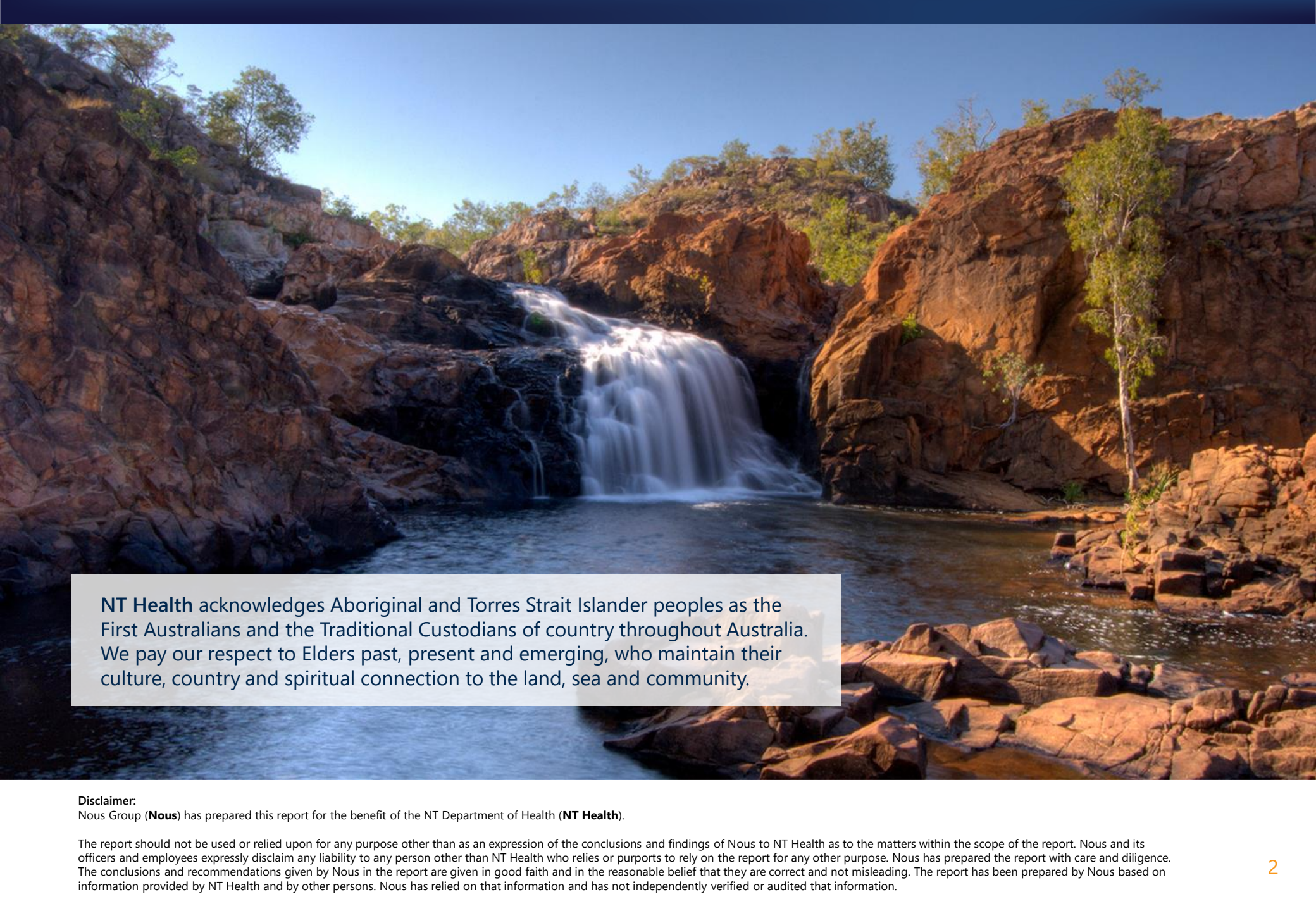




Roadmap to Reform

Northern Territory Infant, Child and Adolescent (ICA) mental health system

Northern Territory (NT) Health



NT Health acknowledges Aboriginal and Torres Strait Islander peoples as the First Australians and the Traditional Custodians of country throughout Australia. We pay our respect to Elders past, present and emerging, who maintain their culture, country and spiritual connection to the land, sea and community.

Disclaimer:

Nous Group (**Nous**) has prepared this report for the benefit of the NT Department of Health (**NT Health**).

The report should not be used or relied upon for any purpose other than as an expression of the conclusions and findings of Nous to NT Health as to the matters within the scope of the report. Nous and its officers and employees expressly disclaim any liability to any person other than NT Health who relies or purports to rely on the report for any other purpose. Nous has prepared the report with care and diligence. The conclusions and recommendations given by Nous in the report are given in good faith and in the reasonable belief that they are correct and not misleading. The report has been prepared by Nous based on information provided by NT Health and by other persons. Nous has relied on that information and has not independently verified or audited that information.



