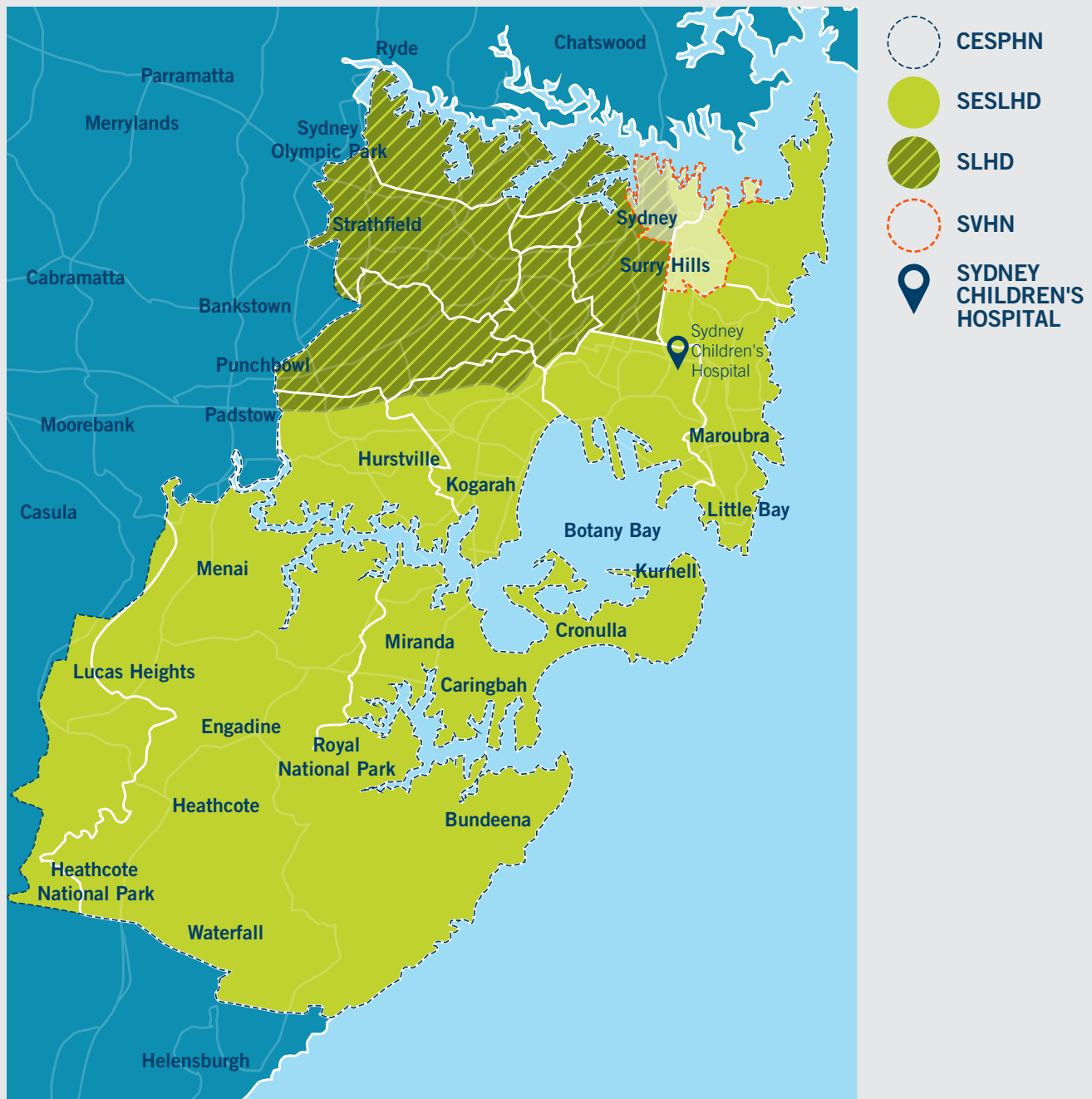


# **JOINT REGIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN 2024 – 2026**

Central and Eastern Sydney

March 2024

# CENTRAL AND EASTERN SYDNEY



## KEY READING:

- » **Fifth National Mental Health and Suicide Prevention Plan and Implementation Plan**
- » **Living Well - A Strategic Plan for Mental Health in NSW**
- » **Equally Well Consensus Statement**
- » **Gaya Dhuwi (Proud Spirit) Declaration Implementation Guide**
- » **Strategic Framework for Suicide Prevention in NSW 2022 – 2027**
- » **NSW Strategic Framework and Workforce Plan for Mental Health**

# FOREWORD

Through the National Mental Health and Suicide Prevention Agreement bilateral schedule, the Commonwealth and New South Wales governments have acknowledged the importance of regional planning to identify local communities' specific mental health support needs. We are pleased to share with you the Central and Eastern Sydney Regional Mental Health and Suicide Prevention Plan (the Plan).

