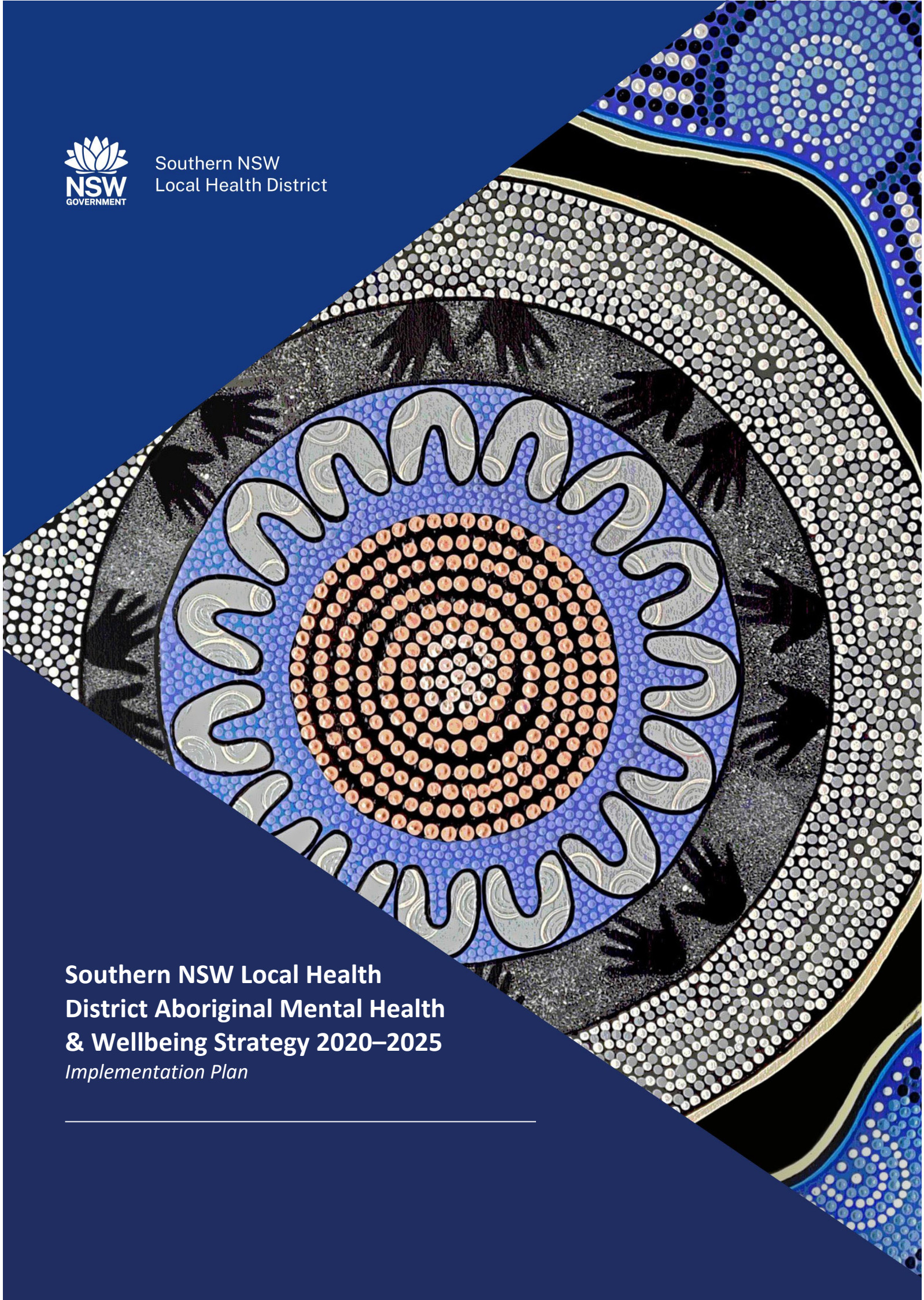




Southern NSW  
Local Health District



**Southern NSW Local Health  
District Aboriginal Mental Health  
& Wellbeing Strategy 2020–2025**  
*Implementation Plan*

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## Acknowledgments

Southern NSW Local Health District acknowledges and pays respect to the Traditional Custodians of the land; the Gundungurra, Ngambri, Ngarigo, Ngunnawal and Yuin peoples.

We celebrate the rich histories and cultures of the diversity of Aboriginal people and communities across our district.

Southern NSW Local Health District acknowledges Aboriginal and Torres Strait Islander Elders, community members and staff for their ongoing contribution to our community and their commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

In particular, we acknowledge the community members, local health providers and staff who contributed their time, wisdom and knowledge in the development of this Implementation Plan.



