



# Western NSW Regional Mental Health, Alcohol & Other Drug, & Suicide Prevention Plan

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2024-26

**Western NSW  
Local Health District**

**Far West  
Local Health District**



**phn**  
WESTERN NSW  

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An Australian Government Initiative



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## Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands, waters and skies of the many nations on which we work. We commit to building relationships, respect, and opportunities with all Aboriginal Peoples in our region.

We pay respect to Elders past and present, and extend recognition to all Aboriginal people.

We respectfully acknowledge the following Aboriginal nations: Wiradjuri, Gamilaraay / Gamilaroi / Kamilaroi, Wailwun, Wongaibon, Ngemba / Nyemba / Ngiyampaa, Murrawarri, Barkindji, Barindji, Barundji, Nyirrrpa, Karenggapa, Wadigali, Wilyakali / Wiljali, Danggali, Muthi-Muthi, Kureinji, Gunu, Barranbinya, Bandjigali, Malyangaba, and Dadi Dadi.

We acknowledge Elders who are the knowledge holders, teachers and pioneers, the youth who are the hope for a brighter future and who will be the future leaders.

We acknowledge and pay our respect to Aboriginal people who have gone before us and recognise their contribution to Aboriginal people and community.

## **Aboriginal mental health, social and emotional wellbeing**

We are deeply committed to supporting the mental health and social and emotional wellbeing of Aboriginal people across the region. We acknowledge the profound impacts of historical injustices, intergenerational trauma, and systemic inequities that continue to shape the health outcomes of Aboriginal communities. To address these challenges, we are working in genuine partnership with Aboriginal-led organisations, Elders, and communities to co-design and deliver culturally and clinically safe, high-quality health services. These services are built on principles of self-determination, cultural respect, and healing, ensuring they meet the unique needs of Aboriginal people in a holistic and empowering way.

A key part of this commitment is investing in and building a skilled and capable Aboriginal workforce. By prioritising the recruitment, training, and retention of Aboriginal staff, we aim to strengthen the cultural competency and capacity of the healthcare system while providing meaningful employment opportunities for Aboriginal people. We are actively fostering pathways into health professions for Aboriginal individuals, supporting leadership development, and creating environments where Aboriginal staff feel respected, supported, and valued. Together, through these partnerships and workforce initiatives, we are laying the foundation for a more inclusive and equitable healthcare system—one that not only addresses immediate needs but also contributes to long-term community strength and resilience.

### **Recognition of lived experience**

We recognise the lived experience of people recovering from mental distress, addiction, and suicidality, and of those who offer them support and hope. We are committed to guiding Western NSW towards full recognition of the rights of people whose lives are affected by mental illness, addiction, and suicide, and away from stigma and discrimination.

# Plan Overview

This updated regional plan is a statement of intention, showing how the Western NSW Primary Health Network (WNSW PHN), the Western NSW Local Health District (WNSWLHD) and Far West Local Health District (FWLHD) are working together, along with regional stakeholders to improve the mental health and wellbeing of people in our region. It outlines a set of shared priorities and actions to address regional mental health, drug and alcohol, and suicide prevention needs in the next two years. It incorporates the implementation of services and enhancements outlined in the cross-government Bilateral Agreement on Mental Health and Suicide Prevention: New South Wales. It is informed by our health needs assessments, prior and current consultations. This plan will guide high quality decision making, ensuring resources are targeted and inclusive to best respond to local mental health, suicide prevention and alcohol and other drug needs. The scope of work does not extend to all issues raised within our consultation process.

## Aim

We aim to provide equitable, safe, diverse and inclusive services that are accessible, evidence-based, coordinated, compassionate, comprehensive and consumer-focused for our communities.

## Our Principles

A series of principles that underpin the plan and its implementation are outlined below. These were developed from our consultation process and incorporate those of the Primary Health Network and Local Health Districts.

**Collaboration:** Working together with various stakeholders to achieve common goals.

**Openness:** Maintaining transparency in operations and communications.

**Respect:** Valuing the dignity and diversity of all individuals and communities.

**Empowerment:** Enabling staff and communities to take control of their health and wellbeing.

**Inclusion:** Including the voices of consumers, people with lived experience, families and carers, in service planning and delivery; that people feel safe and supported when using our services.

**Equity:** Ensuring equity of access to care for rural and remote residents. This includes addressing avoidable or remediable differences in health outcomes for Aboriginal people and people with severe and complex mental illness.

**Holistic:** Investing in the promotion of social and emotional wellbeing, mental health and recovery, and the prevention and early intervention of mental illness. A holistic approach is integrated, person-centred and considers mental, physical health and health care across the lifespan.

**Evidence-based:** Promoting evidence-based planning, delivery, and evaluation of fit-for-purpose services in Western NSW.

**Sustainability:** Developing and implementing financially and clinically sustainable and stable solutions based on available resources and capacity.

**Place-based:** Programs designed and delivered with the intention of targeting a specific geographical location and particular population group to respond to complex problems.

## Priority Action Areas

**1**

**Integrated regional planning and delivery**

**2**

**A collaborative and community approach to suicide prevention**

**3**

**Reducing stigma and discrimination in mental health**

**4**

**Improved access to child and youth mental health services**

**5**

**Improve the physical health and wellbeing of people living with mental health and alcohol and other drug concerns**

**6**

**Care coordination and psychosocial support for people with severe mental illness**

**7**

**Build capacity and capability of the mental health workforce**

**8**

**Improve service navigation**

## Policy and Planning Context

This regional plan is informed by the changing national and state policies including:

- [Western NSW Foundational Mental Health Regional Plan 2019-2024](#) and its predecessor, the [Western NSW Regional Mental Health and Suicide Prevention Plan 2019-2022](#).
- [WNSW PHN Needs Assessment, 2020-2021, and 2022-23 to 2024-25](#)
- [Western NSW Local Health District Strategic Plan 2020-2025](#)
- [Far West Local Health District Strategic Plan 2021-2026](#)
- [Western NSW Aboriginal Mental Health and Wellbeing Strategy - Implementation plan 2022-2025](#)
- [Bilateral Schedule on Mental Health and Suicide Prevention: New South Wales](#)
- [NSW Regional Health Strategic Plan 2022-2032 Priority Framework](#)
- [NSW Aboriginal Health Plan 2024-2034](#)
- [NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025](#)
- [Living Well in Focus: 2020-2024](#)
- [Shifting the Landscape for Suicide Prevention in NSW 2022-2027](#)
- [NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022](#)
- [NSW Alcohol and Other Drugs Workforce Strategy 2024-2032](#)
- [NSW Older People's Mental Health Service Plan 2017-2027](#)
- [NSW Service Plan for People with Eating Disorders 2021-2025](#)
- [NSW Housing and mental health agreement](#)
- [NSW LGBTIQ+ Health Strategy 2022-2027](#)
- [NSW Health Performance Framework](#)
- [NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework](#)
- [National Mental Health and Suicide Prevention Agreement and Bilateral PHN Program](#)
- [Fifth National Mental Health and Suicide Prevention Plan](#)
- [Head to Health Commonwealth Guidance \(DOH 2021\)](#)
- [The Lived Experience Service Guidelines](#)
- [Equally Well Consensus Statement](#)
- [The Gayaa Dhuwi \(Proud Spirit\) Declaration](#)
- [National Agreement on Closing the Gap](#)
- [National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035](#)
- [Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report](#)
- [The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023](#)
- [National Safety and Quality Digital and Mental Health Standards](#)
- [National Mental Health Workforce Strategy](#)
- [National Mental Health Services Planning Framework](#)
- [National Children's Mental Health and Wellbeing Strategy](#)
- [National Mental Health Performance Framework 2020](#)
- [National Mental Health and Suicide Prevention Information Development Priorities](#)
- [Intergovernmental Agreement on Data Sharing](#)
- [National Drug Strategy 2017-2026](#)



## Governance and System Reform – Bilateral Agreement

In 2022, a bilateral agreement was signed between the Commonwealth and the State of New South Wales. This agreement supports improved mental health and suicide prevention outcomes for all people, through collaborative efforts to address gaps in the mental health and suicide prevention system, and the agreement of funding arrangements for specified services in New South Wales.

There is a strong commitment by both State and Federal Governments to improve joint regional planning for mental health and suicide prevention with appropriate governance, accountability and evaluation of jointly planned and funded programs and services. In collaboration with local clinicians, people with lived experience, carers and communities, the Western NSW Regional Plan highlights the expectations and needs of our region. It also includes actions identified by the Australian Government and aims to combine and centralise health strategies and our ambitions within one plan.

Joint regional planning will enhance outcomes for consumers and carers by:

1. Addressing fragmentation of mental health services and pathways for consumers;
2. Preventing components of the service system operating in isolation from each other;
3. Identifying gaps, duplication in roles and system failure in local service pathways; and,
4. Supporting mental health and suicide prevention reform priorities at a regional level to achieve effective, patient-centred care.



There are several mental health and suicide prevention initiatives that are jointly funded under the bilateral agreement. These services include:

- Adult Medicare Mental Health service
- Head to Health Kids
- Mental Health Youth Enhancement Funding (headspace)
- Universal Aftercare (Suicide Prevention) enhancement
- Postvention Support
- Perinatal Mental Health Screening
- National Phone/Digital Intake Service
- Initial Assessment and Referral Decision Support Tool for mental health care

At the regional level in Western NSW, Far West and Western NSW Local Health Districts (LHDs) and the WNSW PHN will jointly plan and implement these reforms. A steering group will oversee the implementation of this plan, with the support of the Mental Health teams.

## COVID-19

The COVID-19 pandemic necessitated the prioritisation and adaptation of frontline services, placing immense strain on the health workforce in Western NSW. This disruption significantly affected progress toward the goals outlined in the foundational plan (2019-2024). The revised plan builds on previous efforts and reinvigorates the governance and oversight of the planning process. Its primary focus is to consolidate regional initiatives, strengthen the implementation of new services, and enhance the quality of existing ones.

## Collaboration and co-design

Consultation, co-design, and collaboration are crucial for this plan's success. Building on the previous plan, it has been iteratively revised with the steering group, including key staff from the WNSW PHN, the Far West and Western NSW LHDs.

The consultation process involved a range of strategies including:

1. Strategic review of relevant local, state and national policy and planning documentation including the latest health needs assessment for Western NSW.
2. Literature and policy review, to ensure that we are using the most appropriate practices and evidence-based strategies to provide the best possible health outcomes for our region.
3. Interviews with key individuals and groups to assist in identifying priority areas for inclusion within the plan and iterative revisions of the plan.

Conduct of consultation workshops / forums and meetings including:

- WNSW PHN - Western NSW and Far West Clinical and Community Councils
- WNSW PHN - Western NSW Aboriginal Health Advisory Council
- Western NSW LHD Mental Health and Drug and Alcohol leadership
- Western NSW LHD Aboriginal Health Executive
- Far West LHD Mental Health and Drug and Alcohol and Suicide Prevention leadership

- Local Government Authorities

Various local interagency meetings including:

- Mental Health and Drug and Alcohol
- WNSW PHN Suicide Prevention Forum 2023
- Western NSW Suicide Prevention Network (Orange, Dubbo, Bathurst and Dubbo)
- WNSW PHN Service Provider Forum 2023
- Community Mental Health and Wellbeing Conference 2024 (Western NSW LHD led)
- Various meetings with health managers, planners, clinicians / teams and facilities across the PHN and LHDs
- Individual meetings with Community Managed Organisations and other service providers

A key catalyst for creating this plan with community, was through the 2023 WNSW PHN Suicide Prevention Forum, attended by over 200 people. The consultation process included brainstorming and interactive activities with key stakeholders, community members, and service providers, discussing mental health and suicide prevention initiatives, challenges, and gaps. They highlighted importance of broader geographical, social and economic factors such as housing, employment, and cultural needs. The statement "because it takes a community" encapsulated the essence of the event and will guide WNSW PHN's future direction.

## Our region

The WNSW PHN, which covers Western NSW and Far West Local Health Districts, is the largest in New South Wales, covering 433,379 square kilometres. It serves over 312,000 people, with a significant portion (20.3%) being seniors aged 65 and above. The region has a notable Aboriginal population, making up 11.4% of the total, with some areas like Brewarrina having over 51%. The area faces socioeconomic challenges, with 77% of its Local Government Areas (LGAs) below the average in terms of socioeconomic status, and 39% of the region is classified as remote or very remote. Half of the population lives in the regional centres of Bathurst, Broken Hill, Dubbo, and Orange (ABS, 2021).

These regional insights highlight the importance of ensuring that all our services meet the needs of Aboriginal people. Thus, being inclusive and embedding cultural safety and responsiveness is needed in all services. This includes planning, workforce, training, and service provision. Consideration will be required to equitably deliver quality care that meets the needs of people living in a range of communities from regional through to very remote.





