

# NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025

## *Monitoring and Reporting Framework*

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### **Appendix A – Guiding Principles of the Strategy**

### **Appendix B – List of Strategy Actions**

### **Appendix C – Annual District/Network Implementation Plan Progress Report**

Note that within NSW Health the term ‘Aboriginal’ is generally used in preference to ‘Aboriginal and Torres Strait Islander’, in recognition that Aboriginal people are the original inhabitants of NSW.

The term ‘Aboriginal people and communities’ is inclusive of Aboriginal people accessing the mental health system their families, carers and kinship groups.

## Introduction

The *NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025* (Strategy) was published in December 2021. The Strategy was shaped by extensive consultation with Aboriginal consumers, families, health organisations, and policy and sector experts.

The Strategy supports and assists NSW Health to deliver respectful and appropriate mental health services in partnership with Aboriginal organisations, people and communities. It is the foundation for change that will support a future way of working under the National Agreement for Closing the Gap in Aboriginal health outcomes. The Strategy is supported by three goals:

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

**Goal 2:** Culturally safe, trauma-informed, quality care

**Goal 3:** Connected care

Each goal is underpinned by several strategic directions. The strategic directions provide clear guidance for NSW Health services on what actions are required to achieve each goal.

Monitoring and reporting are vital components of the Strategy. They will strengthen performance management and accountability for Aboriginal mental health. Improved data collection will help inform future decisions and drive better mental health outcomes for Aboriginal people and communities in NSW.

## Purpose

The purpose of the Monitoring and Reporting Framework (Framework) for the Strategy is to:

- provide a structure for the reporting, monitoring and accountability mechanisms that support implementation and evaluation of the Strategy
- determine whether the goals outlined in the Strategy are being achieved
- increase the transparency of the Strategy and progress with implementation through public reporting of performance and evaluation information.

## Principles for monitoring and reporting

The Framework is grounded in the same guiding principles as the Strategy (**Appendix A**).

The information collection and collation processes will:

- recognise the right of authority over collection and use of data provided by Aboriginal organisations and people
- be undertaken in a collaborative manner
- draw from existing data where possible to minimise reporting burden

- recognise and try to minimise to burden of consultation experienced by Aboriginal communities.

Reports will:

- recognise the perspectives, values and traditions of Aboriginal people and communities
- incorporate Aboriginal people's holistic understanding of health encompassing mental, physical, emotional, social, cultural and spiritual health
- provide meaningful reflections on the scope of work
- include a combination of quantitative and qualitative data
- provide the community an understanding of how and if the Strategy is creating change in relation to NSW Health mental health services.

## Implementation Stakeholders

Successful implementation of the Strategy requires input from across the health system and Aboriginal communities, including

- NSW Ministry of Health (Ministry)
- NSW Health Pillars (Pillars)
- statewide health services
- local health districts (Districts) and specialty health networks (Networks)
- community managed organisations (CMOs)
- the Aboriginal Community Controlled Health Organisation (ACCHO) sector; and
- Aboriginal people and communities.

The planning and action needed to embed the Strategy into the NSW Health system involves collaboration across the above stakeholder groups.

Implementation planning and action can be separated into two levels:

- District/Network
- Ministry including Pillars and statewide health services.

For both levels, stakeholders can be categorised into *primary stakeholders* and *secondary stakeholders*.

### District/Network implementation

District/Network implementation focuses on action that will create change in how mental health services are planned, delivered, monitored and governed in a local context, to ensure Aboriginal people have access to culturally safe mental health supports. District/Networks are required to co-design local implementation plans with Aboriginal and community stakeholders. The plans outline the

work District/Networks will undertake to ensure the Strategy is implemented and embedded within the local context.

Primary stakeholders in District/Network implementation are responsible for:

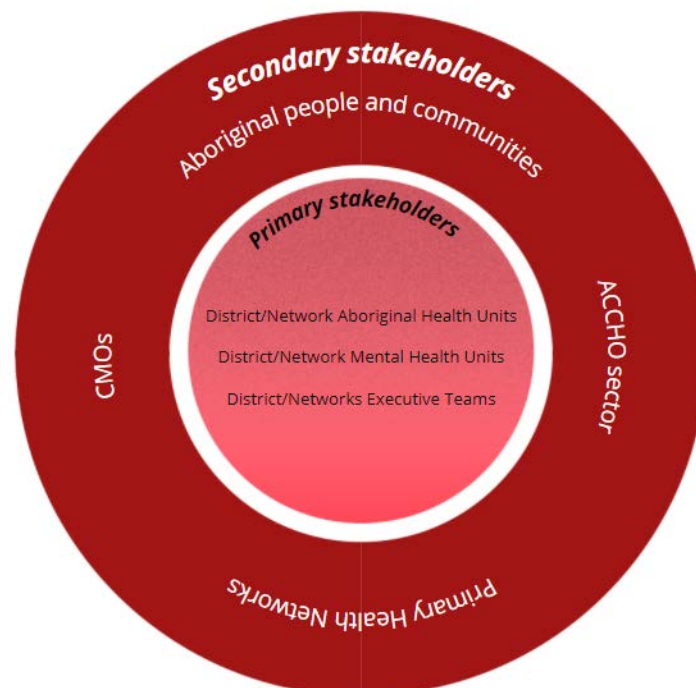
- developing and delivering on the plan
- maintaining community accountability through local consultation and reporting.
- providing regular reports on implementation progress to the Ministry.