**About the Artist:** Joe Stewart is a Contemporary Aboriginal artist of Yuin and Kamilaroi ancestry, based in on the Far South Coast of NSW. Joe completed the depicted artwork “Our Journey” in 2021, commissioned by the SNSWLHD Aboriginal Mental Health Service. The edges of the artwork represent the water which connects to country, the grey and white area represents the journey that we all take in life, and the hands reach out to share the journey with health workers to work together for a better outcome to enjoy life.

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## Message from the Chief Executive



I am pleased to introduce the Southern NSW Local Health District's Implementation Plan for the *NSW Aboriginal Mental Health and Wellbeing Strategy 2020–2025* (the Strategy). This Plan provides our priorities and actions to improve the way we engage with Aboriginal services, people, communities and our Aboriginal workforce in caring for Aboriginal mental health and wellbeing.

Our Plan is informed by the NSW Aboriginal Mental Health and Wellbeing Strategy 2020–2025, and importantly, reflects the knowledge, experiences and priorities of our local communities. Both NSW Health and the Southern NSW Local Health District are committed to achieving holistic, person and family-centred care and healing that is culturally safe and trauma-informed, is of high quality, and provides better-connected care.

Our commitment to listening and learning together has been and continues to be key to create safer, more welcoming and more relevant mental health services for local Aboriginal people and communities. Improving the cultural capability of our workforce, committing the resources to build a strong Aboriginal health workforce, expanding our early intervention and health promotion services, and ensuring strong collaboration and partnership with Aboriginal community controlled health services, other local health services, community providers and government agencies will help us achieve better mental health and wellbeing outcomes for Aboriginal people, families and communities.

On behalf of the Southern NSW Local Health District Board and Executive team, we would like to thank the local Aboriginal community members, local Aboriginal service providers and Southern NSW LHD staff who have collaborated on this Plan. We are committed to walking alongside you as we work to achieve our shared priorities.

A handwritten signature in black ink that reads "Margaret Bennett".

Margaret Bennett  
Chief Executive  
Southern NSW Local Health District

## A summary of our plan

### Developed in collaboration with our community

We developed our Implementation Plan for the *NSW Aboriginal Mental Health and Wellbeing Strategy 2020–2025* (the Strategy) in collaboration with local Aboriginal community members, local Aboriginal service providers and Southern NSW LHD staff.

### Our Priorities

Through consultation with local community, service providers and our staff, we have identified the following key priorities for our Plan.



Improving cultural capability and safety



Building a skilled Aboriginal health workforce



Improving health literacy



More support for families and carers



More support for children and young people



Investing in early intervention services



Service access, connectivity and partnerships



Improving access for geographically isolated people

Our Plan includes actions developed through our consultations and builds on actions from the current Strategy.

## 1. Background

NSW Health and Southern NSW Local Health District are committed to Reconciliation and closing the gap in health outcomes between Aboriginal and non-Aboriginal people. This Implementation Plan builds on a policy framework designed to improve the mental health and wellbeing of Aboriginal people and families in our community.

### 1.1 The need for change

Aboriginal people in NSW score worse than non-Aboriginal people on all indicators of social and economic disadvantage, all of which are pre-determinants of mental health issues and substance use. This is the result of invasion and colonisation of Aboriginal lands, forced removals and the Stolen Generations and years of government policies that have marginalised and harmed Aboriginal communities and families and resulted in multi-generational trauma.

Despite efforts to ‘close the gap’ in recent years, the Commonwealth’s *Closing the Gap Report 2019* found that the target to close the gap in life expectancy rates for Aboriginal and non-Aboriginal people by 2031 is not on track. Moreover, in NSW, rates of self-harm and suicide are growing for Aboriginal people. Aboriginal suicide rates in NSW increased from 11.3 per 100,000 people between 2009–2013 to 17.7 per 100,000 people between 2014–2018. In 2018–2019, rates of hospitalisations resulting from intentional self-harm among Aboriginal people (264.6 per 100,000) were also more than double the rates among non-Aboriginal people (85.6 per 100,000).<sup>1</sup>

Racism also has a significant impact on the mental health and wellbeing of Aboriginal people in NSW. Aboriginal people who experience racism are at a greater risk of developing mental health issues and their experience of racism also has a significant impact on their decisions about seeking support for those issues.<sup>2</sup> For example, a person might fear experiencing further racism or a culturally unsafe environment when approaching a health service.