## Mental health and drug and alcohol needs in Western NSW

Mental Health is a significant priority for WNSW PHN. Here we present a summary of related needs from the WNSW PHN Health Needs Assessment 2024 (references therein), with WNSW PHN region-wide comparisons against the NSW state average unless otherwise specified. People across the Western NSW region experience similar rates of psychological distress and prevalence of mental health conditions, but have higher mental health related ED presentation, risky alcohol use, intentional self-harm, and suicide. One notable exception on psychological distress, is that males in Far West have 25% higher reported high or very high psychological distress than the NSW average. In Western NSW in 2021, 12% of the population have an active diagnosis of depression and 10.7% anxiety. These rates vary, and are higher in some locations, e.g. Broken Hill LGA had the highest rate for both depression and anxiety (PATCAT, 2023).

### Key statistics<sup>1</sup>



20% **mental health** condition\*  
10.7% anxiety\*\*  
12.0% depression\*\*



**Mental health**  
ED presentations 61% ↑  
Hospitalisations 31% ↓



**Suicide** 53% ↑  
Self-harm Hospitalisations  
30% ↑, 1.3x ↑ in Far West



**Alcohol** – Risky use 53% ↑  
ED presentations 13% ↑, 2.1x ↑  
in Far West  
Hospitalisations 20% ↓  
Related deaths 38% ↑, 86% ↑  
in Far West  
**Drugs** – oxycodone use 38% ↑

<sup>1</sup>Figure statistics, with comparisons against NSW average, from the *WNSW PHN Health Needs Assessment 2024*, except for:  
\* PHIDU 2023 and \*\* PATCAT 2023.

Aboriginal people and communities across the Western NSW region experience significant psychological distress and impacts from emotional and mental health. Community and service provider consultation indicate a lack of trauma-informed and culturally-safe care in the community. Aboriginal people experience racism when accessing services, which diminishes trust in and use of services, thereby delaying care. Moreover, Aboriginal people were reported to be overrepresented in in-patient psychiatric care, suggestive of delayed access to appropriate care in the community.

Comparatively higher ED presentations (61%) and lower hospitalisation (31%) rates for mental health than the NSW average reveal a complex situation. This potentially indicates unmet needs in primary care and community. With high readmission rates, it may reflect inadequate hospital capacity. Service shortages, long travel distances, and lack of public transport contribute to this issue. There are service gaps (including low-intensity) for treating mild-moderate mental health concerns. The long waiting times may contribute to increased acuity and ED presentations.

The region had a 53% higher suicide rate than NSW average (2017-2021), with Far West at 1.3 times higher. Self-harm hospitalisation rates were 30% higher (average annual rates, 2017-18 to 2021-22). Contributing factors include financial distress, substance use, stigma and lack of support for healthy masculinity. Consultation also highlighted complex trauma and the need for greater self-determination for Aboriginal communities in supporting people to improve suicide outcomes in the region.

Alcohol and other drug use is both a cause and a coping mechanism for distress, closely linked to mental health. In Aboriginal communities, this is compounded by trauma, grief, disconnection from country and structural inequalities, including a punitive approach to drug and alcohol offences in the justice system. There is a lack of culturally sensitive, trauma-informed care.

Excessive alcohol consumption rates were 15% higher compared to NSW, and 25% higher in the Far West. Alcohol-related deaths were 38% higher for the region, and 86% higher in the Far West. Males, particularly young men, have higher rates of alcohol consumption, ED presentations and mortality (3.3 times higher than females). Stigma and reluctance to seek help are barriers to accessing services. The higher rates of alcohol-related deaths and ED presentations but lower hospitalisation rates (18% lower, 2017-18 – 2021-22), indicating service gaps for managing alcohol use.

There is a lack of alcohol and drug services in rural and remote areas, requiring long travel distances for support, which is particularly challenging for Aboriginal people. Thus, there is a need for improved access to mental health alcohol and other drug detoxification and rehabilitation programs, emphasising harm minimisation, early intervention, and culturally sensitive support.

## Community and stakeholder findings

The WNSW PHN Needs Assessment and annual consultations highlighted various service gaps and challenges. These have informed this plan, with priorities in place to enhance the social and emotional wellbeing of all people living within our region.

These include:

- Increasing education, awareness with the aim of **reducing stigma and discrimination**.
- Strategies for reducing stigma and discrimination are only possible through collaboration and partnership with people with **lived experience of mental health conditions**, their families, carers and advocates.
- **Reducing discrimination in services** requires attention to structural issues, staff attitudes and unconscious bias, and focused efforts to make **services psychologically and culturally safe**.
- **Service access** – the need for a continuously updated service directory, which is accessible, available in different languages, easy to read and can also be accessed by people with disabilities.
- Examination and review of best practice, and updated models of care for **children and young people** with co-occurring long term medical conditions and mental health problems.
- Focus on **education** that includes building resilience, dealing with trauma, grief and loss for all school aged children.
- **Improving the physical health of people who use mental health services** – enhanced communication and collaboration across health services to support the individual.
- **Workforce challenges** – need sustained work on recruitment, retention and building capacity of the workforce to best support those who access mental health and drug and alcohol services. This includes growing the **peer workforce** across services.
- **Access** challenges to psychology services include long wait times and lack of affordability.
- The need to improve communication, transition and follow up for people who access the mental health system. Numerous **challenges in care transitions** were highlighted, including after discharge from hospital, and other services (public and not-for-profit). This was particularly noted for Aboriginal people, with complex mental and physical health conditions, living in smaller communities with small service capacity.
- Enhance access to **psychosocial support for people with complex mental illness**.
- Support for people to navigate and access the National Disability Insurance Scheme (NDIS) and assurance that services are culturally safe.
- **Mental health and alcohol and other drug use** were key concerns raised by community members right across the region. **Access to drug and alcohol services** were highlighted as a key challenge, especially in Far Western NSW.



- **Access to services for remote communities and Aboriginal community members** are an ongoing challenge. The opportunity **cost of travel** for Aboriginal service users are very high. The journey home from care can be very difficult, considering the means of getting home, where little or no public transport exists and when people may not be fully recovered. It was also noted that not all Aboriginal community members are getting an Aboriginal health check (30% in Western NSW) in primary care (GP or ACCHO), highlighting an access gap in primary care and the opportunity for assertive outreach.
- **Place-based support for remote communities** is needed, a community development approach was recommended to support place-based initiatives.

Guidance and connection to the Aboriginal Regional Assemblies (Murdi Paaki and Three Rivers) was recommended since they have been working holistically with communities on their local priorities which include health and wellbeing (summarised in their respective regional plans).