As a joint plan, this Regional Plan commits the Central and Eastern Sydney PHN, Sydney Local Health District, South Eastern Sydney Local Health District, St Vincent's Health Network and the Sydney Children's Hospital to collaborate to achieve integration in planning and service delivery. Joining this consortium in developing and implementing this Regional Plan are the peak bodies for people with lived experience (Being NSW), for carers (NSW Mental Health Carers), and for community-managed organisations (the Mental Health Coordinating Council).

This Regional Plan establishes a platform from which we will engage with other key agencies and stakeholders to work together and combine resources to pursue shared priorities identified by the community.

As you will see throughout the Regional Plan, we take seriously our obligation to ensure that consumers and carers are central to the way in which services are planned, delivered, and evaluated.

We want to extend our sincere thanks to all individuals and organisations who contributed to this Regional Plan.

## PLANNING PARTNERS

The planning partners who collaborated to develop the Plan are:



CENTRAL AND EASTERN SYDNEY PHN (CESPHN)



SYDNEY LOCAL HEALTH DISTRICT (SLHD)



SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT (SESLHD)



SYDNEY CHILDREN'S HOSPITAL NETWORK (SCHN)



ST VINCENTS HOSPITAL NETWORK (SVHN)



THE MENTAL HEALTH COORDINATING COUNCIL (MHCC)



BEING MENTAL HEALTH CONSUMERS



MENTAL HEALTH CARERS NSW

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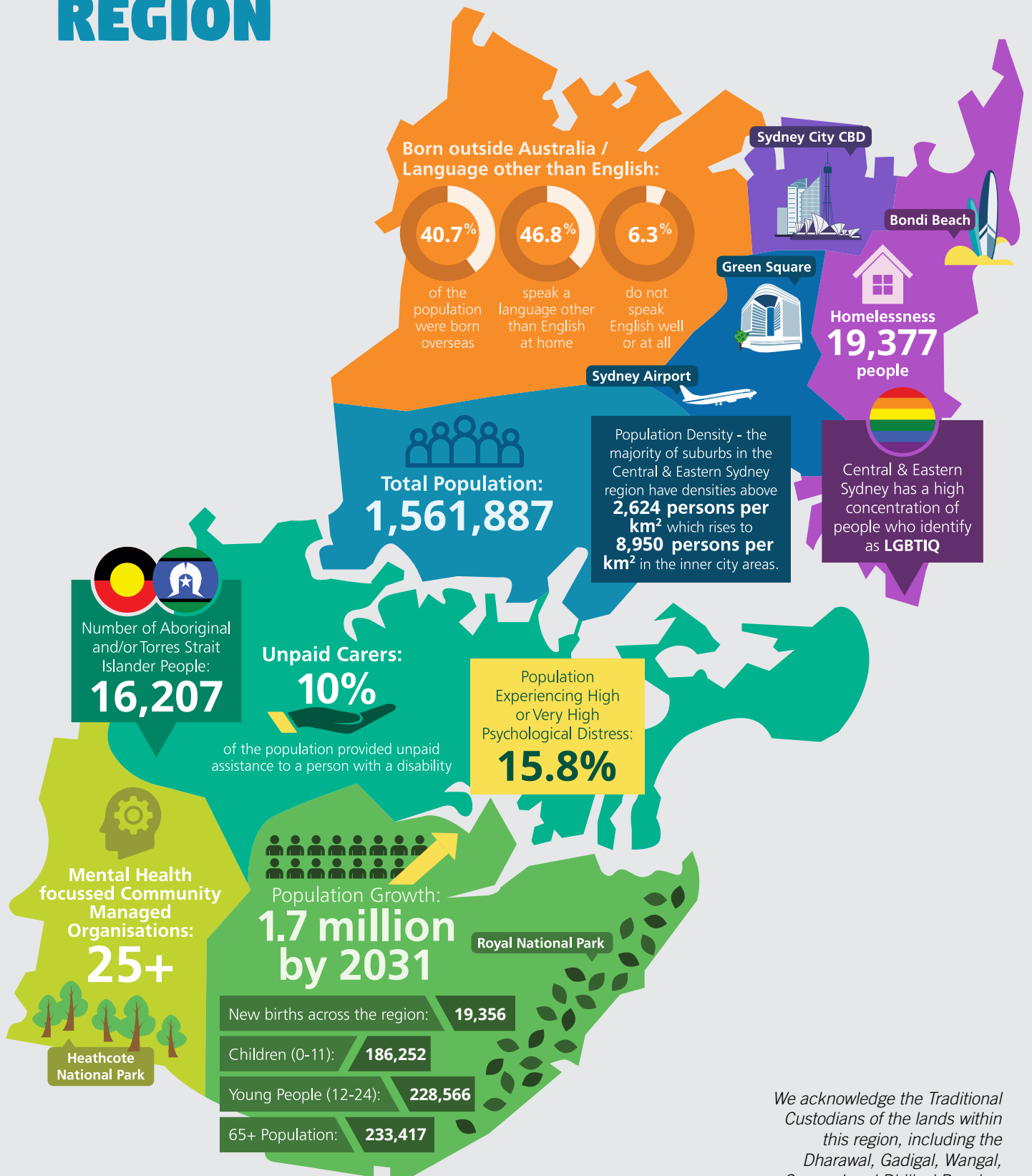
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# A SNAPSHOT OF THE CENTRAL AND EASTERN SYDNEY REGION