### 1.2 NSW Aboriginal Mental Health and Wellbeing Strategy 2020–25

In December 2020, the NSW Government launched the Strategy which sets out a plan to support and assist NSW Health services in delivering respectful and appropriate mental health services in partnership with Aboriginal services, people, and communities. It intends to be the foundation for change that will support a future way of working with Aboriginal staff, services, families and communities to improve the mental health and wellbeing of Aboriginal communities. The Strategy is informed by the *National Agreement for Closing the Gap in Aboriginal Health Outcomes*.<sup>3</sup>

The Strategy is working towards the vision that:

All Aboriginal people of NSW have access to holistic and culturally safe services that provide the best opportunity for improved mental health and social and emotional wellbeing.

<sup>1</sup> Australian Government (2020) *Closing the Gap Report 2020*, Canberra. [Closing the Gap 2020 | Closing The Gap \(niaa.gov.au\)](https://www.niaa.gov.au/closing-the-gap-2020)

<sup>2</sup> Judith Dwyer et al, ‘Equitable Care for Indigenous People: Every Health Service Can Do It’, (2016)

<sup>3</sup> [National Agreement on Closing the Gap | Closing the Gap](https://www.niaa.gov.au/national-agreement-on-closing-the-gap)



## GUIDING PRINCIPLES

There are nine guiding principles for implementing the Strategy.

1. Trust and cultural respect are fundamental.
2. The cultural values and traditions of Aboriginal communities are recognised.
3. Aboriginal people’s holistic understanding of health encompasses mental, physical, emotional, social, cultural and spiritual health.
4. The valuable and unique role of Aboriginal Community Controlled Health Organisations (ACCHOs) is recognised.
5. Aboriginal people participate at all levels of health service delivery and management.
6. Partnerships with Aboriginal communities through ACCHOs and the Aboriginal Health and Medical Research Council (AH&MRC) are supported.
7. The social determinants that lead to health disparities for many Aboriginal people are addressed at an individual and systemic level.
8. Practices and policies are respectful, inclusive and culturally safe for Aboriginal consumers, carers and staff.
9. Genuine partnerships exist between service providers and Aboriginal consumers, carers and communities to support the design, delivery and evaluation of mental health services.

## GOALS AND STRATEGIC DIRECTIONS

The Strategy is supported by three goals, which are based on the *NSW Strategic Framework and Workforce Plan for Mental Health 2018–2022*.<sup>4</sup> The goals align with the NSW Health vision of a sustainable health system that delivers outcomes that matter to patients, is personalised, invests in wellness, and is digitally enabled. Under each goal, there are also a number of strategic directions. The Strategy’s three goals and eight strategic directions are:

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<sup>4</sup> [mh-strategic-framework.pdf \(nsw.gov.au\)](https://www.nsw.gov.au/mh-strategic-framework.pdf)

## Goals and strategic directions

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

1. Co-design mental health service planning, delivery and monitoring with Aboriginal services, people and communities
2. Deliver holistic care that responds to Aboriginal people's mental health and wellbeing

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

3. Deliver culturally safe, trauma-informed, and competent quality public mental health services
4. Build and sustain the Aboriginal mental health and wellbeing workforce
5. Create culturally safe work environments

### Goal 3: Connected care

6. Deliver coordinated mental health services for Aboriginal people and strengthen partnerships with Aboriginal health and community services
7. Implement what works and build the evidence
8. Strengthen performance monitoring, management and accountability



## 2. What we did

The development of our Implementation Plan for the *NSW Aboriginal Mental Health & Wellbeing Strategy 2020–2025*, was completed in three stages:

1. Planning
2. Consultation
3. Developing our Plan

Our consultation process included three stakeholder groups:

1. Aboriginal communities in Goulburn, Queanbeyan, Batemans Bay and Bega;
2. External services including Aboriginal Community Controlled Health Organisations (ACCHOs); and
3. SNSWLHD staff.

We conducted approximately 40 scoping interviews and 6 focus groups between September and November 2021.

These consultations supported us to better understand the lived experience of local Aboriginal people, consumers of the local mental health system, and their families, to appreciate the current challenges and service gaps, and to assess the strength of local partnerships. We also collected ideas and suggestions for how we could improve the delivery of mental health and wellbeing services to Aboriginal people and communities in our District.

Our consultation process was underpinned by the following five principles:

1. Equal partnership
2. Openness
3. Respect
4. Empathy
5. Design together.

The findings from these consultations have been used to inform our priorities in line with *NSW Aboriginal Mental Health & Wellbeing Strategy 2020–2025* and the development of actions for this Plan.

### 3. What we heard

Our consultations with the three stakeholder groups identified the following key priorities.