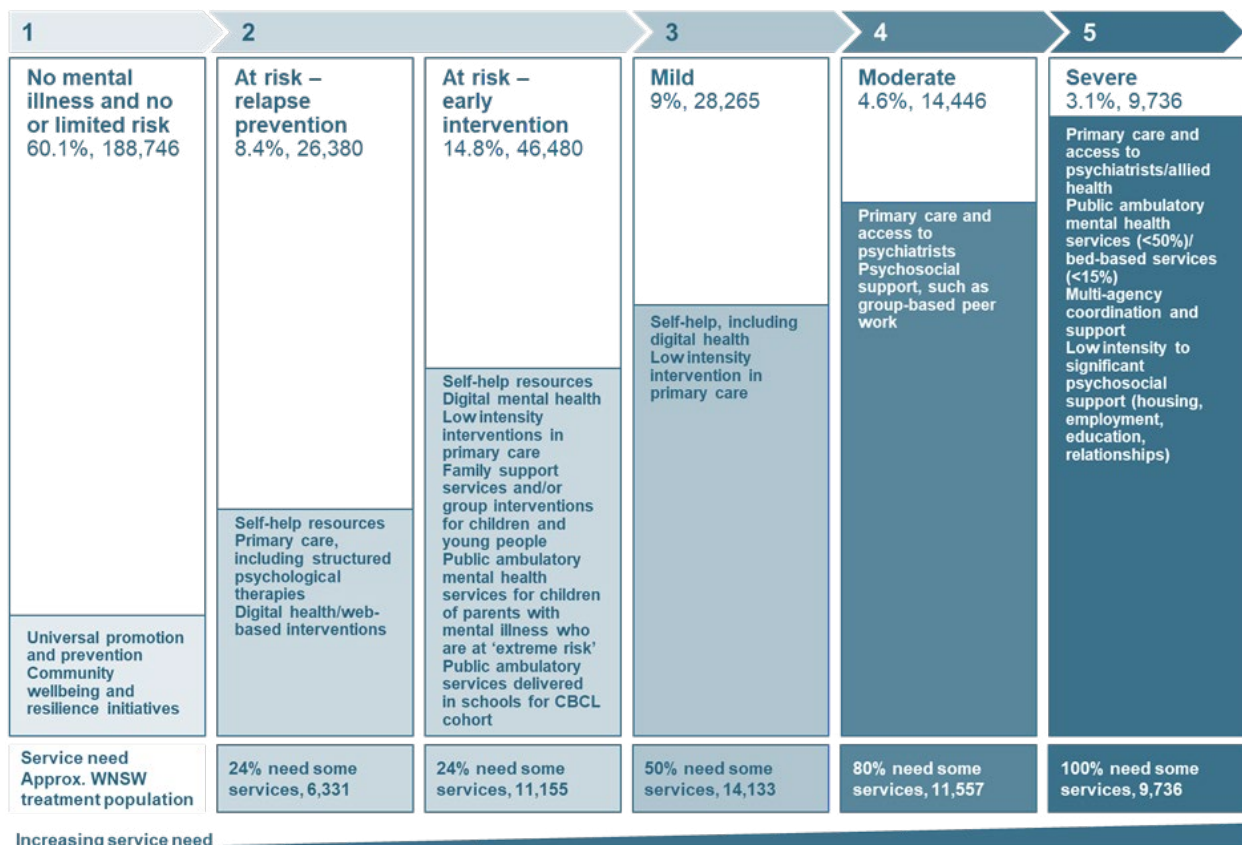
- Addressing **loneliness and isolation** as key contributors to poor mental health. Solutions will need to address community engagement and consider the unique regional social, economic and geographical factors.

# Mental Health System and Services

The mental health system includes various professionals and services to support specific needs. In Western NSW there is a mix of specialists and general practitioners, clinical, psychosocial, and social support services. Funding is complex, involving different Government levels. The Australian Government funds some services directly and through Medicare, and others are commissioned regionally through the WNSW PHN. Most emergency and clinical services are provided through inpatient hospital settings, or within the local community mental health teams. These clinical services are usually funded through the NSW Government public health system and managed by Local Health Districts, alongside the private health sector and some not-for-profit organisations.

## Stepped Care

The Stepped Care model supports and promotes an early intervention approach where people with mental health problems have their needs addressed early, rather than waiting until problems worsen and require more intensive intervention. This results in a person-centred approach to treatment decisions, whereby the ideal intervention is the least intensive and intrusive and minimises the treatment burden for the individual. It is the intention that people can move between the steps as needed, and that information sharing, and referral mechanisms support this.



Aligned to the National Mental Health Services Planning Framework (AIHW, 2023), the above model has the predicted proportion of the Western NSW population aligned to each step, with the service need and estimated treatment population noted, as estimated based on the National Mental Health Service Planning Framework.

(Figure adapted for Western NSW, from NSW Ministry of Health, 2018, p23).



# Mental Health Services and Programs in Western NSW

## Summary of WNSW PHN commissioned services:

**headspace Youth Mental Health Services** – People aged 12-25 years seeking support for mental health, physical health, drug & alcohol, work and study problems. Bathurst, Broken Hill, Dubbo, Orange, Cowra.

**headspace Outreach Program** – operating as an extension to the Dubbo headspace Centre, for people aged 12-25 years seeking support for mental health, physical health, drug & alcohol, work and study problems.

**Rural Youth Mental Health Service (RYMHS)** – People aged 12-25 in rural areas with, or at risk of, mental illness (including severe mental illness) and offers therapeutic services, group work and case management services. Cobar, Condobolin, Coonabarabran, Coonamble, Cowra, Forbes, Gilgandra, Mudgee, Narromine, Nyngan, Parkes, Walgett.

**Strong Minds Western NSW** – Psychological services for children and adults with mild to moderate mental illness, targeting underserved groups. Services can be delivered face-to-face or via telehealth. Access to the program requires a GP Mental Health Treatment Plan. Provided by Marathon Health.

**Mental Health Nurse Incentive Program** – funds nurses in primary care to support people with severe and persistent mental illness. Bourke, Cobar, Walgett, Nyngan (and within 200km of these locations), Broken Hill and Dubbo. Provided by RFDS and Outback Division of General Practice.

**Commonwealth Psychosocial Support Programs** – non-clinical community-based supports that aim to facilitate recovery in the community for people experiencing mental illness. Provided by Marathon Health (Western NSW) and Flourish (Far West).