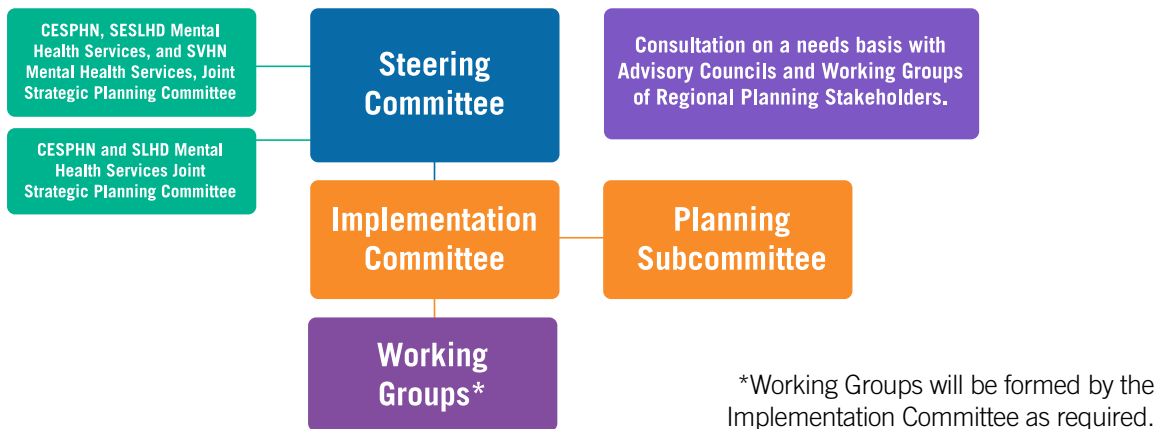
The region covered by this Plan extends from Sydney's Central Business District to the Royal National Park in the south and from Strathfield in the inner west to Bondi Beach in the east, spanning 626 square kilometres and 13 Local Government Areas with a population of over 1,560,000 people.



We acknowledge the Traditional Custodians of the lands within this region, including the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal Peoples.

# GOVERNANCE

Key stakeholders from the primary and secondary care sector, sector peak bodies, community-managed organisations (CMOs), lived experience representatives, and community representatives are members of the various committees, sub-committees, and working groups responsible for implementing Regional Plan actions.



# PREVIOUS PLANNING

In 2019, regional planning partners developed and released the Central and Eastern Sydney Regional Mental Health and Suicide Prevention Plan (2019-2022). The planning partners released annual updates on implementation progress:

|              |  |   |
|--------------|--|---|
| YEAR ONE     | Watch the video report here:             | <a href="https://www.youtube.com/watch?v=OcelQAmcTPM&amp;t=2s">https://www.youtube.com/watch?v=OcelQAmcTPM&amp;t=2s</a>   |
|              | Read the report here:                    | <a href="https://stg-cesphn-staging.kinsta.cloud/wp-content/uploads/2022/09/20210416_Regional-Mental-Health-Plan-Infographic-2021-v002.pdf">https://stg-cesphn-staging.kinsta.cloud/wp-content/uploads/2022/09/20210416_Regional-Mental-Health-Plan-Infographic-2021-v002.pdf</a>   |
| YEAR TWO     | Read the report here:                    | <a href="https://cesphn.org.au/wp-content/uploads/2022/09/Regional-Plan-Infographic-FINAL-02.jpeg">https://cesphn.org.au/wp-content/uploads/2022/09/Regional-Plan-Infographic-FINAL-02.jpeg</a>   |
| FINAL REPORT | Read the report here:                    | <a href="https://stg-cesphn-staging.kinsta.cloud/wp-content/uploads/All_Categories/Mental_Health/Regional_mental_health_plan/20221024_CESMHSPRP_Implementation_Report-WEB.pdf">https://stg-cesphn-staging.kinsta.cloud/wp-content/uploads/All_Categories/Mental_Health/Regional_mental_health_plan/20221024_CESMHSPRP_Implementation_Report-WEB.pdf</a>                       |
|              | Read the implementation evaluation here: | <a href="https://stg-cesphn-staging.kinsta.cloud/wp-content/uploads/All_Categories/Mental_Health/Regional_mental_health_plan/20221024_CESMHSPRP_Implementation_Evaluation_Report-WEB.pdf">https://stg-cesphn-staging.kinsta.cloud/wp-content/uploads/All_Categories/Mental_Health/Regional_mental_health_plan/20221024_CESMHSPRP_Implementation_Evaluation_Report-WEB.pdf</a> |