Secondary stakeholders:

- should be consulted in the development of the plan
- may undertake partnership work as part of the plan
- should be continually consulted and be kept informed of, and provide input on, the progress of the plan.

**Figure 1** outlines the stakeholders involved in District/Network implementation.

**Figure 1. District/Network Implementation Stakeholders**



### Ministry implementation

Ministry implementation focuses on centralised action that aids system change, improves data collection and supports a whole of health approach to Aboriginal mental health across NSW. The

Ministry have developed an implementation plan that outlines planned action and projects to ensure the Strategy is embedded into the NSW Health system.

Primary stakeholders in Ministry implementation are responsible for:

- developing the plan with input from secondary stakeholders
- providing support to secondary stakeholders as required
- monitoring the plan and providing feedback to Districts/Networks
- delivering on actions where they are identified leads.

Secondary stakeholders in Ministry implementation are responsible for:

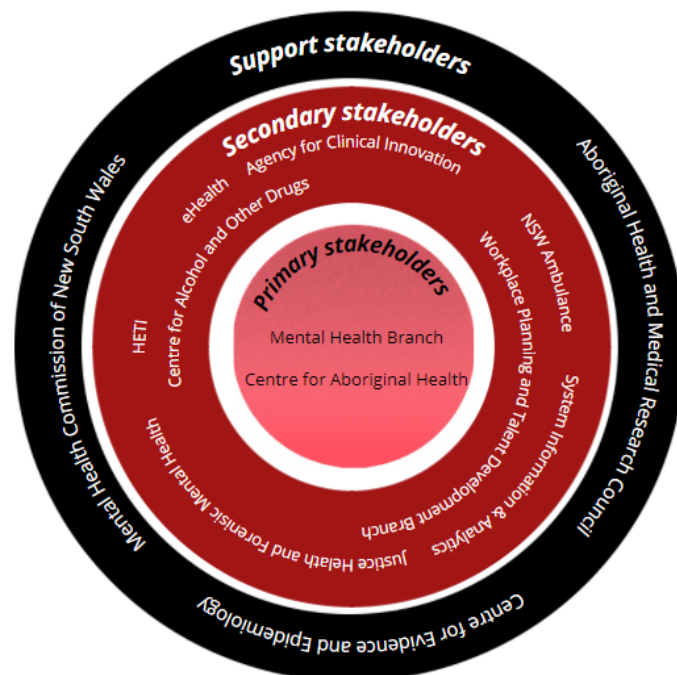
- providing input to support the development of the plan
- delivering on actions where they are identified leads
- providing progress updates to primary stakeholders
- providing content expertise to assist with implementation.

Ministry implementation has an additional layer of stakeholder engagement, *support stakeholders*.

Support stakeholders are responsible for:

- providing content expertise to assist with implementation.
- ensuring Aboriginal voices and perspectives are included in the development and monitoring of the Ministry implementation plan
- providing expert guidance when complex implementation challenges are identified.

**Figure 2. Ministry Implementation Stakeholders**



## A Framework for Monitoring and Reporting

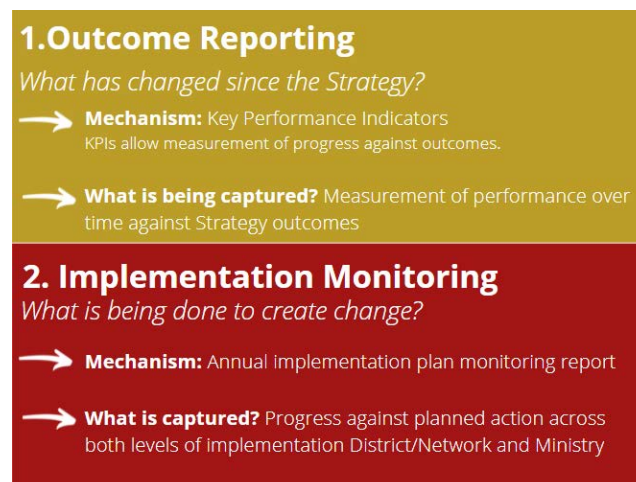
The Strategy includes three **Goals** underpinned by eight **Strategic Directions** and 46 **Strategic Actions**. The **Strategic Actions** will embed the Strategy into the NSW health system to improve the way NSW Health services deliver respectful and appropriate mental health care for Aboriginal people. A full list of **Strategic Actions** is provided in **Appendix B**.

