSLHD Director MHDA and Aboriginal Clinical Lead - MHDA	See 4.1	See 4.1

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
4.4 Promote and enable clinical placements for Aboriginal mental health trainees in a variety of mental health settings including subspecialty streams such as child and youth, perinatal and older persons' settings.	<ul style="list-style-type: none"> The Aboriginal MH trainee in the Djirruwang Program is provided a rotation every 6 months across the 3 year traineeship. This provides experience across the age span and service spectrum from community to inpatient services 	Continue rotations of trainees every 6 months across the 3 year training period	NSLHD Director MHDA and Aboriginal Clinical Lead - MHDA	% of Trainees rotating through all MHDA areas across the 3 year training period	Ongoing
4.5 Demonstrate how the NSW Aboriginal Mental Health Workforce Program (traineeship model) is used to increase the Aboriginal mental health workforce.	<ul style="list-style-type: none"> NSLHD engages with the Djirruwang Program and seeks to build the workforce by providing employment at the completion of the program 	NSLHD will apply for one additional trainee in 2022 (see 4.1)	NSLHD Director MHDA and Aboriginal Clinical Lead - MHDA	100% increase in Djirruwang Program trainees (see 4.1)	Year 2: 2022 (see 4.1)
4.6 Build and support the Aboriginal peer workforce through the development and implementation of the NSW Peer Workforce Framework. * Ministry and LHD lead	<ul style="list-style-type: none"> Position Description completed and consulted upon with the NSLHD Aboriginal Health Unit. It is envisaged that this is a portal for people to enter the Djirruwang Program to increase the Aboriginal and Torres Strait Islander MHDA workforce. 	Awaiting funding. Recruitment to this position.	NSLHD Director MHDA and Aboriginal Clinical Lead - MHDA	1FTE recruited to.	Year 2:2022
4.7 Demonstrate how mental health services provide a social and emotional wellbeing workforce to enhance the cultural safety to Aboriginal consumers, families and communities.	<ul style="list-style-type: none"> See 2.1, 2.4 and 2.8 	See 2.1, 2.4 and 2.8	All	See 2.1, 2.4 and 2.8	See 2.1, 2.4 and 2.8

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
4.8 Districts and Networks utilise the NSW Aboriginal Mental Health Workforce Program document “Walk Together, Learn Together, Work Together: A Practical Guide for the Training of Aboriginal Mental Health Professionals in NSW” as the framework for implementation and management of trainees.	<ul style="list-style-type: none"> NSLHD implements Walk Together, Learn Together, Work Together as a policy directive and has developed tools. 	Investigate the use of HNELHD's App to support this work	NSLHD Director MHDA and Aboriginal Clinical Lead - MHDA	Use of HNELHD's App has been evaluated and relevant actions followed-up and/or implemented	Year 2: 2022

Strategic Direction 5. Create culturally safe work environments

5.1 Provide all members of the Aboriginal mental health workforce across disciplines with individually targeted, flexible and ongoing appropriate clinical and cultural supervision and mentoring . Supervision should include strategies to deal with community expectations, for which Aboriginal staff are often held accountable.	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander MHDA staff are provided high quality cultural supervision and mentoring and clinical supervision 	Continue current arrangements for clinical supervision and cultural supervision and mentoring	NSLHD Director MHDA and Aboriginal Clinical Lead - MHDA	100% of MHDA Aboriginal and Torres Strait Islander staff are supported with cultural supervision and mentoring and clinical supervision	Ongoing
	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander MHDA staff meet with the community and receive cultural support from community. They are linked to elders including male elders for cultural support 	Continue current arrangements for cultural support through the community	NSLHD Director MHDA and Aboriginal Clinical Lead - MHDA	100% of MHDA Aboriginal and Torres Strait Islander staff are supported through community cultural support	Ongoing
	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander MHDA staff are afforded opportunities for management and executive coaching as appropriate. 	Aboriginal and Torres Strait Islander MHDA staff receive management and executive coaching to provide opportunities for leadership growth and development including utilisation of relevant leadership/personality tools to assist and guide practice.	NSLHD Director MHDA	Aboriginal and Torres Strait Islander MHDA leadership staff are provided with management/executive coaching.	As required
5.2 Investigate the need for a new feedback, mentoring and support mechanism for all members of the Aboriginal mental health workforce and implement new mechanisms as required. * Ministry lead	<ul style="list-style-type: none"> NSLHD has completed the relevant Ministry of Health survey Please refer to 5.1. 	Participate in Ministry-led initiatives as relevant	NSLHD Director MHDA	As per 5.1.	As per 5.1

GOAL 3: Connected care

Strategic Direction 6.