# THE APPROACH TO THIS PLAN

The Plan incorporates key actions from the Commonwealth-NSW Bilateral Implementation Plan, where these actions are regionally relevant. The Plan also incorporates specific regional strategies that will be commenced or continued in this next phase of regional planning. This plan has been developed:

- » In consultation with local stakeholders through the Central and Eastern Sydney PHN Strategy Day consultations of 2022 and 2023.
- » In collaboration with existing advisory groups (including but not limited to the Suicide Prevention Working Group, the CESPHN Mental Health and

Suicide Prevention Advisory Group, the CESPHN Aboriginal Health Advisory Group, the CESPHN Community Council).

- » Through regional needs assessment and data analysis processes.

The planning partners will continue collaborating with stakeholders, communities, consumers, and carers to develop the Implementation Plan. The Implementation Plan will detail how each action will be implemented and the resource commitments required to implement the action (where applicable).

# COMMITMENTS TO PRIORITY POPULATIONS

Regional planning partners commit to delivering an informed and responsive service system. Across all actions in this Plan, the planning partners will strive to be proactive about the distinct and important needs and preferences of priority populations. Planning partners acknowledge the importance of initiatives being led or delivered in partnership with priority populations. The plans and strategies outlined below have been designed following extensive stakeholder and consumer engagement. These plans and strategies will underpin planning, commissioning, and improvement activities.

|  |  |
|--|--|
| <p><b>Aboriginal and Torres Strait Islanders</b></p> <p>Regional planning partners commit to supporting the implementation of the <a href="#">Gayaa Dhuwi Declaration and Implementation Plan</a>, the <a href="#">National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing</a> and the <a href="#">NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025</a>.</p> | <p><b>Carers, family, kin, and supporters</b></p> <p>Regional planning partners commit to supporting the implementation of the <a href="#">National Carer Strategy</a>.</p>  |
| <p><b>Children and young people</b></p> <p>Regional planning partners commit to supporting the implementation of the <a href="#">National Children's Mental Health Strategy</a>.</p>   | <p><b>First responders</b></p> <p>Regional planning partners commit to supporting the implementation of the <a href="#">Mental Health and Wellbeing Strategy For First Responder Organisations in NSW</a>.</p>   |
| <p><b>Older Adults</b></p> <p>Regional planning partners commit to supporting the implementation of the <a href="#">Ageing Well in NSW: Seniors Strategy 2021 – 2031</a>.</p>  | <p><b>People in contact with (or at risk of contact with) the criminal justice system</b></p> <p>Regional planning partners commit to supporting the implementation of the <a href="#">NSW Justice Health 10-year Strategic Plan 2023-2032</a>.</p>        |
| <p><b>People with co-occurring alcohol and other drug (AOD) issues</b></p> <p>Regional planning partners commit to supporting the implementation of the <a href="#">National Drug Strategy 2017 – 2026</a>.</p>  | <p><b>People with co-occurring disabilities</b></p> <p>Regional planning partners commit to upholding and supporting the principles outlined in the <a href="#">Accessible Mental Health Services for People with Intellectual Disabilities Guide</a>.</p> |
| <p><b>People with co-occurring physical health issues</b></p> <p>Regional planning partners commit to supporting the implementation of the <a href="#">Equally Well Consensus Statement</a> and the <a href="#">NSW Health Guidelines for Physical Health Care for People Living with Mental Health Issues</a>.</p>  | <p><b>People from multicultural backgrounds</b></p> <p>Regional planning partners commit to supporting the implementation of the <a href="#">Framework for Mental Health in Multicultural Australia</a>.</p>   |
| <p><b>People with eating disorders or disordered eating</b></p> <p>Regional planning partners commit to supporting the implementation of the <a href="#">National Eating Disorders Strategy 2023-2033</a>.</p>   | <p><b>People who are homeless</b></p> <p>Regional planning partners commit to supporting the implementation of the <a href="#">Intersectional Homelessness Health Strategy 2020-2025</a>.</p>  |
| <p><b>People who are lesbian, gay, bisexual, trans and gender diverse, intersex, queer, asexual, Sister Girls, Brother Boys and other sexuality and gender diverse peoples (LGBTIQ+SB)</b></p> <p>Regional planning partners commit to supporting the implementation of the <a href="#">National LGBTIQ+ Mental Health and Suicide Prevention Strategy</a>.</p>  | <p><b>Refugee and asylum seekers</b></p> <p>Regional planning partners commit to supporting the implementation of the <a href="#">NSW Refugee Health Plan - 2022-2027</a>.</p>   |
| <p><b>Veterans</b></p> <p>Regional planning partners commit to supporting the implementation of the <a href="#">Veteran Mental Health and Wellbeing Strategy and National Action Plan</a>.</p>   |  |

# ACTIONS

## Initiative 1: Adult Mental Health Centre and Satellite Network (Head to Health)

Head to Health services will be progressively established in New South Wales. The Commonwealth and New South Wales will co-fund an additional five new centres and six satellites from 2022-23 to continue the implementation of the Head to Health initiative.