Statement of recognition of lived and living experience

NT Health recognises and values the knowledge and wisdom of people with lived and living experience of mental ill health challenges and suicidality, their carers and supporters and the bereaved.

This process to reform is based on meeting the needs of consumers and in doing so, this Roadmap seeks to elevate the voice of consumers, families, and carers.

Contents

1	Roadmap overview	Page 5
2	Where we are now An overview of the current strategic context	Page 9
3	Where we are headed Priority reform initiatives for the system	Page 16
4	How we will get there A dedicated program of change by NT Health	Page 25
5	Appendix A: Reference list	Page 31

Section 1 | Roadmap overview

To guide a whole-of-system approach to change, NT Health will be leading the development of a Roadmap to Reform for the NT ICA mental health system.

Roadmap to Reform overview

NT Health is pleased to be leading a whole-of-system reform process to establish a Roadmap to Reform for the NT Infant, Child and Adolescent (ICA) mental health system. This brings together the voices of key stakeholders, establishing a shared vision and clear steps for action. Further, it serves as a timely opportunity to realise recommendations made from existing reviews and leverage lessons learned from other jurisdictions.

Based on existing reform initiatives reviews and research, it is clear that ensuring equitable access to care and better supporting the workforce remain critical priorities for reform. To establish a clear, well-supported path to enacting change, NT Health engaged Nous Group (Nous) to support an inclusive engagement process that identifies priority opportunities for change to be implemented through a clear and coordinated Roadmap to Reform.

Development of this Roadmap to Reform document occurred over three stages, as outlined below. It provides a clear foundation for a 'systems response' to change that enables whole-of-government commitment to investing in the NT ICA mental health system and delivering improved outcomes for children, their families, carers and kin, the workforce, and others.

STAGE 1 | REVIEW

- Review of **current needs and ICA mental health services** to identify strengths and gaps.
- Scan of **current strategic frameworks and recommendations** from historical reviews to ensure alignment.
- **Introductory communique** to NT system stakeholders in preparation for Stage 2 engagements.

STAGE 2 | ENGAGE

- Development of '**Initial Discussion Guide**' to identify current strategic context, challenges and opportunities.
- **26 'Listening Sessions'** with NT system leaders / organisations to understand perspectives, priorities and challenges.
- **Whole-of-system workshop** to identify a set of reform priorities and define a phased approach to change.

STAGE 3 | DEVELOP

- Development of a **draft Roadmap to Reform** document in March 2025.
- **Implementation Planning meeting** between NT Health leaders to discuss next steps.
- **Engagement feedback loop** to NT government agencies and other stakeholders to start implementation.

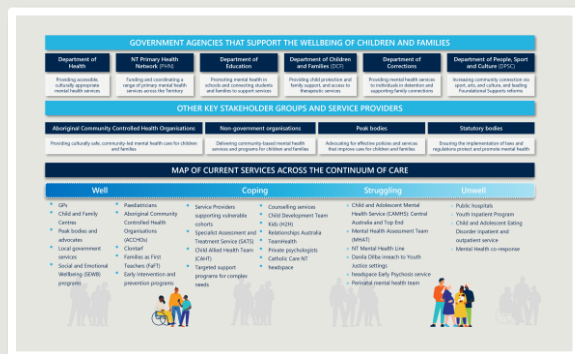
How to navigate this document

This document articulates the set of reform priorities and initiatives that will best deliver on current challenges and need across the NT. This will inform how care is provided into the future across each region for children experiencing mental health issues, their families, carers and kin. Reflecting on what is in place now, what is working and what improvements need to be made, this Roadmap to Reform proposes that a dedicated program of change be established to ensure the NT ICA mental health system is well placed to plan, deliver and monitor practical change over the coming years. Practical change will consider governance, investment, barriers to change, and opportunities to highlight and progress good work.

This document draws on consultations with NT Government agencies, clinicians, peak bodies, consumers and other key stakeholders. A scan of current strategic documentation and existing review recommendations has provided important context and evidence-based direction. The NT ICA mental health workforce, in particular, has valued providing input during this period of reform planning, and shared that it is important to them that they feel their feedback has been heard and responded to.

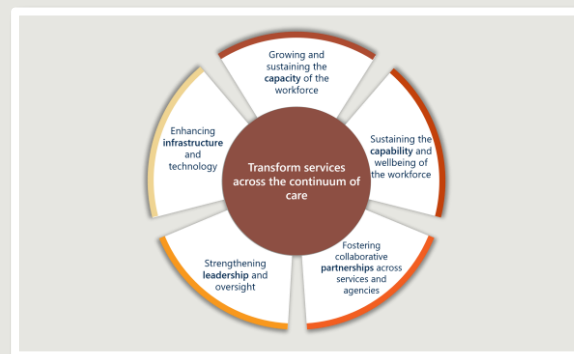
Section 2 – Where we are now

Details the case for change – current needs and challenges for children, families, carers and kin, and existing reform efforts and services.