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

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
<p>6.1 Support ACCHOs, general practitioners and other frontline services to identify Aboriginal people at risk of mental health distress and make appropriate referrals.</p> <p>* Ministry, eHealth and LHD lead</p>	<ul style="list-style-type: none"> Partnership working is undertaken to ensure referral pathways and case coordination is in place for Aboriginal and Torres Strait Islander consumers, with: <ul style="list-style-type: none"> Sydney Metro (Redfern) AMS, Yerin (Central Coast) AMS GPs, PHNs NGOs NSLHD provides education to GPs in working with Aboriginal and Torres Strait Islander consumers See 3.3 and 3.7 Mental Health First Aid training for NGOs 	Continue partnership with Sydney North PHN to deliver targeted cultural training to GPs	Aboriginal Health Unit	Number of training sessions provided.	Ongoing
		Continue to attend the interagency meeting and case conferences for mutual consumers of primary care services and NSLHD MHDA services – includes care planning and referral pathways	Aboriginal MH Unit and NSLHD Director MHDA and Aboriginal Clinical Lead - MHDA	100% representation at Interagency meetings Number of case conferences held	Ongoing
		Deliver the Aboriginal Mental Health First Aid (MHFA) training to non-government organisations free of charge	Aboriginal MH	Number of Aboriginal MHFA training delivered and documented in the NSLHD Aboriginal MHDA Committee minutes.	Ongoing
<p>6.2 Develop formal partnerships with ACCHOs to identify areas where mental health services and ACCHOs can integrate policy and processes, for example, referral and intake procedures.</p> <p>* Ministry and LHD lead</p>	<ul style="list-style-type: none"> See 4.2 	See 4.2	AA	See 4.2	See 4.2
<p>6.3 Develop strategies to increase services for Aboriginal people requiring high levels of clinical support in the community.</p> <p>* Ministry, eHealth and LHD lead</p>	<ul style="list-style-type: none"> See 2.8 (Intensive team coordination is provided to NSLHD consumers with chronic/multiple needs and requiring integrated care, funded through the PHN) See 2.2, 2.4 and 2.8 Bungee Bidgel 	See 2.2, 2.4 and 2.8	AA	See 2.2, 2.4 and 2.8	See 2.2, 2.4 and 2.8

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
6.4 Clarify the roles and responsibilities of mental health case management to ensure accountability and continuity of patient care across different service providers and service types. * Ministry and LHD lead	<ul style="list-style-type: none"> See 2.2 - MHDA Clinical Lead is a member of the NSW statewide referral service supporting collaborative care for Aboriginal and Torres Strait Islander people with complex needs - including physical health, NDIS and housing needs. Clinical Lead is involved at the service level from triage to discharge and ensures there is Aboriginal and Torres Strait Islander health professional involvement and that a holistic assessment is conducted for all Aboriginal and Torres Strait Islander consumers and referrals are made as relevant. 	Continue participation in NSW statewide referral service. Role is in attending assessments of statewide referrals, advocating for service if required, participate in assessment, care planning, case review and support engagement as needed.	NSLHD Director MHDA and Aboriginal Clinical Lead - MHDA	100% participation by Aboriginal MHDA team member in statewide referral service	Ongoing
6.5 Improve referral pathways to psychosocial support services including HASI, HASI Plus, CLS and the NDIS.	<ul style="list-style-type: none"> See 2.2, 6.4, 6.7 A NSLHD Aboriginal NDIS project worker is being recruited to improve referral pathways for Aboriginal and Torres Strait Islander consumers to relevant agencies including psychosocial supports, HASI, HASI Plus and CLS. 	Finalise recruitment	NSLHD Clinical Partnerships Consultant	A NSLHD NDIS Project Worker (identified position) is recruited	Year 1: 2021
6.6 Co-design a culturally appropriate targeted Aboriginal mental health promotion strategy and communication plan with Aboriginal services, consumers, carers and community. The communication plan will be designed to improve mental health literacy and destigmatise mental illness, and to improve the visibility and priority of mental health care across the mental health sector. ** link with 2.5, 3.4, 3.7	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander MHDA team members and NSLHD consumers participate in community events including Close the Gap, Sorry Day, Reconciliation Week and NAIDOC week 	Support the operation of two Cultural Event Advisory Committees at either end of the LHD to ensure specific events are held at NSLHD facilities.	NSLHD Director MHDA and Aboriginal Clinical Lead - MHDA	Events are documented in the NSLHD Aboriginal MHDA Committee minutes	Ongoing
		Participating with Chase the Energy Foundation to improve mental health awareness in NSLHD (including Knox Grammar)	Aboriginal Clinical Lead - MHDA	One event annually hosted subject to COVID.	Ongoing
		MHDA Engagement in relevant MH Month activities to promote SEWB in the Aboriginal and Torres Strait Islander Community.	NSLHD Director MHDA and Aboriginal Clinical Lead - MHDA	Minimum one activity hosted in MH Month each year of the plan - subject to COVID.	Ongoing