### Regional Planning Actions

**1.1** CESP HN will work with SLHD to ensure the Head to Health Centre in Canterbury is integrated into the local mental health system, minimises gaps and duplication, and serves the Canterbury and surrounding communities effectively.

- » CESP HN and SLHD will develop referral pathways to step clients up or down for support.
- » CESP HN will facilitate training on the IAR-DST for Head to Health referrals.

**1.2** Assist Government's in identifying high-priority locations for future Head to Health Centres and Satellites to inform Govt. funding decisions and provide joint advice to the government on proposed locations for sites commencing establishment in 2023-25 and beyond.

## Initiative 2: Investing in Child Mental Health and Social and Emotional Wellbeing

Four new Kids Hubs will be established in New South Wales from 2022-23 over the life of the bilateral schedule. Locations for the Kids Hubs and priority order of establishment will be determined based on the outcome of a targeted Expression of Interest (EOI) process with LHDs, in conjunction with PHNs, in a process led by New South Wales and the Commonwealth.



### Regional Planning Actions

**2.1** In the absence of a Kids Head to Health Hub being established in the region, CESP HN, SLHD, SESLHD, SVHN, and SCHN will work together to plan integration activities and explore funding opportunities/approaches to support improved access to multidisciplinary team care for infants, children, and families.

**2.2** Develop a case for investment for future funding opportunities (e.g., for future Kids Head to Health Centres and Satellites, mental health services for children, family-focused trauma-informed service models) to inform Commonwealth and NSW Government funding decisions and provide joint advice to the governments where requested.

**2.3** Look for opportunities for collaboration amongst partners for children and young people with eating disorders.

## Initiative 3: Perinatal mental health and wellbeing

The Commonwealth will provide funding to New South Wales to support the development of a perinatal mental health minimum data set. This initiative will build on existing infrastructure to enhance electronic capture and centralised extraction and reporting of perinatal mental health screening data from public antenatal and postnatal care settings in New South Wales. This initiative will identify gaps in screening and support evidence-based investment in perinatal mental health services.



### Regional Planning Actions

**3.1** Collaborate to explore opportunities to support information technology infrastructure, workforce, training, and services to support screening and related support services for perinatal mental health.

**3.2** Continue to support services in providing perinatal mental health screening and referral services through planning improvement activities throughout the region.

**3.3** Regional planning partners will continue to develop and review related perinatal mental Health Pathways and ensure these pathways are available to GPs and other stakeholders in CESP HN.

**3.4** Regional planning partners will continue to deliver the Antenatal Shared Care Program and integrate perinatal mental health initiatives as a component of this program.



## Initiative 4: Enhancement and Integration of Youth Mental Health Services

The Commonwealth funds PHNs to plan and commission primary mental health care services for young people, including headspace, Early Psychosis Youth Services (EPYS), and Youth Enhanced Services (YES) for people aged 12-25 experiencing, or at risk of, mental health issues. The Commonwealth is progressing with the establishment of new headspace services in accordance with agreed commissioning arrangements through PHNs. The rollout and allocation of enhancement funding to specific headspace services will be determined by the Commonwealth in consultation with New South Wales, PHNs and headspace National.

Let's  
Talk

### Regional Planning Actions

- 4.1** SLHD and SESLHD will work with the CESP HN and the headspace lead agencies to negotiate local service models to provide direct clinical care, consultation support, supervision, and capacity building in headspace centres.
- 4.2** Continue to fund Youth Enhanced Services (YES) for people aged 12-25 experiencing, or at risk of, complex and/or severe mental health issues, that meet the needs of the local communities they service and ensure that the models of care are reviewed, evaluated and redesigned to ensure appropriate service delivery.
- 4.3** Map and continue to develop and review related youth mental health pathways and ensure these pathways are available to GPs and other stakeholders in CESP HN.

## Initiative 5: Universal Aftercare Services

The Commonwealth and New South Wales have agreed to co-fund up to 35 aftercare services (including 9 existing Way Back Support Service sites) in New South Wales, and co-fund an outside hospital trial in two of the 35 sites to pilot expanded referral and entry pathways from other settings.



### Regional Planning Actions

- 5.1** Continue to fund and explore enhancements to the Way Back NSW universal aftercare service in central and eastern Sydney (including expanded referral pathways where appropriate).