Implementation of the **Strategic Actions** in the Strategy is expected to lead to **five key outcomes**:

1. Improved mental health and wellbeing outcomes for Aboriginal people in NSW
2. Mental health services and access points (i.e. Emergency Departments) are culturally safe for Aboriginal consumers and staff
3. An increase in the Aboriginal Mental Health Workforce across all bands and disciplines
4. Improved partnership, collaboration and care planning between NSW Health services and the Aboriginal Community Controlled Sector
5. Improved Aboriginal mental health service planning and equity

### Components of the Monitoring and Reporting Framework

There are two key components of the Monitoring and Reporting Framework:



The two components of the Framework are described in more detail in the following sections of this document.

The success of the monitoring and reporting activities will be assessed as part of an independent evaluation of the implementation of the Strategy. The evaluation aims to:

- determine to what level the Strategy’s goals have been achieved
- build evidence of what works and inform future strategic planning and resource allocation
- inform the development of future statewide Aboriginal mental health strategies
- ensure the perspectives and experiences of Aboriginal people, communities and organisations engaging with mental health services have been captured and inform future planning.



## Outcome Reporting

Outcome reporting measures the change made through implementing actions and working in new ways. Tracking the changes expected from the implementation of the Strategy helps determine the impact of the Strategy. Outcome reporting for the Strategy focuses on quantitative data. Quantitative data refers to information that can be measured or counted.

### What are we doing?

The Ministry are implementing 14 Key Performance Indicators (KPIs) for Aboriginal mental health. The KPIs will be used to monitor and evaluate achievement of the **key outcomes**. The KPIs are presented in **Table 1**.

The achievement of the fifth **key outcome** will be determined through the evaluation of the Strategy. See Evaluation section for more details.

### Why are we doing it?

The collection and analyses of data is an essential function of quality improvement in health care. Data provides insights into what areas need improvement, where funding and effort should be directed to maximise benefit and helps determine if new or different ways of working have achieved improvement.

The implementation of Aboriginal mental health KPIs will result in an increase of ongoing Aboriginal mental health data capture and reporting that can:

- help determine if implementation of the Strategy has achieved the **key outcomes**
- aid identification of any gaps in expected performance and provide insight into outcomes that are not being achieved
- support service planning and inform future strategic planning
- increase transparency of the health system to Aboriginal people and communities through public reporting of performance and evaluation information.

### How are we doing it?

Data for the KPIs will be collected annually from several data sources (**Table 1**). All data will be provided to the Mental Health Branch of the Ministry. The Mental Health Branch will be responsible for collating and monitoring the data.

Where possible, the KPIs use existing data sources to reduce the reporting burden on Districts/Networks. Several KPIs require the development of new data sources. The creation and implementation of new data collection points across all Districts/Networks is a complex task that takes time. As a result, KPIs that require new data sources will begin collection later in the Strategy once implementation work has been undertaken.



### **How will we feedback?**

Once the Mental Health Branch has received KPI data, significant results from across NSW will be reported back to Districts/Networks and the community through an annual SNAPSHOT report. The SNAPSHOT report will provide an annual overview of outcome change associated with the Strategy including:

- improvements in Aboriginal mental health outcomes
- areas that still need improvement.

District/Networks will be provided with local Aboriginal mental health performance reports annually. Local reports will include benchmarking information which will compares local results against the state averages. Districts/Networks will be able to use the reports to inform future service planning.

**Table 1: KPIs and Monitoring Protocols**

Outcome	Key Performance Indicator	Data Collection	Data Source	Responsibility
<b>Improved mental health and wellbeing outcomes for Aboriginal people in NSW</b>	New client index	Annually	Mental Health administrative data in the Enterprise Data Warehouse (EDW)	NSW Ministry of Health -InforMH
	28-day readmission rates	Annually	EDW	NSW Ministry of Health -InforMH
	Community follow up rates	Annually	EDW	NSW Ministry of Health - InforMH
	Aboriginal patients subject to orders under the Forensic Provisions Act who receive pre-transfer referral, handover and appropriate medications on transfer (%)	Annually	NEW KPI	Justice Health and Forensic Mental Health
	(A) Forensic patient in the Forensic Hospital (B) Custody patients who transition to the community via the Community Transitions Team (C) Correctional patients admitted to the Mental Health Unit at Long Bay Hospital			
<b>Mental health services are culturally safe for Aboriginal consumers and staff</b>	Number of people who felt Individuality and values were respected when accessing services	Annually	YES survey	NSW Ministry of Health – InforMH
	Number of people who feel safe using mental health services	Annually	YES Survey	NSW Ministry of Health – InforMH
	Number of people who feel welcomed by mental health services	Annually	YES Survey	NSW Ministry of Health – InforMH
	Overall rating of satisfaction	Annually	YES Survey	NSW Ministry of Health - InforMH
	Overall experience as a carer in last three months	Annually	CES	NSW Ministry of Health - InforMH
	Number of staff who report racism in the workplace	Annually	PMES	NSW Ministry of Health
<b>Increase in the Aboriginal Mental Health Workforce across all bands and disciplines</b>	Aboriginal mental health workforce as a proportion of total workforce - at all salary levels (bands) and occupations (%) (mental health) and services i.e community and inpatient) (Identified roles)	Annually	NEW KPI	NSW Ministry of Health
	Aboriginal mental health workforce as a proportion of total workforce - at all salary levels (bands) and occupations (%) (mental health) and services i.e community and inpatient) (non-identified roles)	Annually	NEW KPI	NSW Ministry of health
<b>Improved partnership, collaboration and care planning between NSW Health services and the Aboriginal Community Controlled Sector</b>	Number of Aboriginal people accessing both public and community based mental health supports	Annually	NEW KPI	NSW Ministry of Health /ACCHO
	Number of referrals to and from Aboriginal Community Controlled Health Services	Annually	NEW KPI	NSW Ministry of Health/ ACCHO