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
6.7 Strengthen partnerships between mental health services and the Aboriginal mental health and wellbeing workforce to promote culturally safe and appropriate provision of care for older people . * Ministry lead	<ul style="list-style-type: none"> The Aboriginal NDIS project officer portfolio includes support to OPMHS 	Continue to coach staff to identify Aboriginal and Torres Strait Islander people over 55 years and link them with aged care supports and resources	NSLHD MHDA Manager OPMHS, NSLHD PCLI Manager and Aboriginal Clinical Lead - MHDA	Manager OPMHS	Ongoing
		Partner with the Ministry in any statewide activities	NSLHD MHDA Manager OPMHS, NSLHD PCLI Manager and Aboriginal Clinical Lead - MHDA	Evidence of partnering	Ongoing
6.8 Develop partnerships between key stakeholders to ensure culturally supported and safe provision of care by child and adolescent mental health services . * Ministry lead	<ul style="list-style-type: none"> See 2.4- NSLHD MHDA service accepts direct referrals for CYMHS clients (eg from women's groups, schools, headspace etc). Young people are offered a priority one-off assessment that considers the young person's needs (including MH, D&A and physical health etc) and trauma history. Relevant support and referrals are made that take a holistic approach The NSLHD Aboriginal MH team supports CYMHS care planning and pathways to care for Aboriginal and Torres Strait Islander young people on discharge 	Continue Aboriginal representation at CYMHS assessment, care planning, family meetings, employing a holistic approach and cultural approach, linking young people and families to specific services.	NSLHD Service Director CYMHS and Aboriginal Clinical Lead - MHDA	Attendance at 100% of CYMHS assessments and other meetings as desired by young person and family	Ongoing
		Train all CYMHS staff within their first 2 years of employment in NSW Health guidance - <i>Working with Aboriginal People: Enhancing Clinical Practice in Mental Health Care</i>	NSLHD Service Director CYMHS and Aboriginal Clinical Lead - MHDA, MHDA Manager LCD	80% of new CYMHS staff trained within the first 12 months of employment	Ongoing

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
6.9 Strengthen the involvement of Aboriginal people in all governance arrangements for the planning and provision of mental health drug and alcohol services so that Aboriginal people inform, shape and lead decision making across services.	<ul style="list-style-type: none"> • NSLHD has an active Aboriginal MHDA Committee and a range of subcommittees involved in planning for services including Ask the Question video and resources • NSLHD MHDA Aboriginal and Torres Strait Islander team members participate on NSLHD governance committees including workforce and on the PHN committee and ad hoc committees to provide advice • Director of Aboriginal Health reports directly to CE • NSLHD activities that strengthen the involvement of Aboriginal and Torres Strait Islander people in governance, planning and provision of services include: Staff surveys, Annual Strategic Planning Day, Workforce Day, Training and Development opportunities, New Graduate Transition to Nursing program etc 	Continue Aboriginal MHDA Clinical Lead representation on the NSLHD Workforce Committee, Interagency Committee, Aboriginal Health Advisory Committee, Sydney North PHN Collaboration Ryde Council reconciliation Group and NSLHD Executive Board meetings.	<p>Director Aboriginal Health</p> <p>Aboriginal Clinical Lead - MHDA</p> <p>NSLHD Director MHDA</p>	Aboriginal and Torres Strait Islander staff attendance at relevant committee meetings, integral involvement and engagement in governance responsibilities across MHDA and NSLHD.	Ongoing