**Medicare Mental Health Centres** (Bathurst and Dubbo, with Broken Hill and Central Darling in planning)

**Social and emotional wellbeing program** – working with Aboriginal Community Controlled Health Organisations.

**GP Psychiatry Support Line** – This support line is a free service available Monday to Friday, 9am to 5pm to help GPs manage mental health consumers.

**Perinatal mental health support** via Gidget House, Mudgee.

**Virtual services for psychology** (provided by Virtual Psychologist) and for aged care residents (provided by Healthcare Australia).

**Psychological services** (Veritas House and Forbes Medicine & Mind) for those in the flood affected areas.

**Community workshops and support programs** for flood affected communities delivered by Lifeline.

Free access for people aged 16+ to This Way Up **online low-intensity mental health programs**.

**Head to Health phone line** established in our region to talk to Mental Health professionals and be connected with the supports that best meet your needs: 1800 595 212

**Men's Table** – non-clinical support for adult men to connect in community.

RFDS provides **support services to people with alcohol and other drug issues**, their families and carers, a focus on methamphetamines in Broken Hill, Cobar, Dubbo, Walgett, + outreach up to 200kms from each location.

Lives Lived Well provides **Roadmaps** mobile drug and alcohol day program to Coonamble, Dubbo, Gilgandra, Nyngan, Warren, Wellington, Parkes.

Clean Slate Clinic provides **telehealth home withdrawal and detox** to improve the health and wellness of individuals struggling with alcohol and other drug dependence.

**Universal aftercare** via The Way Back Support Service model, with expansion activities planned, including the expanded referral pathway for older people (with LHDs and commissioned NGOs).

**Postvention support after suicide**, provided by StandBy.

**Suicide Response groups** to provide timely and appropriate response to suicide events in collaboration with LHDs (including Suicide Prevention Outreach Teams, where present) and other local partners. Suicide Response Groups are currently based in Bathurst, Broken Hill, Dubbo and Orange, with more planned.

[Mental Health Services : WNSW PHN](#)

## Summary of Services provided by Western and Far West Local Health Districts

The WNSW PHN region incorporates two LHD regions, Western and Far West NSW. Local Health Districts have a broad mix of both inpatient care and community care for people who have a mental illness.

While the Western NSW LHD occupies half of NSW geographically (which is more populated than the geographical spread covered by Far West LHD), they have similar service models and supports. These include:

Emergency and crisis care services (Triage and Emergency Care, including telehealth capacity via Mental Health Emergency Care (MHEC) which provides 24/7 telephone support, psychiatric assessment service and provides clinics as needed).

Specialised mental health, drug and alcohol services, in acute and sub-acute settings.

Community mental health, drug and alcohol services delivered via a hub-and-spoke model, with hubs (and smaller centres) in Bathurst (Mudgee, Cowra), Orange (Parkes, Forbes, Condobolin), Dubbo (Wellington, Bourke, Lightning Ridge) and Broken Hill (Wilcannia, Menindee) outreaches to Dareton/Euston/Balranald/Wentworth. The RFDS provide drug and alcohol services in Tibooburra, White Cliffs, Ivanhoe and Menindee. This includes services for adults, older persons, children and adolescents, acute and continuing care, flexible and assertive community treatment, drug and alcohol and crisis/ emergency services.

Residential and day program rehabilitation services, including peer-led recovery oriented.

The Rural Adversity Mental Health Program and Rural Response & Recovery Team – supporting the mental health and wellbeing of rural communities.

Programs to support specialised needs such as Perinatal Infant Mental Health Services (PIMH), eating disorders, school-based support (including Wellbeing and Health In-reach Nurse (WHIN) Coordinator program), and specialty drug and alcohol programs.

The LHDs also commission NGOs to provide services to support the accommodation and psychosocial needs of those who live with severe mental illness (e.g. via the Community Living Programs).

Safe Haven alternative venues to the Emergency Department, Suicide Prevention Outreach Teams and Rural Counsellor programmes available through the Towards Zero Suicides Initiatives state-wide program.

Thirrili postvention phone support program and Lifeline crisis support programs.

Clinical liaison for first responders (Police and Magistrate), and the Magistrate early referral into treatment program (MERIT) for drug and alcohol treatment.

Aboriginal Navigators/Aboriginal Wellbeing Peer Workers.

The Central West NSW Mental Health and Wellbeing Program, a culturally-safe, holistic and Aboriginal-led model of mental health and wellbeing care into Central West NSW, with four participating ACCHOs.

[Mental health, drug and alcohol services in Far West NSW | NSW Government](#)

[Mental health, drug and alcohol services in Western NSW | NSW Government](#)

## **A note on co-commissioning**

The current bilateral agreement has paved the way for co-commissioned services, including the expansion of universal aftercare, and the two Medicare Mental Health Centres.

## **Acknowledgement of other service providers**

We also acknowledge the vital services of primary care, Aboriginal Community Controlled Health Organisations, and key Non-Government Organisations.





## **Priority Areas and Actions**

Our priority areas are based on what we heard from community and stakeholders, the health needs analysis and the mandated activities from the Bilateral Agreement. We note that there are intersecting areas that will be addressed across these actions – including how we meet drug and alcohol needs within an integrated mental health and drug and alcohol approach, and how we meet the needs of Aboriginal people and those living in remote communities.

# 1. Integrated Regional Planning and Delivery

## Objective

To support a systems approach to planning through the integration and coordination of commissioning and service delivery that builds, improves and empowers access to quality care for people experiencing mental illness, alcohol and other drug use, and suicidality.

## Lead

WNSW PHN, supported by WNSWLHD and FWLHD

**1.1** Strengthening collaborative governance and information sharing for planning, commissioning, implementing and evaluating services (ongoing).

**1.2** WNSW PHN will work with WNSWLHD and FWLHD to complete a joint needs assessment to create consistent understanding of regional needs, gaps and priorities (complete).

**1.3** Map the plan priority areas and actions into an implementation plan, with greater detail, including who is responsible for leading and reporting against each action.

**1.4** WNSW PHN will conduct a service mapping exercise (including ongoing services) and review against the needs assessment.

**1.5** Collaborative working groups will be formed around priority areas and new service implementation (numerous groups active, ongoing action).

**1.6** Ensuring inclusion in governance at all levels (executive, steering group and working groups), representation by Aboriginal people or services, and people with a lived experience (consumers and carers).