## Implementation Monitoring

Implementation monitoring will track progress against planned action for District/Networks and Ministry. Tracking progress will increase the accountability of District/Networks and Ministry to Strategy implementation. Implementation monitoring focuses on qualitative or narrative data. Qualitative data concentrates on the 'how' and 'why' and can include information such as case studies, descriptions of challenges and solutions and written updates.

### What are we doing?

District/Networks and Ministry will be required to submit implementation plan monitoring reports annually. Annual implementation plan monitoring will:

- provide an annual snapshot of progress towards delivery of implementation plans
- provide examples of good practice
- identify implementation challenges
- track the impact of implementation.

### Why are we doing it?

Regular monitoring of District/Network and Ministry implementation plans has several benefits, including:

- increasing the accountability of District/Networks and Ministry to deliver on the plan
- maintaining a focus on the Strategy and Aboriginal mental health
- early identification of challenges at both local and statewide levels
- building evidence of what is working that can inform future mental health service planning across the state
- being able to collect information on the experiences, opinions and thoughts of individuals, groups or communities to better understand the benefits, impacts and gaps of the Strategy.

### How are we doing it?

Districts/Networks will be required to submit an implementation monitoring report annually (**Appendix C**) from March 2022. All reports will be provided to the Mental Health Branch of the Ministry. The Mental Health Branch will be responsible for collating and monitoring the inputs.

Ministry Branches and Pillars leading on planned action will be required to submit a progress report annually. Reports will be provided to the Mental Health Branch of the Ministry. The Mental Health Branch will be responsible for collating and monitoring the inputs. The Mental Health Branch will meet with Ministry Branches and Pillars regularly to informally discuss progress and provide support to overcome challenges where needed.

### How will we feedback?

Significant results from implementation monitoring reports will be fed back to Districts/Networks and the community through the annual SNAPSHOT report. The SNAPSHOT report will provide an annual overview of implementation monitoring associated with the Strategy including:

- percent of District/Networks who are on track with implementation
- percent of Ministry led actions that are on track
- examples of good practice across the state
- identification of key challenges.

Identified challenges and key success stories to be shared and discussed in Strategy governance mechanisms such as the Implementation Working Group and Strategy Steering Committee.

Information about these mechanisms can be found below.

### Evaluation

Evaluation across the life of the Strategy will monitor how Districts, Networks, Pillars and the Ministry embed the Strategy to create lasting system changes. Specifically, the evaluation will help determine to what level the Strategy's **Goals** and **Strategic Directions** have been achieved. The evaluation will also build evidence of what works, determine outcomes, and inform future strategic planning and resource allocation.

The Evaluation will run until June 2025 and will be led by an Aboriginal run organisation. The Evaluation will address all aspects of Strategy implementation including:

- effectiveness of the processes for the release of Strategy including initial communications and implementation activities
- activities identified by Districts and Networks in local implementation plans
- activities identified by Branches, Pillars and statewide health services in the Ministry implementation plan
- reporting and monitoring data as outlined in the Monitoring and Reporting Framework
- support and governance structures including the implementation working group and steering committee
- economic evaluation including a cost benefit analysis
- the perspectives of Aboriginal people, communities, and organisations on the Strategy.

### Progress Reporting

In addition to the annual SNAPSHOT reports produced by the Ministry, two comprehensive reports will be released as part of the Evaluation:

- Mid-way Report (2023)
- Final Report (2025).

The reports will provide a full picture of progress against the Strategy's goals using qualitative, quantitative data and extensive community consultation. The reports will:

- inform the development of future strategies
- provide insight into District and Networks co-design approach
- identify continuing or emerging service gaps or barriers to service access
- highlight Strategy successes
- provide insight into Aboriginal perspectives on the challenges and successes of the Strategy
- provide evidence of what works
- provide an economic evaluation
- provide recommendations and data to support future strategic and service planning across NSW Health.

## **Audience and release**

The Ministry recognises the importance of partnership and openness when working with Aboriginal people and communities and people living with mental health issues. In acknowledgement of this, the Ministry aims to make all reports publicly available. This includes:

- annual SNAPSHOT reports
- Mid-Way Report
- Final Report.

## **Governance**

Accountability is vital to ensure the success of the Strategy in achieving its goals and building evidence of what works. Oversight mechanisms are a way of building accountability as well as a method of providing both practical support and cultural expertise to implementation of the Strategy.

**Figure 3** provides an overview of the governance mechanism for the Strategy.

Two groups with clearly defined purposes have been established to increase oversight of the Strategy, its implementation and outcomes.