## Initiative 6: Distress Brief Intervention (DBI) Trial Program

The Commonwealth and New South Wales have agreed to co-fund two DBI Trials to help prevent and reduce suicidal behaviour. The DBI Trial will be modelled on a Scottish DBI Program, developed in 2016, to address a significant gap in support for distressed people presenting in a range of non-health services settings.



### Regional Planning Actions

- 6.1** Request regular updates on the progress of the Distress Brief Intervention trial sites.

## Initiative 7: Suicide prevention and postvention

Regional planning partners will integrate and coordinate suicide prevention activities across multiple sectors and settings, using a systems approach to prevent suicide attempts and reduce suicide deaths. This work will support the NSW Ministry of Health's Towards Zero Suicides initiatives and the Department of Health and Aged Care's Targeted Regional Initiatives for Suicide Prevention.



### Regional Planning Actions

- 7.1** Promote suicide prevention and postvention support services and resources to consumers, carers, families, health professionals and other stakeholders.
- 7.2** Continue facilitating the CES Suicide Prevention Working Group, focusing on promotion, prevention, postvention, pathways, and aftercare and maintaining a strong connection with key agencies (e.g., Roses in the Ocean, the Way Back NSW, Youturn Ltd).
- 7.3** Support regional oversight and coordination of regional, state, and federal suicide prevention strategies, including the NSW Ministry of Health's [Towards Zero Suicides](#) initiatives and the Department of Health and Aged Care's [Targeted Regional Initiatives for Suicide Prevention](#).

## Initiative 8: National Phone/ Digital Intake Services

The Commonwealth and New South Wales agreed to support an integrated approach to consistent intake, assessment and referral across state-funded services and Commonwealth-funded services. In NSW, people can call the Mental Health Line which is NSW Health's 24/7 statewide phone service which links people with NSW Health mental health services. The Head to Health assessment and referral phone service (Head to Health Phone Service) is being implemented nationally by all 31 PHNs. All Australians can now call 1800 595 212 and be routed to their local intake team to receive mental health advice and assessment and, using the IAR tool, referral to the most appropriate local services. Regional planning partners will support this approach.



### Regional Planning Actions

**8.1** Regional planning partners will support an integrated approach to intake, assessment and referral across state-funded services and Commonwealth-funded services that does not duplicate existing arrangements for triage and referral in New South Wales.

## Initiative 9: Initial Assessment and Referral

The Commonwealth and New South Wales have agreed to support an integrated approach to consistent intake, assessment and referral across state-funded services and Commonwealth-funded services that does not duplicate existing arrangements for triage and referral in New South Wales. Regional planning partners will support this approach.



### Regional Planning Actions

**9.1** Monitor and review the implementation of the Commonwealth Initial Assessment and Referral Decision Support Tool (IAR-DST) tool in other states and territories to consider opportunities to integrate intake, assessment and referral approaches across state-funded and Commonwealth-funded services that do not duplicate existing arrangements for triage and referral in New South Wales.

**9.2** Support the implementation of the IAR-DST in general practice and Commonwealth-funded mental health care services, including training and support for GPs, pharmacists, Commonwealth-funded services, LHDs/SHN and CMOs in the use of the tool.

**9.3** Maintain a directory of current mental health services by IAR levels of care and provide access in an easy-to-use online form.

## Initiative 10: Regional planning and commissioning

Through the bilateral schedule, the Commonwealth and New South Wales acknowledge the importance of regional planning to identify local communities' specific mental health support needs, particularly in rural and regional areas.



### Regional Planning Actions

**10.1** CESP, SLHD, SESLHD, SVHN, and SCHN develop phase 2 of joint regional planning by 7 March 2024.

**10.2** Continue to utilise the NMHSPF, ensuring that personnel have completed the relevant training in using the NMHSPF.

**10.3** Work with InforMH to explore trialling a data-sharing agreement for secure, proceduralised and automated data sharing relevant to regional mental health planning and commissioning.

## Initiative 11: Workforce

The [National Mental Health Workforce Strategy](#) outlines a roadmap to build a sustainable workforce that is skilled, well-distributed and supported to deliver mental health treatment, care and support that meets the current and future population needs.



### Regional Planning Actions

- 11.1** Undertake joint initiatives to progress the actions and goals outlined in the National Mental Health Workforce Strategy and the NSW Workforce Plan for Mental Health, focusing on regional workforce priorities (e.g., bilingual mental health clinicians, Aboriginal workforce).
- 11.2** Review the CESPAN “Commissioning to Grow the Lived Experience Workforce” strategy jointly.
- 11.3** Jointly review and update the Mental Health and Suicide Prevention Training and Professional Development resource.
- 11.4** Pursue opportunities for students and graduates to receive a mix of rotations between the acute and community/primary care settings and ensure they are appropriately supervised throughout training and placements.
- 11.5** Actively support the implementation of the National Mental Health Peer Workforce Framework and be proactive about the growth and development of the peer workforce in the CES region.
- 11.6** Plan and participate in initiatives designed to expand under-supplied workforces as identified.