## 2. A Collaborative and Community Approach to Suicide Prevention

<b>Objective</b>	Increasing our capability to respond to and prevent suicide, by taking a collaborative community-based approach, engaging key stakeholders at all levels to understand the local challenges, implement additional support and identify further opportunities to provide support.
<b>Lead</b>	WNSW PHN, WNSWLHD and FWLHD - with lead organisation dependent on activity.

**2.1** Increased access to support after suicide – establishment of flexibly structured place-based suicide response groups (WNSW PHN, established Bathurst, Broken Hill, Dubbo, Orange, future sites), connecting with Suicide Prevention Outreach Teams (SPOT) and Safe Havens where feasible.

**2.2** Enhancement of universal aftercare services, with an older persons expansion trial.

**2.3** Increase and strengthen community awareness and capacity within Western NSW. Strengthen community capacity for suicide prevention, including gatekeeper training across the service and community (ongoing, WNSW PHN).

**2.3** Reduce stigma of mental health within the community through use of marketing, advertisements and community events which aim to support a whole community approach, leveraging national campaigns and special interest groups.

**2.4** Complete the Black Dog Institute Suicide Prevention Capacity Building Program. This incentive provides expert research, evidence, and implementation support to communities. The focus of the program is to build the region’s capacity to develop appropriate interventions and strengthen the communication, coordination, and visibility of current suicide prevention work.

**2.5** Collaborate with the Three Rivers Regional Assembly and Murdi Paaki Regional Assembly to explore and trial place-based interventions to prevent suicide and promote mental health, and social and emotional wellbeing in Aboriginal communities. This will involve (a) aligning with health and wellbeing priorities established in their respective regional plans, and (b) taking into account the mental health, drug and alcohol and suicide prevention needs outlined in this plan. For example, in Far West, there is a pressing need to consider gender-sensitive interventions to promote help seeking, positive mental health and address the suicidality, distress and alcohol use of Aboriginal men.

### 3. Reducing Stigma and Discrimination in Mental Health

#### Objective

Western NSW will become trauma-informed with just, inclusive learning cultures, prioritising suicide prevention and mental illness awareness, understanding them as human responses to distress deserving compassionate attention.

#### Lead

Joint - WNSWLHD, FWLHD and WNSW PHN

**3.1** Develop and implement targeted education to build workforce capability in the management of comorbidity.

**3.2** Ongoing access to education, training and resources to support reduction of stigma and discrimination in health and support workforce (LHDs, WNSW PHN and commissioned services – cultural safety, trauma-informed, suicide prevention and mental health literacy, aligns to 7.2).

**3.3** Support stigma reduction and health literacy in school aged children and young people, across emotional wellbeing, mental health and drug and alcohol (aligns to 4.4)

**3.4** Enhancement of workforce diversity by including more people with a lived experience of mental illness. Acknowledging the growth and maturation of the peer workforce, supported by the peer workforce network (LHD). Prioritising lived experience inclusion in working groups to support plan implementation (e.g. through the Mental Health Lived Experience Network and LHD consumer and carer representative groups).



## 4. Improved Access to Child and Youth Mental Health Services

### Objective

Enhance access to child and youth mental health and drug and alcohol services. Improve early identification and timely intervention for at-risk children and youth.

### Lead

WNSWLHD and FWLHD, supported by WNSW PHN

#### 4.1 Investing in Child Mental Health and Social and Emotional Wellbeing (aged 0-12) -

(a) develop local model of care and implement the Kids Mental Health Hub, which will improve access to specialist assessment, treatment and referrals (through Child and Family Services, WNSW LHD)

(b) implementation of the Kids Head to Health model of care, a referral-based multidisciplinary child mental health and wellbeing service with specialist expertise, for children and their families (LHD)

#### 4.2 Expanding access to youth mental health services through additional capacity from headspace and headspace outreach programs (WNSW PHN)

#### 4.3 Supporting the best start in life with additional investment to support perinatal mental health screening (LHD)

#### 4.4 Focus on prevention and early intervention by supporting early childhood education, schools, and youth groups with mental health and suicide awareness education. (aligns to 3.3)





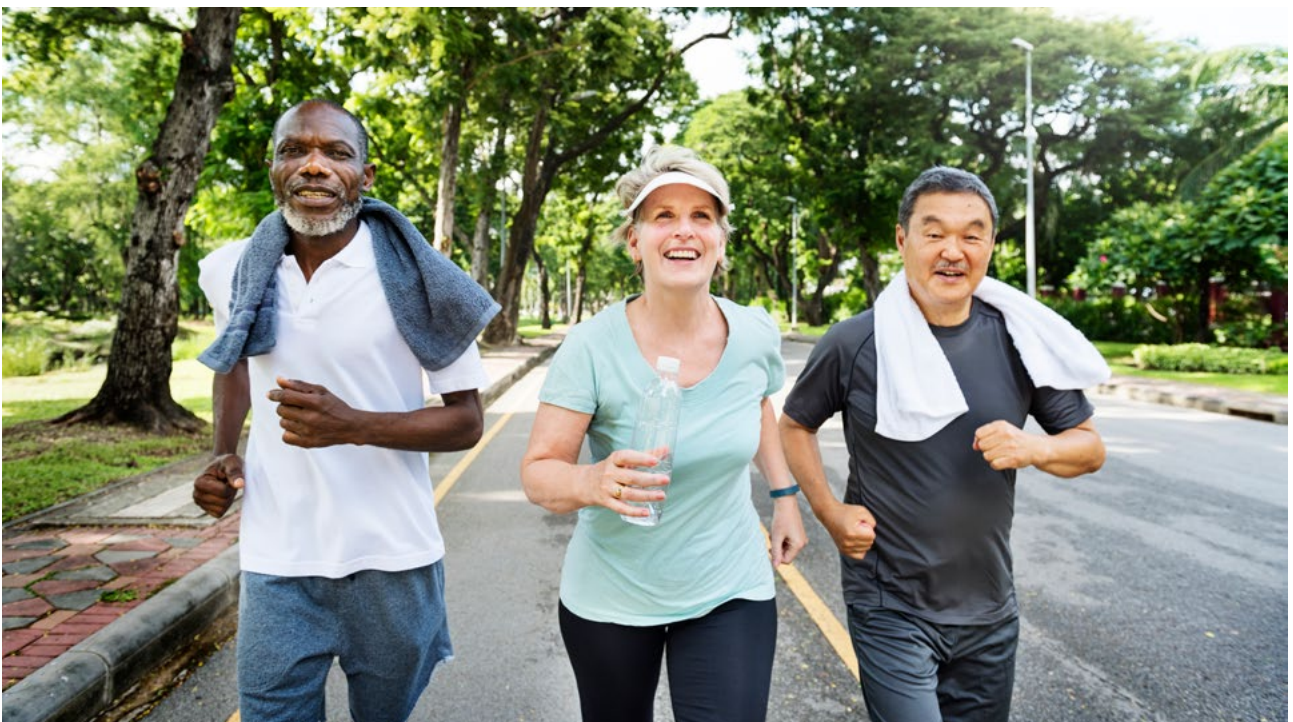
## 5. Improve the Physical Health and Wellbeing of People Living with Mental Health and Alcohol and Other Drug Concerns