### **Strategy Steering Committee**

The role of the Steering Committee will be to:

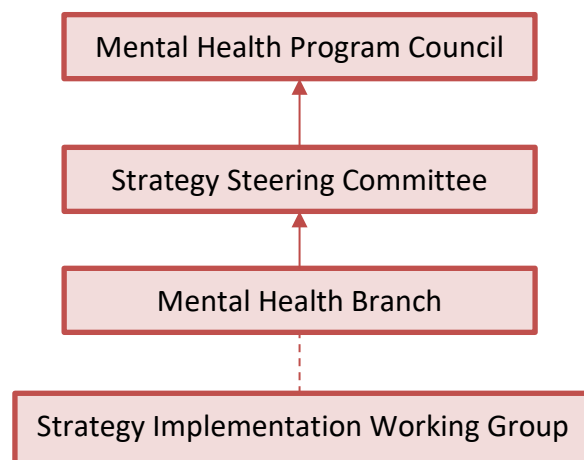
- ensure Aboriginal voices and perspectives are heard through-out the life of the Strategy and are included in all high-level reporting and monitoring
- provide oversight of the progress and outcomes of the Strategy
- provide expert guidance when complex challenges are identified, and
- provide recommendations on the next stages of service development and improvement.

### Implementation Working Group

The role of the Implementation Working Group will be to:

- support the development of an Implementation Plan template
- provide a forum to share practical ideas, challenges and workshop solutions for the hands-on implementation of the Strategy.
- provide the Mental Health Branch with updates on status on implementation in Districts and Networks, and
- provide a way to share information about the Strategy across the board to ensure consistency in messaging.

**Figure 3: Governance and Accountability Overview**



## Glossary

# Glossary

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**Aboriginal Community Controlled Health Organisation** is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it (through a locally elected Board of Management).

**Community managed organisations** are a key provider of mental health, community support and disability support services to people with a lived experience. Services include supported accommodation, daily living support, recovery programs, community connection and suicide prevention or postvention (aftercare).

**Consumer** is a person that uses NSW Health services.

**Healing** is one of the most common ways of understanding Aboriginal peoples' experience of recovery from trauma and other mental health and social and emotional wellbeing difficulties, including unresolved grief and loss.

**Holistic health** acknowledges the Aboriginal concept of mental health and wellbeing as a harmonious interconnection between mental, physical, emotional, social, cultural and spiritual elements while emphasising the importance of connection to country, family and community. When the harmony of these elements is disrupted, ill health may arise and/or persist.<sup>33</sup>

**Drug and alcohol services** may be offered by NSW Health as well as CMOs. These include some residential rehabilitation services, some of which target Aboriginal people.

**Pillars** refer to the Clinical Excellence Commission, Agency for Clinical Innovation, Bureau of Health Information, Health Education and Training Institute.

**Primary Health Networks** undertake planning and coordination and commission some primary health and suicide prevention and aftercare services from other providers.

**Specialty Health Network** refers to Justice Health and Forensic Mental Health, Sydney Children's Hospitals Networks and St Vincent's Health Network.

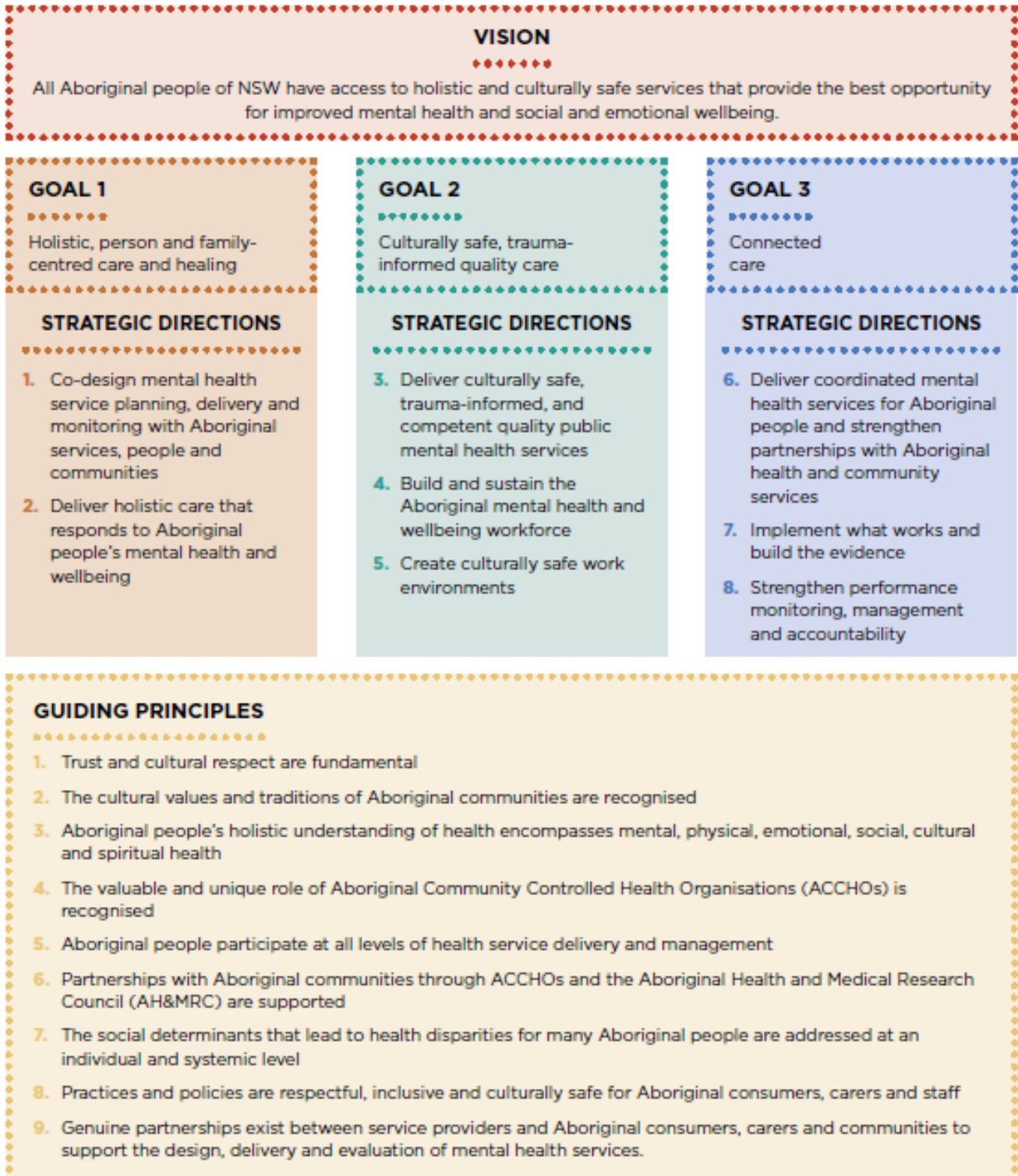
**Trauma Informed care** is a form of service delivery that recognises a client's traumatic experiences and provides support in a way that does not re-traumatise or blame victims for their efforts to manage their traumatic reactions. Such services need to:

- understand trauma and its impact on individuals (including children, families and communal groups)
- create environments in which everyone feels physically and emotionally safe
- employ culturally competent staff and adopt practices that acknowledge and demonstrate respect for specific cultural backgrounds
- support victims/survivors of trauma to regain a sense of control over their daily lives and actively involve them in the healing journey
- share power and governance, including involving community members in the design and evaluation of programs
- integrate and coordinate care to meet their holistic needs
- support safe relationship building as a means of promoting healing and recovery.



## Appendix A – Guiding Principles of the Strategy

The Strategy at a glance.



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

## Appendix B – List of Strategy Actions

Goal	Strategic Direction	Strategic Actions	
Holistic, person and family centred care and healing	1. Co-design mental health service planning, delivery and monitoring with Aboriginal services, people and communities	1.1 Establish and maintain processes to ensure Aboriginal people with lived experience of mental illness and communities are included in the co-design of service planning and models of care.	
		1.2 Partner with Aboriginal communities and consumers to map services with PHNs, ACCHOs and CMOs to identify service gaps and duplication and plan for the equitable distribution of services	
		1.3 Develop processes that are led by Aboriginal people in the identification, monitoring and reporting of approaches to care and share the findings in translatable and practical ways with Aboriginal people and communities.	
		1.4 Support the inclusion of families in care and treatment planning.	
	2. Deliver holistic care that responds to Aboriginal people’s mental health and wellbeing and healing		2.1 Ensure policies and services include a definition of Social and Emotional Wellbeing and how this interacts with Healing for Aboriginal people and communities.
			2.2 Develop and implement strategies and pathways for providing comprehensive and coordinated care across clinical disciplines when Aboriginal people have co-existing mental health and physical health problems or disability.
			2.3 Ensure that Aboriginal people with lived experience of mental illness are provided with culturally appropriate ways to lead individual decision making and care planning.
			2.4 Develop strategies for providing coordinated care for Aboriginal people who have coexisting mental health and alcohol and other drug issues.
			2.5 Implement organisational health literacy programs to improve continually service responsiveness to Aboriginal people with varying mental health literacy strengths and needs.
			2.6 Develop and implement strategies for providing services in non-traditional settings and formats that improve access to mental health care for Aboriginal people without them having to leave family, Country and community.
			2.7 Demonstrate how traditional Healing methods have been explored and implemented or incorporated into service design, development and delivery.
			2.8 Co-design Healing programs with vulnerable community groups, such as Stolen Generation survivors, that recognise the impact of intergenerational trauma and the importance of Healing.
	Culturally safe, trauma-informed quality care	3. Deliver culturally safe, trauma-informed, quality public mental health services	3.1 Provide access to cultural support (which may include yet not be restricted to an Aboriginal Mental Health Worker, Aboriginal Peer Worker or family) during a mental health admission or episode of care.
			3.2 Continually implement trauma informed care training to NSW mental health employees.
3.3 Continually review and implement Respecting the Difference training to NSW mental health employees to build the capacity of the workforce to understand Aboriginal culture and the specific health needs of Aboriginal people and communities in mental health services.			
3.4 Improve the cultural safety of mental health service environments through the inclusion of culturally appropriate language, behaviours, artworks, brochures and service information, and décor.			
3.5 Promote and support Aboriginal community-led initiatives that facilitate connection to culture, Country and community within public mental health services.			
3.6 Introduce and strengthen Aboriginal consumer, community and staff feedback mechanisms to support improved service planning and delivery.			
3.7 Promote culturally appropriate mental health literacy training (for example, Aboriginal Mental Health First Aid) to Aboriginal community workers and organisations.			
3.8 Develop strategies to ensure that Aboriginal LGBTIQ+ people have access to culturally safe care.			
4. Build and sustain the Aboriginal mental health and wellbeing workforce			4.1 Increase the number and type of Aboriginal workers across all levels and positions in the mental health workforce (including Aboriginal mental health clinical leaders and trainees, management, nursing, allied health and medical, clinical leadership, clinical service delivery and peer support roles).
			4.2 Partner on reciprocal arrangements between public mental health services and ACCHOs for staff secondment and rotations.
			4.3 Identify factors, including workplace culture, and implement strategies to improve recruitment and retention of Aboriginal mental health staff.
			4.4 Promote and enable clinical placements for Aboriginal mental health trainees in a variety of mental health settings including subspecialty streams such as child and youth, perinatal and older persons’ settings.
			4.5 Demonstrate how the NSW Aboriginal Mental Health Workforce Program (traineeship model) is used to increase the Aboriginal mental health workforce.
			4.6 Build and support the Aboriginal Peer workforce through the development and implementation of the NSW Peer Workforce Framework.
			4.7 Demonstrate how mental health-related services provide a Social and Emotional Wellbeing workforce to enhance cultural safety to Aboriginal consumers, families and communities
			4.8 Districts and Networks utilise the NSW Aboriginal Mental Health Workforce Program document “Walk Together, Learn Together, Work Together: A Practical Guide for the Training of Aboriginal Mental Health Professionals in NSW” as the framework for implementation and management of trainees