## Initiative 12 – Social and emotional wellbeing for Aboriginal and Torres Strait Islander people in CES

Regional planning partners will support the implementation of *Gayaa Dhuwi* - a declaration on Aboriginal and Torres Strait Islander leadership across all parts of the local mental health system to achieve the highest standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.



### Regional Planning Actions

- 12.1** Seek opportunities to invest in and prioritise resources for Aboriginal community-led healing programs for survivors of the Stolen Generations.
- 12.2** Seek opportunities to invest in and prioritise resources for Aboriginal-led social and emotional well-being programs for high-priority populations (e.g., Aboriginal children and young people).
- 12.3** Continued investment in the ongoing professional development of all workforces in delivering culturally safe care with an increased emphasis on integrating traditional healing and Western concepts.
- 12.4** Support and advocate for funding for service models informed by and consistent with the Aboriginal Social and Emotional Wellbeing Framework.
- 12.5** Support Aboriginal community members, Elders, Aboriginal Community-Controlled Organisations, and peak bodies to lead in designing and delivering services (including developing more meaningful performance indicators).
- 12.6** Partner with Aboriginal Peoples to develop strategies that can be applied during the commissioning process to determine the suitability of providers seeking to deliver services to Aboriginal and Torres Strait Islander People.

## Initiative 13 – Improved physical health outcomes for people with mental health issues

Regional planning partners will work together with consumers and implement actions that will improve physical health outcomes for people with mental health issues.



### Regional Planning Actions

- 13.1** Work with local services to explore how they can expand their service models to improve their focus on physical health and their engagement with general practice.
- 13.2** Seek opportunities to build partnerships between specialist mental health services, hospitals, general practice, pharmacy, and community services - to support the early detection and treatment of physical illness, prevention of chronic disease, and promotion of a healthy lifestyle.
- 13.3** Support and uphold the principles of the Equally Well Consensus Statement and play an active role in the implementation of Equally Well actions, with a focus on those actions identified as requiring regional leadership.

# KEY TERMINOLOGY

|  |   |
|--|---|
| <b>Carer</b>   | Carers are people who provide unpaid care and support to family members, kin and friends who have a mental illness.   |
| <b>Chronic disease</b>                                   | Chronic diseases are long-lasting conditions with persistent effects (Australian Institute of Health and Welfare).  |
| <b>Commissioning</b>                                     | Commissioning is a term used to describe how services are purchased or funded. Commissioning includes needs assessment, priority setting, procurement through contracts, monitoring of service delivery, and review and evaluation (Department of Health, 2016).  |
| <b>Commonwealth-NSW Bilateral Implementation Plan</b>    | A Joint Commonwealth-New South Wales Implementation Plan for the bilateral schedule between the Commonwealth and New South Wales (the Parties) on mental health and suicide prevention (bilateral schedule), which is due to expire 30 June 2026 (Department of Health,2022)  |
| <b>Community representatives</b>                         | People living, working, or studying in the central and eastern Sydney Region.   |
| <b>Consumer</b>  | A person who is currently accessing or has previously accessed a mental health service. The term consumer may also be used to describe a person who might need to access mental health services (National Standards for Mental Health Services).  |
| <b>First Responders</b>                                  | The people who are on the front line in disasters, accidents, and crisis. In NSW In NSW, first responder organisations include; NSW Police Force, Fire and Rescue NSW, the Ambulance Service of NSW, the Rural Fire Service of NSW, the State Emergency Service (SES), Marine Rescue NSW and the Volunteer Rescue Association (VRA) (NSW Mental Health Commission, (2016)                                   |
| <b>headspace</b>   | headspace is Australia's National Youth Mental Health Foundation, providing early intervention mental health services to 12-25 year olds. headspace can help young people with mental health, physical health (including sexual health), alcohol and other drug services, and work and study support (headspace, 2024)  |
| <b>Head to Health</b>                                    | Head to Health includes an online gateway for mental health information, resources, and services; a free phone line for mental health guidance and advice; and local Head to Health centres/ satellite centres where community members can visit a safe and welcoming space for mental health support.  |
| <b>InforMH</b>   | A branch of the NSW Ministry of Health, InforMH is responsible for supporting existing and creating new statewide data collections, developing data collection standards and policies, maintaining data quality and governance frameworks and managing the Ministry's data warehousing platforms - Health Information Exchange (HIE) and Enterprise Data Warehouse (EDWARD). (NSW Ministry of Health 2023). |
| <b>Integration</b>                                       | There are various definitions of integration and integrated care. In its simplest form, integration is how services work together, communicate, and create an experience of care for the consumer that is seamless and connected.   |
| <b>Lived experience representatives</b>                  | A person who uses their personal lived experience of mental illness and recovery (consumer), or their experience of supporting family or friends with mental illness (carer peer worker).   |
| <b>National Mental Health Service Planning Framework</b> | Governments and service providers use the NMHSPF to estimate the need and expected demand for mental health care and the level and mix of mental health services required for a given population.   |
| <b>Peer work</b>   | A mental health peer worker is someone employed based on their personal lived experience of mental illness and recovery (consumer peer worker) or their experience of supporting family or friends with mental illness (carer peer worker) (Peer Work Hub, NSW Mental Health Commission).   |
| <b>Postvention</b>                                       | Postvention refers to activities or interventions occurring after a death by suicide to support those bereaved or affected (family, friends, professionals, peers, responders, community) to cope with stressors and manage the experience of loss and grief (Life in Mind).  |