<b>Objective</b>	Implement an integrated mental health care approach addressing comprehensive needs, including co-morbid conditions like substance use and physical health issues. This holistic approach aims to enhance wellbeing, quality of life, and life expectancy for those affected.
<b>Lead</b>	Joint – WNSWLHD, FWLHD and WNSW PHN

**5.1** Ensuring physical health forms part of the comprehensive care assessment and plan with appropriate follow up and referrals, including proactive screening (e.g. cancer, osteoporosis, sexual health), health education and support (e.g. diabetes and cardiovascular health). Using the best practice resources and information from [Equally Well](#) and its expert partners (a) provide education opportunities to health practitioners and peer workforce, (b) support consumers to be active agents in their own care, and (c) ensure that commissioned services support Equally Well as a commitment to this area of focus.

**5.2** Enhanced capacity via the implementation of Medicare Mental Health Centres. These will be collaboratively planned with local stakeholders, following the model of care guidelines. The sites include Dubbo and Bathurst, where implementation is well advanced, and Broken Hill, which is in planning, and has a priority for including drug and alcohol service capacity.

**5.3** To evaluate the Western NSW Mental Health Nurse Incentive Program, which support GPs and have specialised mental health nurses within GP clinics who can support their patients with severe and enduring mental illness.



## 6. Care Coordination and Psychosocial Support for People with Severe Mental Illness

<b>Objective</b>	To support those experiencing severe mental illness to access a level of psychosocial support that empowers them to achieve an optimal state of personal, social and emotional wellbeing
<b>Lead</b>	WNSW PHN, supported by WNSWLHD and FWLHD

**6.1** As part of recovery-oriented care, ensure that all services consider and refer to psychosocial support, particularly peer support, as part of optimal mental health care.

**6.2** Inclusion of appropriate referral pathways psychosocial support for both the public (WNSW PHN website) and practitioners (e.g. HealthPathways).



## 7. Build the Capacity and Capability of the Mental Health Workforce

<b>Objective</b>	Ensure Western NSW has a resilient, capable, and flexible mental health workforce. The goal is to attract, train, support, and retain skilled, motivated professionals to meet the evolving needs of the mental health system.
<b>Lead</b>	WNSWLHD and FWLHD, supported by WNSW PHN

**7.1** Support the mental health workforce development in line with the Priority Area 1 (Strengthening the regional workforce) of the NSW Regional Health Strategic Plan 2022-2032 Priority Framework. To also work in partnership in this area (e.g. Rural Doctors Network, Universities, other key stakeholders).

- Invest and promote generalism for health professionals, e.g. skills and capabilities to treat mental health and drug and alcohol concerns, prioritising physical and mental health care across the lifespan.
- Prioritise recruitment and retention across health care professionals and those in non-clinical roles.
- Provide training and upskilling opportunities to grow our own workforce and keep them up to date.
- Support Aboriginal mental health career pathways and invest in recruitment, retention and support<sup>2</sup>.
- Expand scope of practice safely through innovative workforce models and recognition of the expanding workforce, prioritising inclusion, including peer workers and Aboriginal Health workers and practitioners.
- Nurture culture, psychological and physical safety within our workplaces.

**7.2** Provide education and training opportunities to upskill the wider workforce – particularly in clinical care and best practice, cultural safety, trauma-informed care, consideration of priority populations (e.g. LGBTIQ+, aligns to 3.2).

**7.3** Continue to advocate for longer term funding to enable longer commissioned service contracts and support workforce stability.

<sup>2</sup>Following district implementation plan actions – NSW Aboriginal Mental Health and Wellbeing Strategy

## 8. Improved Service Navigation

### Objective

To work towards a more integrated mental health and alcohol and other drug service system that is easier for consumers, carers and clinicians to navigate and access appropriate services.

### Lead

Various - WNSW PHN, supported by WNSWLHD, FWLHD and NSW Ministry of Health

**8.1** Improve access to care through coherent points of entry to mental health services – locally, we will collaborate to map local mental health referral pathways in support of the [National Phone/Digital Intake Service](#), and harmonise with the [NSW Health-led NSW Single Front Door Program](#) (via HealthDirect).

**8.2** Initial Assessment and Referral Decision Support Tool (IAR-DST) for mental health care – promotion and training for this decision support tool for referral in mental health care (WNSW PHN)

**8.3** Improved clinician guidance with specific mental health, alcohol and other drugs, and suicide prevention referral pathways (via the HealthPathways program)

**8.4** Empowering consumers by building health literacy through training and information provision.



# Implementation of the Plan in Western NSW

This plan will be implemented over the next two years, with community collaboration and co-design as key enablers. Our goal is to improve the mental and physical health, and wellbeing of our communities.

To address the risk that priorities may not translate into actions, this regional plan will remain flexible and adaptable to evolving needs within a dynamic policy and service delivery environment at both state and national levels.

Implementation will follow a three-phase process:

<b>Planning</b>	<ul style="list-style-type: none"><li>• Identify specific needs of target groups through co-design and community consultation.</li><li>• Map and capture the key performance indicators mandated from the Bilateral agreement.</li><li>• Establish shared outcome and experience measures across all care sectors.</li><li>• Enhancing the local approach to data sharing for planning and implementation.</li></ul>
<b>Integration and system redesign</b>	<ul style="list-style-type: none"><li>• Co-design service improvements that address barriers and meet target group needs.</li><li>• Commission and co-commission programs and services that are safe, responsive, trauma-informed, culturally sensitive and recovery focused.</li><li>• Collect and share data to inform reporting, monitor performance and inform further improvement.</li></ul>
<b>Sustainability</b>	<ul style="list-style-type: none"><li>• Use outcome and experience data and research for informing ongoing service improvements and identify emerging needs.</li><li>• Invest in effective services and programs that reduce barriers and promote equitable outcomes.</li><li>• Regularly review and hold forums with service providers and community to seek feedback and co-design service planning.</li></ul>

## Monitoring and Evaluation

Successful implementation of this plan depends on engagement and cooperative action within its scope.