Strategic Direction 7. Implement what works and build the evidence

7.1 Build the evidence base for effective, culturally appropriate quality models of care and service delivery for public mental health services.	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander cultural engagement self-assessment tools have been completed across the LHD 	Develop in consultation with NSLHD local Aboriginal and Torres Strait Islander community a culturally appropriate Aboriginal Mental Health Assessment tool/ resource package to be used in conjunction with current mental health assessment practices. Will include cultural changes to include questioning on SDQ about culture and how much this impacts their SEWB and list links to specific services	<p>Aboriginal Clinical Lead - MHDA</p> <p>MHDA Manager LCD</p>	Tool developed	Year 2: 2022
		Develop a training package and protocol to support implementation of the package	Aboriginal Clinical Lead - MHDA	Tool implemented	Years 2-4: 2022-24
		Evaluate the use of the package	Aboriginal Clinical Lead - MHDA	Tool evaluated	Years 2-4: 2022-24
		Share learnings across the state	Aboriginal Clinical Lead - MHDA	Tool shared across the state	Year 5: 2025

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
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Strategic Action 8. Strengthen performance monitoring, management and accountability

<p>8.1 Collect detailed information and data about Aboriginal people's service use and service demand by location.</p> <p>* Ministry, eHealth and LHD lead</p>	<ul style="list-style-type: none"> The creation of the Ask the Question animation was done in partnership with the Aboriginal and Torres Strait Islander community, stakeholders, staff and consumers. Consultation: NSLHD local Aboriginal and Torres Strait Islander Community was consulted regarding their view relating to: The importance of consumers of NSLHD MHDA services being asked if they identify as Aboriginal and/or Torres Strait Islander when accessing MHDA services. Training: At orientation and as part of continuing professional development, frontline staff are encouraged to complete the online training for <i>Asking the Question</i> 	<p>Continue to raise awareness with Aboriginal and Torres Strait Islander community members of the importance and benefits of recording Aboriginal and Torres Strait Islander status. Ask local Aboriginal and Torres Strait Islander community leaders about the importance of consumers of MHDA being asked if they identify as Aboriginal and/or Torres Strait Islander when accessing services</p>	<p>All MHDA Staff</p>	<p>Number of community members consulted</p>	<p>Year 1: 2021</p>
		<p>Develop procedure and continuous quality improvement (QI) protocol to monitor and review processes to improve the rate of Aboriginal and Torres Strait Islander identification and recording</p>	<p>Aboriginal Clinical Lead - MHDA</p>	<p>Procedure and QI protocol developed</p>	<p>Year 2: 2022</p>
		<p>Develop a data and information report for regular review to audit: the number and proportion of staff completing the training</p> <p>% of consumers recorded as unknown Aboriginality status</p>	<p>Aboriginal Clinical Lead -MHDA and MHDA Manager of LCD and the MHDA Information Manager</p>	<p>Quarterly report developed by Data Team to show:</p> <ul style="list-style-type: none"> % of staff completing the online module Asking the Question: % of consumers recorded as unknown Aboriginality status for all services (TARGET Less than 0.5%) 	<p>Ongoing quarterly reports</p>
		<p>Monitoring of Aboriginal and Torres Strait Islander people who did not wait, were readmitted within 28 days or who have not been able to be followed up within 7 days of discharge and address any opportunities identified to improve the service.</p>	<p>NSLHD Director MHDA, MHDA Information Manager and Aboriginal Clinical Lead MHDA</p>	<ul style="list-style-type: none"> Results for the Aboriginal and Torres Strait Islander community utilising MHDA services are the same or better than the general community and any negative variance is closely scrutinised through a quality lens and improvement actions are implemented. 	<p>Ongoing</p>