	5. Create culturally safe work environments	<p>5.1 Provide all members of the Aboriginal mental health workforce across disciplines with individually targeted, flexible and ongoing appropriate clinical and cultural supervision and mentoring. Supervision needs to include strategies to deal with community expectations, for which Aboriginal staff are often held accountable.</p> <p>5.2 Investigate the need for a new feedback, mentoring and support mechanism for all members of the Aboriginal mental health workforce and implement new mechanisms as required.</p>
Connected Care	6. Deliver coordinated mental health services for Aboriginal people and strengthen partnerships with Aboriginal health and community services	6.1 Support ACCHOs, general practitioners and other frontline services to identify Aboriginal people at risk of mental health distress and make appropriate referrals.
		6.2 Develop formal partnerships with ACCHOs to identify areas where mental health services and ACCHOs can integrate policy and processes, for example, referral and intake procedures.
		6.3 Develop strategies to increase services for Aboriginal people requiring high levels of clinical support in the community.
		6.4 Clarify the roles and responsibilities of mental health case management to ensure accountability and continuity of patient care across different service providers and service types.
		6.5 Improve referral pathways to psychosocial support services including HASI, HASI Plus, CLS and the NDIS.
		6.6 Co-design a culturally appropriate targeted Aboriginal mental health promotion strategy and communication plan with Aboriginal services, consumers and community. The communication plan will be designed to improve mental health literacy and destigmatise mental illness, and to improve the visibility and priority of mental health care across the mental health sector
		6.7 Strengthen partnerships between mental health services and the Aboriginal mental health and wellbeing workforce to promote culturally safe and appropriate provision of care for older people.
		6.8 Develop partnerships between key stakeholders to ensure culturally supported and safe provision of care by child and adolescent mental health services.
		6.9 Strengthen the involvement of Aboriginal people in all governance arrangements for the planning and provision of mental health services so that Aboriginal people inform, shape and lead decision making across services.
		7. Implement what works and build the evidence
	8. Strengthen performance monitoring, management and accountability	8.1 Collect detailed information and data about Aboriginal people's service use and service demand by location
		8.2 Use Aboriginal people experience of service data from the YES survey and other data capture to inform service improvements.
		8.3 Develop feedback mechanisms on the effectiveness of partnership arrangements between Districts, Networks and ACCHOs.
		8.4 Develop new key performance indicators that monitors referrals and follow up of Aboriginal people to community based mental health services.
8.5 Develop, implement and regularly review strategies to ensure follow up actions to support mental health patients on release from prison so that they receive fourteen days of medication, referrals and discharge summaries.		
8.6 Co-design a Strategy monitoring and reporting framework that measures the progress of the goals and strategic actions and provides data to inform implementation decisions.		