#### Priorities for our District

- Improve cultural capability and safety
- Build a skilled Aboriginal health workforce
- Improve health literacy
- More support for families and carers
- More support for children and young people
- Invest in early intervention services
- Service access, connectivity and partnerships
- Improving access for geographically isolated people

### What we heard from local Aboriginal community members

#### IMPROVE OUR CULTURAL CAPABILITY AND SAFETY

- Working to **build trust with local Aboriginal people and families** can help to overcome barriers to accessing services arising from the history of discrimination against Aboriginal people and their misgivings about government agencies and services owing to past mistreatment.
- **The physical environment in which care is provided is important to cultural safety.** Working towards making our physical environments more welcoming for Aboriginal people.

#### SUPPORT LOCAL ABORIGINAL COMMUNITIES TO IMPROVE THEIR HEALTH LITERACY

- The community want access to **clearer, user friendly and culturally accessible information** about mental health. This means making sure that available information, including definitions of mental health, mental health conditions and treatments are consistent with Aboriginal ways of framing mental health. This includes using more culturally appropriate terminology. For example, 'mental health' comes with negative connotations, whereas 'social and emotional wellbeing' is more holistic and culturally appropriate.
- The community is asking for health professionals to **take time to deliver diagnoses, provide clear explanations** and **check people's understanding** of what they have been told.
- We need to **get out into the community and educate local Aboriginal people and families about mental health**, including how to detect signs of mental health issues and how to seek support.

### MORE SUPPORT FOR CHILDREN AND YOUNG PEOPLE

- There are **limited mental health supports** in place for Aboriginal children and young people.
- There is a **need for Aboriginal-specific services for children and young people** that focus on health and wellbeing.
- Supporting **cultural connection is critical to the wellbeing** of Aboriginal children and young people.

### INVESTING IN EARLY INTERVENTION SERVICES

- There is a **need for more services and supports for people experiencing less acute mental health issues**. We need to support these people before their issues escalate.
- We need to **support local Aboriginal men’s, women’s and youth groups** that help people to build culturally safe support networks and improve people’s social and emotional wellbeing.

### SERVICE ACCESS, CONNECTIVITY AND PARTNERSHIPS

- We **need to improve awareness among local Aboriginal people and communities** about the services and supports available to them.
- People often experience **long waitlists for services** sometimes leading to them giving up on these services.
- Local Aboriginal people **prefer and want more Aboriginal-specific health services**.
- Some Aboriginal people find the **local health service system difficult to navigate**. We need to ensure the system is more streamlined with better linkages and collaboration between services.

### TRANSPORT

- We need **more access options for geographically isolated people**. **Access to personal or public transport to and from hospitals and other health facilities is difficult to access**, making it difficult for patients and also family members to provide care and support to patients.



## 3.2 What we heard from local services and other stakeholders

### IMPROVE OUR CULTURAL CAPABILITY AND SAFETY

- **More Aboriginal-led health services are needed.** Mainstream services don't always have the cultural lens needed to effectively support Aboriginal people and communities.

### BUILD A SKILLED ABORIGINAL HEALTH WORKFORCE

- **Increasing the number of Aboriginal people working in mental health is essential.** Developing a pipeline to attract Aboriginal people into a broad range of roles and support their training and development will help to grow the Aboriginal workforce.
- **Aboriginal mental health staff should be trained by ACCHOs** to ensure they develop strong community ties and understand Aboriginal health and community-based approaches, in addition to their clinical training.

### IMPROVE HEALTH LITERACY

- More people are now talking about mental health. Culturally appropriate resources and more opportunities for open dialogue to **continue destigmatising mental health are important.**

### MORE SUPPORT FOR CHILDREN AND YOUNG PEOPLE

- Currently, **some schools provide the only face-to-face counselling services for children and young people 12 years and under.** Not all schools have qualified school counsellors and may use chaplains or guidance counsellors who may not have specific mental health qualifications.
- Working with ACCHOs help **fill the gap in mental health services for Aboriginal children.**

### INVESTING IN EARLY INTERVENTION SERVICES

- Delivering more **mental health services on Country** and incorporating cultural protocols, mixing clinical and cultural techniques, is key.
- **Face-to face services are needed for people with low-moderate mental health needs.**

### SERVICE ACCESS, CONNECTIVITY AND PARTNERSHIPS

- **Make entry to acute services a smoother experience.** Eligibility criteria can prevent people from being accepted if assessment processes don't consider them to be high-risk enough and this places additional pressure on smaller services leaving people without any service or support. Assessment tools and processes need to be assessed and developed to make them culturally responsive and trauma informed.
- Providing connected care relies on **addressing silos between mental health and physical healthcare in Southern NSW.**
- **The region needs more psychiatrists to meet the need.** Specialist support from psychiatrists can be highly effective for people with acute mental health conditions if they can access appointments in a reasonable timeframe.