|   |   |
|---|---|
| <b>Primary care sector</b>                                  | Primary mental healthcare has general practice at its core. Primary mental healthcare services are based in the community, are broad-ranging and include health promotion, prevention and screening, early intervention, and treatment.   |
| <b>Secondary care sector</b>                                | Medical care provided by a specialist or facility upon referral by a primary care physician (Merriam-Webster 2015)  |
| <b>Service model</b>  | A service model is a defined way of delivering a service. The service model describes the tasks, activities and how the service is delivered.   |
| <b>Social and emotional wellbeing</b>                       | Aboriginal and Torres Strait Islander health is viewed in a holistic context, that encompasses emotional, physical, cultural, and spiritual health. Connection to land, water and community is central to wellbeing. When the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill-health will persist. – There are nine guiding principles of social and emotional wellbeing, which are drawn from the Ways Forward report, the National Framework, and Gayaa Dhuwi. The principles emphasise the holistic and whole-of-life definition of health held by Aboriginal and Torres Strait Islander peoples.  |
| <b>Targeted Regional Initiatives for Suicide Prevention</b> | The 2022-23 Budget included an investment of \$42.3 million in targeted regional initiatives for suicide prevention (2022-23 to 2023-24) to build on the success of the National Suicide Prevention Trial (the Trial) and support regional initiatives for suicide prevention in every Primary Health Network (PHN) (Department of Health, 2022).   |
| <b>Towards Zero Suicides</b>                                | Towards Zero Suicides is a \$143.4 million (NSW) government investment over four years from 2022-23 in initiatives that address priorities in the Strategic Framework for Suicide Prevention. The Towards Zero Suicides initiatives seek to provide leading best practice crisis care and support, build on local community resilience and improve systems and practices to reduce the suicide rate in NSW (NSW Ministry of Health, 2024).  |
| <b>Way Back Support Service</b>                             | <p>People who have attempted suicide or experienced a suicidal crisis often experience severe distress in the days and weeks immediately afterwards, and they are at high risk of attempting again. Beyond Blue developed The Way Back Support Service to support them through this critical risk period. This program is built on personal connection and integration with community services. Beyond Blue has handed over their foundational suicide aftercare model, The Way Back Support Service, to governments around Australia.</p> <p>As of 1 July 2023, these services may no longer be known as the Way Back but will continue to provide much needed support under new arrangements (Beyond Blue, 2023).</p> |
| <b>Youth Enhanced Services</b>                              | Orygen are contracted by the Australian Government to support the commissioning and implementation of primary care mental health services for young people with severe and complex needs. In this role, Orygen works closely with Primary Health Networks and their commissioned service providers to facilitate the design, delivery and evaluation of evidence-based, youth-friendly models of care (Orygen, 2024).   |

## ACRONYMS

|                   |   |
|-------------------|---|
| <b>AOD</b>        | Alcohol and Other Drugs   |
| <b>CESPHN</b>     | Central and Eastern Sydney PHN  |
| <b>CMO</b>        | Community Managed Organisation  |
| <b>DBI</b>        | Distress Brief Intervention   |
| <b>EOI</b>        | Expression of Interest  |
| <b>EPYS</b>       | Early Psychosis Youth Services  |
| <b>GP</b>         | General Practitioner  |
| <b>IAR-DST</b>    | Initial Assessment and Referral Decision Support Tool                                     |
| <b>LGBTIQA+BS</b> | Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, Brother Boys, Sister Girls |

|               |   |
|---------------|---|
| <b>LHD</b>    | Local Health District                             |
| <b>MHCC</b>   | Mental Health Coordinating Council                |
| <b>NMHSPF</b> | National Mental Health Service Planning Framework |
| <b>PHN</b>    | Primary Health Network                            |
| <b>SCHN</b>   | Sydney Children's Hospital Network                |
| <b>SESLHD</b> | South Eastern Sydney Local Health District        |
| <b>SHN</b>    | Specialty Hospital Network                        |
| <b>SLHD</b>   | Sydney Local Health District                      |
| <b>SVHN</b>   | St Vincent's Health Network                       |
| <b>YES</b>    | Youth Enhanced Services                           |

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**FOR QUESTIONS ABOUT THIS  
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