## Appendix C – Annual Implementation Plan Progress Report

### Annual Progress Report

**Aboriginal Mental Health and Wellbeing Strategy 2020-2025**  
**Annual Implementation Progress Report**  
**District/Network**

Report (Please circle)	Baseline 2021	Year 2 2022	Year 3 2023	Year 4 2024	Year 5 2025
<b>Purpose</b>	<p>To provide an annual snapshot of progress towards delivery of local implementation plans.</p> <p>Baseline report is expected to focus on key activities in the context of planned action. Reports from Year 2 onwards are expected to capture more complete data across the table.</p> <p>Responses are to be high-level and in dot point format.</p>				
<b>What will be done with the data provided?</b>	<p>Data will be collated and reported back to Districts/Networks in the Annual Snapshot for the Strategy.</p> <p>Challenges that are identified as broader issues will be addressed by existing Strategy governance mechanisms such as Implementation Working Group and Steering Committee.</p> <p>Data will also be incorporated into the evaluation.</p>				

Goal One- Holistic, person and family-centered care and healing					
<b>Strategic Direction 1</b>	Co-design mental health service planning, delivery and monitoring with Aboriginal services, people and communities				
<b>Purpose</b>	To ensure that Aboriginal people and communities are central to the planning, delivery and evaluation of mental health services in NSW.				
<b>Overall Progress</b> (Has your District/Network achieved the Strategic Direction -self- report)	Not started	Action Planned	Partially Completed	Completed	
<b>Examples of good practice</b>	<b>Challenges</b>		<b>Impact/Outcome to date (what is different?)</b>		

Goal One- Holistic, person and family-centered care and healing					
<b>Strategic Direction 2</b>	Deliver holistic care that responds to Aboriginal people's mental health and wellbeing and healing				
<b>Purpose</b>	To ensure that holistic healing is embedded into mental health supports while strengthening services ability to respond appropriately to Aboriginal people's mental health, social and emotional wellbeing and healing.				
<b>Overall Progress</b> (Has your District/Network achieved the Strategic Direction -self- report)	Not started	Action Planned	Partially Completed	Completed	
<b>Examples of good practice</b>	<b>Challenges</b>		<b>Impact/Outcome to date (what is different?)</b>		

Goal Two- Holistic, person and family-centered care and healing					
<b>Strategic Direction 3</b>	Deliver culturally safe, trauma-informed, quality public mental health services				
<b>Purpose</b>	To ensure cultural safety is embedded into services to increase accessibility for Aboriginal consumers, families and communities while acknowledging the importance of cultural safety and trauma-informed practice for the delivery of quality care for Aboriginal people.				
<b>Overall Progress</b> (Has your District/Network achieved the Strategic Direction -self- report)	Not started	Action Planned	Partially Completed	Completed	

Annual Progress Report

Examples of good practice	Challenges	Impact/Outcome to date (what is different?)

Goal Two- Holistic, person and family-centered care and healing				
<b>Strategic Direction 4</b>	Build and sustain the Aboriginal mental health and wellbeing workforce			
<b>Purpose</b>	To ensure a highly skilled and supported workforce that includes a variety of Aboriginal identified workers in a diverse range of roles.			
<b>Overall Progress</b> <small>(Has your District/Network achieved the Strategic Direction -self-report)</small>	Not started	Action Planned	Partially Completed	Completed
Examples of good practice	Challenges	Impact/Outcome to date (what is different?)		

Goal Two- Holistic, person and family-centered care and healing				
<b>Strategic Direction 5</b>	Create culturally safe work environments			
<b>Purpose</b>	To ensure that the Aboriginal mental health workforce is respected, feels safe and their community world view is acknowledged and embraced.			
<b>Overall Progress</b> <small>(Has your District/Network achieved the Strategic Direction -self-report)</small>	Not started	Action Planned	Partially Completed	Completed
Examples of good practice	Challenges	Impact/Outcome to date (what is different?)		

Goal Three – Connected Care				
<b>Strategic Direction 6</b>	Deliver coordinated mental health services for Aboriginal people and strengthen partnerships with Aboriginal health and community services			
<b>Purpose</b>	To ensure that supporting services deliver effective, efficient and seamless care across multiplatforms to enable to best outcome for the person.			
<b>Overall Progress</b> <small>(Has your District/Network achieved the Strategic Direction -self-report)</small>	Not started	Action Planned	Partially Completed	Completed
Examples of good practice	Challenges	Impact/Outcome to date (what is different?)		

Goal Three – Connected Care				
<b>Strategic Direction 7</b>	Implement what works and build the evidence			
<b>Purpose</b>	To ensure the evidence based culturally appropriate models of care are incorporated into public mental health services.			
<b>Overall Progress</b> <small>(Has your District/Network achieved the Strategic Direction -self-report)</small>	Not started	Action Planned	Partially Completed	Completed
Examples of good practice	Challenges	Impact/Outcome to date (what is different?)		

Goal Three – Connected Care				
<b>Strategic Direction 8</b>	Strengthen performance monitoring, management and accountability			
<b>Purpose</b>	To embed strong monitoring and accountability mechanisms to ensure evidence-based service planning and equitable service delivery.			
<b>Overall Progress</b> <small>(Has your District/Network achieved the Strategic Direction -self-report)</small>	Not started	Action Planned	Partially Completed	Completed
Examples of good practice	Challenges	Impact/Outcome to date (what is different?)		