- **‘One-stop shop’ and wrap-around models of care can be very effective** for Aboriginal people and communities because they can offer a broad range of services in the one setting and eliminate the need to access multiple services.
- **Service access for geographically isolated people is an ongoing issue.** Telehealth services can be effective but should not replace face-to-face services
- **COVID-19 and the bushfires in 2020 have placed more pressure on the mental health system** and impacted on service delivery.

### 3.3 What we heard from Southern NSW LHD Staff

#### IMPROVE OUR CULTURAL CAPABILITY AND SAFETY

- Staff are asking to be educated about **the impacts of colonisation, trauma, inter-generational trauma, violence, and social determinants of health – housing, employment, education, and institutionalised racism**, that affect many Aboriginal people and communities.
- More **tailored, practical, and work-relevant approaches to building cultural capability** will help staff to better understand and support Aboriginal consumers.
- More information resources about local Aboriginal services and programs will help staff **connect Aboriginal people with the right culturally appropriate services and support.**
- **Instituting senior cultural oversight** will help to monitor improvement in cultural capability and community connections.
- Acute services are the last step before hospital, but due to **fear and mistrust in government services** they are often the first point of contact with Aboriginal people experiencing mental illness. Delivering more services outside of hospital settings and in community can help with reaching Aboriginal people, to allow people with mental health concerns to be seen earlier and reduce the escalation of their mental illness.
- **Implementing cultural safety standards** will improve partnerships and our ability to attract and retain Aboriginal staff.

#### BUILD A SKILLED ABORIGINAL HEALTH WORKFORCE

- **Fill all vacant Aboriginal Mental Health Trainee positions** and ensure there are effective and ongoing clinical and cultural supports in place for them.
- We need **dedicated Aboriginal health workers and senior practitioners** in every sub-region.
- Targeted recruitment to **increase the number of Aboriginal men in mental health positions.**
- **Create Aboriginal Mental Health Worker positions** in all key SNSWLHD services.
- Recruit **Aboriginal Mental Health Peer Workers.**

### IMPROVE HEALTH LITERACY

- There are **good Aboriginal health education resources that already exist** but we need to **promote them and make them visible and accessible** to people.

### MORE SUPPORT FOR FAMILIES AND CARERS

- **Streamlining administrative tasks will ensure staff have the time they need to appropriately support consumers and their families.** We see **families and carers of people dealing with mental health issues** who are putting their own mental health at risk because they have no support and need a break. **We need to do more to support them.**

### INVESTING IN EARLY INTERVENTION SERVICES

- More **health promotion and healthy lifestyle programs.**
- Suicide prevention services delivered in communities with a focus on **healing and cultural wellbeing.**

### SERVICE ACCESS, CONNECTIVITY AND PARTNERSHIPS

- **Longer term funding for services and programs is essential.** It is difficult for services relying on short-term funding cycles to establish a presence and gain momentum, which makes it difficult for SNSWLHD to develop and maintain relationships with those services.
- **Formal partnerships with local services would create more connected care and smoother step-up/down experiences for clients.** SNSWLHD staff have good relationships with local services, but these depend on relationships between staff rather than formal partnerships between agencies. Increasing the capacity of external services would also assist with the step-up/down process.
- **More resources are needed to enable client follow up** and to ensure clients are connecting with other services.
- **Reviewing processes for information sharing between services to make them less onerous** can decrease wait times for care, reducing the impact to consumers.
- **Partnerships could be strengthened** by ensuring ACCHOs and key Aboriginal stakeholders have joint strategic oversight.
- An **Aboriginal Mental Health and Alcohol/Other Drugs (AOD) team** that services the district across the spectrum of care from in-patient to community would ensure there is a single a point of contact for all settings.
- **Developing a direct pathway from Justice Health to SNSWLHD AOD services** would be more effective than the current case-by-case pathway.
- Resources to support **better discharge planning.**

### TRANSPORT

- There are **transport issues for geographically isolated people, including Aboriginal consumers who in remote areas.** These issues can prevent patients from being discharged from hospital.



## Recommendations

We developed 18 recommendations based on what stakeholders told us and grouped these by relevant *NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025* goals.

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

1. In partnership with Aboriginal communities, explore social and emotional wellbeing integrated service and outreach models for Aboriginal mental health, other health and wellbeing, healing, and cultural support services. This may include options for direct service delivery via home-visiting or service hubs in community settings; coordinating consumer and family involvement in treatment planning; and include services designed with and for different groups including young people, Elders, men, women, people with disabilities, and LGBTIQ+. Models for reference include NSW Aboriginal Child and Family Centres, and the Head to Health Pop-up Clinics delivered by One Door Mental Health.
2. Explore existing models of culturally appropriate respite care and support that can be promoted to Aboriginal parents/carers/families.
3. Map where existing temporary accommodation options are available for geographically isolated families when people they care for are in acute in-patient care outside of their community; and identify and address gaps.
4. Consider opportunities to develop acute care plans to escalate services and reduce the need for hospital admission.
5. Improve liaison and communication with ACCHOs in relation to treatment planning at intake and discharge.