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
8.2 Use Aboriginal people experience of service data from the YES survey and other data capture systems to inform service improvements.	<ul style="list-style-type: none"> • YES and CES survey data is used to inform system improvements for Aboriginal and Torres Strait Islander people 	NSLHD MHDA Exec Committee continue to monitor performance and address negative variance if results fall below state average.		Monthly reports from INFORMH with an annual report for each Financial Year. Negative Variance is actioned and uploaded to ACTIONIT for monitoring and improvement.	Ongoing
		Review routine data and information reports on YES and CES data provided monthly and split by Aboriginality	All -MHDA Community Engagement Manager and MHDA Family and Carer Manager, Aboriginal Clinical Lead MHDA	Monthly reports from INFORMH with an annual report for each Financial Year. Reported to the Aboriginal MHDA Committee for consideration and advice. Negative Variance is actioned and uploaded to ACTIONIT for monitoring and improvement.	Ongoing
		Discuss with the Ministry and relevant LHD partners whether the question about Aboriginal and Torres Strait Islander/ Non-Aboriginal and Torres Strait Islander origin can be brought earlier in the survey or highlighted to consumers by staff when they present the YES survey to them	Aboriginal Clinical Lead MHDA	Evidence of discussions	Year 2: 2022
8.3 Develop feedback mechanisms on the effectiveness of partnership arrangements between Districts, Networks and ACCHOs.	<ul style="list-style-type: none"> • See 1.2 and 6.1 	An annual action plan is developed between Aboriginal MHDA Clinical Lead and Redfern AMS MHDA Manager for joint work. Outcomes are reviewed annually (e.g. in 2021-22 development and implementation of a referral form)	Aboriginal Clinical Lead MHDA	Action plan objectives are reviewed and achieved annually	Year 2: 2022 Ongoing
8.4 Develop new key performance indicators that monitor referrals and follow up of Aboriginal people to community based mental health services. * Ministry, eHealth and LHD lead	<ul style="list-style-type: none"> • Please refer to 8.2 noting that these are regular items on the NSLHD/ NSW Performance Meetings and NSLHD MHDA have submitted multiple referral notes. 	Detailed analysis is completed on any negative variance to ensure that trends are identified and action is consulted upon and implemented.	NSLHD Director MHDA	All Matters listed for the NSLHD/NSWH Performance Meeting are actioned.	Ongoing

Strategic Action	Actions completed	Actions underway/ planned	Responsible	Measures	Timeframe
<p>8.5 Develop, implement and regularly review strategies to ensure follow up actions to support mental health patients on release from prison so that they receive fourteen days of medication, referrals and discharge summaries.</p> <p>* Ministry, eHealth and LHD lead</p>	<ul style="list-style-type: none"> NSLHD partners with Justice and Forensic Mental Health Services as appropriate and on a case by case basis. NSLHD MHDA has a quarterly committee meeting with Justice and Forensic Mental Health to monitor all issues with people recently discharged. 	Nil current	NSLHD MHDA Clinical Director, NSLHD/JFMHS Committee	All people who are transferred to NSLHD MHDA are followed up in accordance with the triage process.	Ongoing
<p>8.6 Co-design a Strategy monitoring and reporting framework that measures the progress of the goals and strategic actions and provides data to inform implementation decisions.</p> <p>* Ministry lead</p>	<ul style="list-style-type: none"> Participating with Ministry on statewide implementation and monitoring groups 	Continue to participate with Ministry on statewide implementation and monitoring group	NSLHD Director MHDA and Aboriginal Clinical Lead MHDA	Membership of the statewide Aboriginal Mental Health and Wellbeing Strategy Implementation and Monitoring Group	As required

Appendix A – Policy alignment

The Plan is aligned with the following national policies and initiatives:

- *The Gayaa Dhuwi (Proud Spirit) Declaration*
- *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*
- *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013*
- *Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health*
- *National Safety and Quality Health Service Standards for Aboriginal Health*
- *The National Disability Insurance Scheme*

The Plan is also aligned with the following NSW policies and frameworks:

- *NSW State Health Plan: Towards 2021*
- *the NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025*
- *NSW Aboriginal Health Plan 2013-2023*
- *NSW Health Good Health-Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020*
- *Health Professionals Workforce Plan 2012-2022*
- *Towards Zero Suicides Premier's Priority*
- *NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022*
- *Strategic Framework for Suicide Prevention in NSW 2018-2023*
- *OCHRE: NSW Government Plan for Aboriginal Education, Employment and Accountability 2011*
- *Living Well in Focus 2020-2024: A strategic plan for community recovery, wellbeing and mental health in NSW*
- *NSW Mental Health Commission Lived Experience Framework*