Our regional plan steering group has been re-established. Priority Area Working Groups and action area steering groups will support specific projects throughout the plan's duration. Actions will be collaboratively mapped for implementation and KPI reporting.

To ensure transparency, progress within Working Groups and service system enhancements will be captured in internal and external reports. We will compile these into annual progress reports.

We will:

- Identify and allocate participants with the requisite skills for the working groups.
- Proactively include consumer, carer, and clinician and support worker engagement in relevant activities.
- Regularly monitor the progress of the plan's implementation and report to the senior leadership team, joint steering committee and community.
- Address any significant barriers to implementation.

By leveraging existing governance structures and monitoring changes in the healthcare landscape, we will update and refresh the joint regional plan to maintain its relevance. We are committed to continuing to work with communities and service providers to address key concerns, review services and ensure the best services possible within our region.

## References

Australian Bureau of Statistics (2021) 2021 Census General Community Profile Data Pack. Available at <https://www.abs.gov.au/census/find-census-data/datapacks>

Australian Government Department of Health. (2021). *Primary Health Networks (PHN) primary mental health care guidance: Stepped care*. <https://www.health.gov.au/sites/default/files/documents/2021/04/primary-health-networks-phn-primary-mental-health-care-guidance-stepped-care.pdf>

Australian Institute of Health and Welfare (AIHW) 2023, National Mental Health Service Planning Framework - Mental health. Available at <https://www.aihw.gov.au/mental-health/snapshots/national-mental-health-service-planning-framework>

Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health Available at: <https://www.healthstats.nsw.gov.au/#/r/110669> Accessed: 16/05/2024

Murdi Paaki Regional Assembly (2023) Regional Plan. Available at: [https://mpracom.au/uploads/documents/archived/mpra\\_regional\\_plan.pdf](https://mpracom.au/uploads/documents/archived/mpra_regional_plan.pdf)

NSW Ministry of Health. (2018). *Strategic framework for mental health in NSW, 2018-2022*. <https://www.health.nsw.gov.au/mentalhealth/resources/Publications/mh-strategic-framework.pdf>

PATCAT 2023. WNSW PHN General Practice Population Aggregate Tool, Clinical Audit Tool

PHIDU Social Health Atlas of Australia 2023. Available at <https://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-primary-health-networks>

Three Rivers Regional Assembly (2024) 2024-2029 Regional Strategic Plan.

WNSW PHN (2024) WNSW PHN Health Needs Assessment 2024. Available at <https://www.wnswphn.org.au/about-us/publications>

*Please note policy and planning documents are named and hyperlinked on page 6 and not repeated here.*

## Appendix - Common Terms

<b>Aftercare</b>	Aftercare is designed to increase access to and engagement with care to prevent repetition of suicidal behaviour or self-harm (Sax Institute).
<b>Burden of disease or illness</b>	Burden of disease or illness measures the impact of living with illness and injury and dying prematurely (AIHW).
<b>Carer</b>	Carer is a person who provides unpaid care and support to family members and friends who have a mental illness.
<b>Chronic diseases</b>	Chronic diseases are a broad range of chronic and complex health conditions across the spectrum of illness, which are long-term and persistent (Department of Health).
<b>Clinical Governance</b>	Clinical Governance is the systematic approach to ensure the integrity and accountability of health systems, by integrating clinical decision-making within an organisational framework to achieve clinical quality and improved performance (NSW Health).
<b>Co-design</b>	Co-design brings consumers, families, clinicians and staff together to improve health services (ACI).
<b>Commissioning</b>	Commissioning is a strategic, evidence-based approach to planning and purchasing services and is intended to be outcomes-focused, with health services centred on the needs of patients (Department of Health).
<b>Consumer</b>	Consumer is a person who is currently experiencing or has experienced a mental illness, and has received treatment and support from a GP, public or private mental health service or staff of a community managed organisation (adapted from Mind Australia).
<b>COVID-19</b>	Coronavirus Disease 2019, as source of 2020 global pandemic.
<b>Cross-sectoral approach</b>	Cross-sectoral approach refers to engaging and partnering with multiple sectors such as education, business and industry, employment, private health services and community services to achieve shared goals.
<b>Culturally and Linguistically Diverse (CALD)</b>	Culturally and Linguistically Diverse (CALD) refers to people from a range of countries and ethnic and cultural groups. It includes people of non-English speaking background as well as people born outside Australia but whose first language is English and encompasses a wide range of experiences and needs.
<b>DOHAC</b>	Australian Government Department of Health and Aged Care.
<b>Integrated Care</b>	Integrated Care is about the organisation and delivery of health services to provide seamless, coordinated, efficient and effective care that responds to all of a person's health needs (RACP).



<b>Mental health staff</b>	Mental health staff are clinicians including doctors, nurses and allied health staff, Aboriginal health workers, support workers and peer workers.
<b>Ministry of Health</b>	NSW Government Ministry of Health.
<b>Models of care</b>	Models of care define the way health services are delivered, describing best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event (ACI).
<b>Postvention</b>	Postvention is the provision of help and support services to people bereaved by suicide and is a significant form of suicide prevention (AISRPPA).
<b>Primary Mental Health Care</b>	Primary Mental Health Care is a necessary part of comprehensive mental health care, provided at a primary care level and is an essential part of general primary care (WHO 2008).
<b>Psychosocial support services</b>	Psychosocial support services help people with severe mental illness and reduced psychosocial function to build their capacity for daily living and to better manage their mental ill health.
<b>Recovery</b>	Recovery of the person cared for is a process of developing a new sense of self, meaning and purpose in life, despite their diagnosis and possible continuing symptoms and the need for some ongoing support (Mind Australia).
<b>Referral pathways</b>	Referral pathways outline steps which are required to access all aspects of care across the service system to achieve the desired health outcomes.
<b>Stepped Care</b>	Stepped Care is defined as an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, which can be matched to the individual's needs (Department of Health).
<b>Stigma</b>	Stigma is a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society (WHO).
<b>Trauma-informed care</b>	Trauma-informed care is an approach to service delivery based on an understanding of the ways trauma affects people's lives, their service needs and service usage.
<b>Universal Aftercare</b>	As part of the Fifth National Mental Health and Suicide Prevention Plan, all Health Ministers in Australia have committed to universal aftercare, where anyone who presents to a hospital, a GP or other government service following an attempt receives at least three months of follow up support. Follow up is delivered in the form of 1) brief intervention and 2) assertive aftercare and case management.

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