### **GOAL 2: Culturally safe trauma informed quality care**

6. Develop and implement Aboriginal Cultural Capability and Safety Standards in partnership with local Aboriginal stakeholders, that includes:
  - a. Improving cultural safety and support for all Aboriginal mental health staff through external cultural supervision, creating Aboriginal peer networks, and partnering with ACCHOs and other relevant services to create reciprocal and rotational secondment opportunities, including internal secondments, to build capability and reduce staff burnout.
  - b. Training and support for medical staff including VMOs, to ensure mental health and other health diagnoses are culturally informed and sensitive. More complex diagnoses should include cultural consultation with an appropriately trained Aboriginal mental health worker or Aboriginal health practitioner.

- c. Tailored and ongoing cultural training and support for all SNSWLHD staff that is trauma-informed and increases staff knowledge of the social determinants of health for Aboriginal people and communities and provides practical skills for working effectively with Aboriginal people and communities. This should include reviewing and adapting *Respecting the Difference* training.
7. Improve care navigation across the local mental health care system including recruitment of an Aboriginal Care Navigator position to streamline processes to ensure more seamless entry into acute care services
8. Complete recruitment of all vacant positions including Aboriginal Mental Health Clinicians, Aboriginal Mental Health Trainees, Aboriginal Peer Worker roles, and Aboriginal Mental Health Care Navigator position.
9. Consider options for recruiting four Aboriginal Peer Workers by 2025.
10. With the increase of Aboriginal Peer Worker workforce - Promote and partner in the establishment of Aboriginal-led peer group programs for men, women and young people to help build their support networks, de-stigmatise and de-mystify mental health and to provide soft entry access to low-mid range mental health support.

### **GOAL 3: Connected care**

11. Consider options for localised databases with information about local Aboriginal mental health services and programs for front line health workers.
12. Promote Aboriginal mental health training and resources to Aboriginal people, communities, and organisations. This should include existing resources available online (e.g., Aboriginal Health and Medical Research Council website) and make hard copies available in LHD facilities, organisations and through general practice (GP) networks.
13. Work with Katungul Aboriginal Medical Service to develop more formal partnerships (e.g. Memorandum of Understanding), to formalise a strategic partnership and process for joint design, planning and delivery of Aboriginal mental health services and support.
14. Consider what opportunities exist to partner with NSW Education and, Communities and Justice, to improve social and emotional wellbeing outcomes for Aboriginal children and young people in SNSW, including those in out-of-home care, and their carers.
15. Identify existing resources to help minimise transport issues for consumers.

16. Develop a long-term plan to establish a centralised Aboriginal Mental Health and Alcohol/Other Drugs (AOD) team to service the district across the spectrum of care from in-patient to community so there is a single a point of contact for all settings.
17. Inclusion of Aboriginal mental health staff into care and discharge planning for Aboriginal consumers to ensure they are culturally responsive and consistent for Aboriginal consumers.
18. Establish a governance structure to include Aboriginal SNSWLHD staff representatives, ACCHOs, PHN and local mental health services to monitor the SNWLHD’s implementation plan for the Strategy; and to contribute to reporting to the Aboriginal Health Board Sub-Committee.

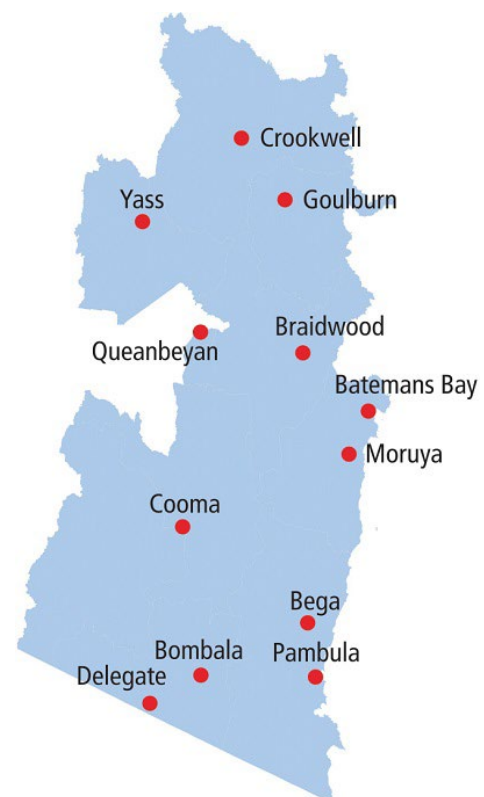
## 4. Our Implementation Plan

### 4.1 Our community

The Southern NSW LHD includes the country of four large Aboriginal nations: the Gundungurra, Ngunnawal, Ngarigo and Yuin. It covers communities from Goulburn and Crookwell, through to the Victorian border and includes the NSW South Coast, the Southern Tablelands, the Snowy Mountains, and surrounds the Australian Capital Territory on three sides.

