



## **Australian Government**

**National Mental Health Commission**

### **National Mental Health Commission Meeting 23 and 24 May 2017**

#### **COMMUNIQUE**

The National Mental Health Commission held its 36<sup>th</sup> meeting on Tuesday 23 May and Wednesday 24 May 2017 in Darwin focusing on rural and remote mental health and suicide prevention in the Northern Territory. Commissioners valued hearing the experiences of consumers and carers at the Community Forum. The Northern Territory remains an important focus for the Commission and it was agreed to continue to collaborate to improve mental health outcomes.

#### **Legislative Assembly of the Northern Territory**

Commissioners met with Ms Ngaree Ah Kit, Assistant Minister for Suicide Prevention, Mental Health and Disabilities. Commissioners welcomed the opportunity to provide a brief on the work of the Commission and discuss mental health reform in the Northern Territory. Commissioners heard about the review of the NT Suicide Prevention Strategy and the public consultation process being undertaken. Discussions included implementation of the reforms and the roll-out of the NDIS. Commissioners acknowledge the unique challenges for the Northern Territory given the demographics and geography, as well as the challenges with communication, how to harness in community support and how to convey information to those that need it.

#### **Chief Psychiatrist of the Northern Territory**

#### **Mental Health Directorate, Department of Health Northern Territory**

Commissioners were briefed on the mental health services in the Northern Territory including the challenges of providing services in adult and youth detention centres. Discussions included the delivery of mental health services in the different facilities and the challenges of inadequate resources for providing intensive care in custody, the detention environment and costs. Commissioners were also briefed on the various funding arrangements for mental health services in the Northern Territory and the need for governments and service providers to work together and to plan and coordinate services to minimise duplication. Discussions included the challenges of geography and demographic diversity, particularly in relation to consumer and carer participation.

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### **Top End Association for Mental Health (TEAMHealth)**

Commissioners were briefed on the work of TEAMHealth in providing a range of mental health services across Darwin, Palmerston and the regional and remote communities of the Northern Territory's Top End. Concerns were raised about the lack of support for people that are not included in the National Disability Insurance Scheme (NDIS), the uncertainty of future funding for services which is also de-stabilising the sector and creating difficulties in retaining skilled staff. TEAMHealth highlighted the challenges of choice and control for consumers in rural and remote areas and that NDIS packages do not include funding to cover the costs of internet and telephone services that enable access to a broader range of services for the individual.

### **Aboriginal Medical Services Alliance NT (AMSANT)**

Commissioners were informed about the social and emotional wellbeing programs in the Northern Territory and the work being done through the Northern Territory Aboriginal Health Forum to collaborate, plan and share information. Concerns were raised about the lack of child and adolescent services in the community and the quality of the services that are available, with very remote areas lacking in services the most. There are barriers to accessing services in rural and remote areas, and although the use of technology enhances support for individuals, there is a need to build capacity in communities to enhance support with the relationship being an important part of the recovery journey.

### **Top End Health Services**

Commissioners heard about a study from Sweden in respect to childhood adversity and later adolescent suicide, and discussed the use of the internet and sleep disturbance and how the internet and social media have resulted in the home no longer being a safe place for young people to get away. Commissioners also heard about a paper that places these stresses in the context of Indigenous suicide. Commissioners heard about the successful intervention in the Tiwi Islands suicide epidemic through community leaders being trained in mental health and targeted mental health workshops for men and women. Discussions included issues about the need for sustainable resources for the long term success of programs and the impact of support people leaving communities.

### **Northern Territory Mental Health Coalition**

Commissioners were briefed about the work being done in partnership with the Primary Health Network to map mental health services to understand how systems work and can be improved to meet the needs of people, and to assist with the commissioning of services. Most services are available at the middle and acute/severe end, with little support at the community level. Providing services at the community level is preferred, and is also more cost effective. The Coalition held a Carers forum to discuss what services are being accessed, pathways to care and to identify gaps. Concerns were raised about communications infrastructure in the Northern Territory and the problems it causes with

access to support, services, early intervention and working with clients. Concerns were raised about transitioning clients to the National Disability Insurance Scheme (NDIS) with a large proportion not meeting the eligibility criteria and having to reapply a number of times. Some clients currently accessing services without a clinical diagnosis are knocked back and need to reapply. Concerns were raised for individuals currently receiving support from services that may not be eligible for the NDIS and how their ongoing needs will be met when programs are transitioned into the NDIS.

### **Department of Health Northern Territory**

Commissioners were informed about the consultations being undertaken to engage in conversations with the community for the review of the NT Suicide Prevention Strategic Action Plan. In the Northern Territory, there are enormous challenges to access with the remoteness of some communities being inaccessible by road for five months of the year. There is a lower threshold for hospital admission in remote communities because there are fewer services available between primary and acute services. There is a need to raise the system support for young people and increase the focus on early childhood and vulnerable families.

### **Royal Flying Doctor's Service**

Commissioners were briefed on the mental health services provided by the Royal Flying Doctor's Service (RFDS) and the work being done with the Primary Health Network (PHN). The RFDS has been included in discussions with the PHN about mental health reforms, funding and suicide prevention. The RFDS have been working with the PHN to learn more about the mental health and suicide prevention services available and have been working with Headspace to deliver services in rural and remote areas. A challenge for the RFDS is not being able to do treatment plans under Medicare and they are discussing the issue with the Commonwealth Government.

### **Primary Health Network**

Commissioners were briefed on mental health reforms in the Northern Territory and discussed challenges with implementation including the need to balance the integration of funding and commissioning of services with other service providers and stakeholders, in order to maximise service delivery. The Primary Health Network is mapping existing services and holding workshops to discuss stepped care at a regional level. Work is being done to build relationships with stakeholders to better understand roles and responsibilities, and there is a need to increase consumer and community involvement in co-design and to reduce duplication and fragmentation of services. Discussions included the need for an effective feedback and evaluation framework of commissioned services to provide the opportunity to strengthen services in future.

## **Community Forum**

Commissioners were pleased to attend a forum with consumers and carers and valued hearing the experiences, challenges and successes of individuals.

Commissioners heard that the provision of services for physical care in rural and remote areas are good but there is a lack of services for mental health care and it is not integrated with other chronic illnesses. Issues were raised with services providing support initially and then reducing support after diagnosis and medical treatment, with a lack of communication when previously provided services are stopped. There were also concerns that services are not providing support to increase an individual's involvement in society and to have a purposeful life. Concerns were raised with the lack of wrap around services, particularly in relation to supported accommodation, the lack of responsiveness of services and the lack of carers involvement. There is a lack of infrastructure for those with complex needs and there is a need to increase workforce skill to be able to help and case manage, as families are doing the case management.