The LHD operates 15 health services including eight acute hospitals, three multi-purpose services, three community health centres and two acute mental health inpatient facilities.

As of 2020, there are 211,122 residents living in the District, and more than five million tourists visit the District each year.<sup>5</sup> There are 8,664 residents who identify as Aboriginal, representing 4.2% of the District’s population.<sup>6</sup> One-third (32%) of Aboriginal residents live in the Eurobodalla, and one in five (20%) live in Queanbeyan city. In the Bega Valley, 16% of the residents identify as Aboriginal; in Goulburn Mulwaree LHD, 13% of residents identify as Aboriginal.



<sup>5</sup> ABS Population by age and sex, regions of Australia, 2020

<sup>6</sup> Strategy 2026



## 4.2 Aboriginal Community Controlled Health Organisations

Aboriginal and Community Controlled Health Organisations (ACCHOs) based in Southern NSW are:

- Katungul Aboriginal Community Corporation and Medical Service (Narooma, Bateman’s Bay and Bega)
- Winnunga Nimmityjah Aboriginal Health and Community Services (Canberra, Yass and Queanbeyan)

## Our implementation plan

Our implementation has been developed based on what you told us and is aligned with NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025 goals and strategic directions.

Goal	Strategic Direction	Our Actions	Related Strategic Actions	Lead Business Area	2021/22	2022/23	2023/24	2024/25
<b>Goal 1: Holistic, person and family- centred care and healing</b>	1. Co-design mental health service planning, delivery and monitoring with Aboriginal services, people and communities  2. Deliver holistic care that responds to Aboriginal people's mental health and	1. In partnership with Aboriginal communities, explore social and emotional wellbeing integrated service and outreach models for Aboriginal mental health, other health and wellbeing, healing, and cultural support services. This may include options for direct service delivery via home-visiting or service hubs in community settings; coordinating consumer and family involvement in treatment planning; and include services designed with and for different groups including young people, Elders, men, women, people with disabilities, and LGBTIQ+. Models for reference include NSW Aboriginal Child and Family Centres, and the Head to Health Pop-up Clinics delivered by One Door Mental Health.	1.1,1.3,2.1,2.2,2.4,2.5,2.7, 2.8,3.5,3.8,6.4,7.1					
		2. Explore existing models of culturally appropriate respite care and support that can be promoted to Aboriginal parents/carers/families.	Nil alignment. Aligns with Closing the Gap Target 14.					
		3. Map where existing temporary accommodation options are available for geographically isolated families when	Nil alignment. Aligns with the National Safety and Quality Health					

Goal	Strategic Direction	Our Actions	Related Strategic Actions	Lead Business Area	2021/22	2022/23	2023/24	2024/25
		people they care for are in acute in-patient care outside of their community; and identify and address gaps.	Service Standards for Aboriginal and Torres Strait Islander Health.					
		4. Consider opportunities to develop acute care plans to escalate services and reduce the need for hospital admission.	2.6					
		5. Improve liaison and communication with ACCHOs in relation to treatment planning at intake and discharge.	1.4,2.3,6.4					
<b>Goal 2: Culturally safe, trauma-informed quality care</b>	3. Deliver culturally safe, trauma-informed, and competent quality public mental health services	6. Develop and implement Aboriginal Cultural Capability and Safety Standards in partnership with local Aboriginal stakeholders, that includes: a) Improving cultural safety and support for all Aboriginal mental health staff through external cultural supervision, creating Aboriginal peer networks, and partnering with ACCHOs and other relevant services to create reciprocal and rotational secondment opportunities, including internal secondments, to build capability and reduce staff burnout.	1.1,2.2,2.5,3.1,3.4,3.6,4.7,4.8,5.2					
	4. Build and sustain the Aboriginal mental health and wellbeing workforce	b) Training and support for medical staff including VMOs, to ensure mental health and other health diagnoses are culturally informed and sensitive. More complex diagnoses should include cultural consultation with an						
	5. Create culturally safe work							

Goal	Strategic Direction	Our Actions	Related Strategic Actions	Lead Business Area	2021/22	2022/23	2023/24	2024/25
	environments	<p>appropriately trained Aboriginal mental health worker or Aboriginal health practitioner.</p> <p>c) Tailored and ongoing cultural training and support for all SNSWLHD staff that is trauma-informed and increases staff knowledge of the social determinants of health for Aboriginal people and communities and provides practical skills for working effectively with Aboriginal people and communities. This should include reviewing and adapting <i>Respecting the Difference</i> training.</p>						
		7. Improve care navigation across the local mental health care system including recruitment of an Aboriginal Care Navigator position to streamline processes to ensure more seamless entry into acute care services.	1.2,6.4,6.5					
		8. Complete recruitment of all vacant positions including Aboriginal Mental Health Clinicians, Aboriginal Mental Health Trainees, Aboriginal Peer Worker roles, and Aboriginal Mental Health Care Navigator position.	4.1,4.3,4.7					
		9. Consider options for recruiting four Aboriginal Peer Workers by 2025.	1.1,4.1,4.3,4.6,4.7					
		10. Promote and partner in the establishment of Aboriginal-led peer group programs for men, women and young people to help build their support networks,	1.1,2.5,6.6					



Goal	Strategic Direction	Our Actions	Related Strategic Actions	Lead Business Area	2021/22	2022/23	2023/24	2024/25
		de-stigmatise and de-mystify mental health and to provide soft entry access to low-mid range mental health support.						
<b>Goal 3: Connected Care</b>	6. Deliver coordinated mental health services for Aboriginal people and strengthen partnerships with Aboriginal health and community services	11. Consider options for localised databases with information about local Aboriginal mental health services and programs for front line health workers.	1.2,2.4,3.5					
		12. Promote Aboriginal mental health training and resources to Aboriginal people, communities, and organisations. This should include existing resources available online (e.g., Aboriginal Health and Medical Research Council website) and make hard copies available in LHD facilities, organisations and through general practice (GP) networks.	2.5,3.5,3.7,6.6					
	7. Implement what works and build the evidence  8. Strengthen performance monitoring, management and accountability	13. Work with Katungul Aboriginal Medical Service to develop more formal partnerships (e.g. Memorandum of Understanding (MOU)), to formalise a strategic partnership and process for joint design, planning and delivery of Aboriginal mental health services and support.	2.4,3.6,6.1,6.2,6.4,6.9,8.3					

Goal	Strategic Direction	Our Actions	Related Strategic Actions	Lead Business Area	2021/22	2022/23	2023/24	2024/25
		14. Consider what opportunities exist to partner with NSW Education and, Communities and Justice, to improve social and emotional wellbeing outcomes for Aboriginal children and young people in SNSW.	6.6,6.8,7.1					
		15. Identify existing resources to help minimise transport issues for consumers.	Nil alignment.  Aligns with the National Safety and Quality Health Service Standards for Aboriginal and Torres Strait Islander Health.					
		16. Develop a long-term plan to establish a centralised Aboriginal Mental Health and Alcohol/Other Drugs (AOD) team to service the district across the spectrum of care from in-patient to community so there is a single a point of contact for all settings.	2.4					
		17. Inclusion of Aboriginal mental health staff into care and discharge planning for Aboriginal consumers to ensure they are culturally responsive and consistent for Aboriginal consumers.	6.4					

Goal	Strategic Direction	Our Actions	Related Strategic Actions	Lead Business Area	2021/22	2022/23	2023/24	2024/25
		18. Establish a governance structure to include Aboriginal SNSWLHD staff representatives, ACCHOs, PHN and local mental health services to monitor the SNWLHD’s implementation plan for the Strategy; and to contribute to reporting to the Aboriginal Health Board Sub-Committee.	1.2,6.9,8.6					

## Monitoring and reporting

Southern NSW LHD will contribute to the development of a state-wide monitoring and reporting framework through a co-design process with other LHDs across NSW. This framework will outline how we report on the progress of our Plan to NSW Health, including the safe and secure reporting of unidentified data.

We will also establish a governance structure that includes members from our local Aboriginal communities, and other key Aboriginal stakeholders including ACCHOs to oversight this Plan and hold us to our commitments.



## Abbreviations and acronyms

Acronym	
ACCHO	Aboriginal Community Controlled Health Organisation
ACCO	Aboriginal Community Controlled Organisation
AHMRC	Aboriginal Health and Medical Research Council
AOD	Alcohol and Other Drugs
COP	Community of Practice
GP	General Practitioner
HASI	Housing and Accommodation Support Initiative
LHD	Local Health District
MoH	Ministry of Health
MoU	Memorandum of Understanding
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
NSW	New South Wales
PHN	Primary Health Network
SNSW	Southern New South Wales
SNSWLHD	Southern NSW Local Health District
Strategy	NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025