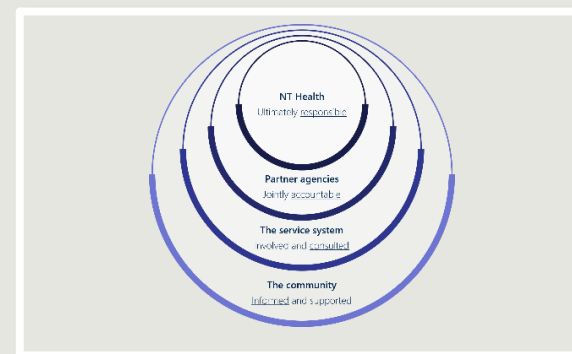
Section 3 – Where we are going

Outlines the vision and future principles of the NT ICA mental health system, with a suite of priority initiatives to address enduring challenges.



Section 4 – How we will get there

Articulates the system-wide program of change that should be established to deliver improved outcomes and foster cross-agency accountability.



Note: The following page provides an executive summary of key insights and findings across these three sections.

A Roadmap to Reform for the NT ICA mental health system

Summative findings


Where we are now

A growing number of children and families across the NT are impacted by mental health challenges, with equitable access to care as a critical barrier. Concerningly, rates of youth suicide are growing, which disproportionately impacts First Nations children and remote communities. This is amplified by a lack of access to care early in life and early in onset, with the wellbeing of NT children deteriorating over time. Many children fall into a growing gap; too unwell to be adequately supported by their general practitioner (GP), but not unwell enough to access the support they need to effectively manage their mental health.

To respond to these challenges, the NT ICA mental health system is currently guided by a national and local reform agenda. However, the service system is highly complex and fragmented, comprising a range of agencies that support mental health delivery. Consultations with stakeholders across the system highlight a need to embed more collaborative ways of working and targeted investment to ensure the system has the capacity to support families where they are, when they need it.

“
Seven out of ten young people who experience mental health and substance use problems do not actively seek services.”
NT Child and Adolescent Health and Wellbeing Strategic Plan 2018-2028


Where we are going




Children, families, carers and kin will have timely, enduring and equal access to holistic, integrated and high-quality public mental health care. Key principles include:

EQUITY OF ACCESS	INTEGRATED AND SUPPORTED
EARLY IN LIFE, EARLY IN ONSET	HIGH QUALITY CARE FOR COMPLEX NEEDS
FAMILY CENTRED	SAFE AND RESPONSIVE


Informed by the current state and consultation insights, the Roadmap outlines a comprehensive set of initiatives that will seek to:




Transform services across the continuum of care
The service system is widely recognised as complex, so there is an opportunity to create collaborative models of care that establish more clarity and consistency across the care continuum.




Foster collaborative partnerships across services & agencies
Through the Roadmap, there is an opportunity to create formalised opportunities for services and agencies to collaborate further, reducing siloed ways of working and duplication.




Prioritise growing the capacity of the workforce
Critical capacity gaps limit the ability of the system to respond to the growing rate and incidence of mental ill-health – alleviating immediate pressures on the workforce is a critical enabler of change.



Strengthen leadership and oversight
The system will strengthen mechanisms for governance, leadership and oversight that enhance system-wide coordination – enabling cross-agency accountability and clarifying service responsibility.



Sustain the capability and wellbeing of the workforce
Training and capability building will be critical to better supporting an already stretched workforce that feels under-equipped to respond to increasingly complex mental health needs.



Enhance infrastructure and technology
Investment in physical and digital infrastructure will further unlock value of services and make mental health care timelier and more accessible across the Territory.

How we will get there

In a system where there are critical shortages of services to support the safety, wellbeing and mental health of children, this Roadmap to Reform process has highlighted the scale and complexity of reforms required to deliver change. A **clear, phased and practical approach** will be required by NT Health and partner agencies, reducing the risk of overwhelming the system while still making meaningful change. This will be supported by structured and appropriately resourced implementation governance and leadership responsibilities, and ongoing engagement and meaningful partnerships with service providers, children, families, carers and kin. A dedicated program of change will demonstrate both the need for, and benefits of, immediate and long-term investment in the ICA mental health system and so reporting and evaluation arrangements will be a key focus of this Roadmap to ensure priorities are realised.

Section 2 | Where we are now

An overview of the current strategic context

This section details the 'case for change' – current needs and challenges for children, families, carers and kin, and existing reform efforts and services.

A growing number of children and families across the NT are impacted by **mental health challenges**, with equitable access to care as a critical barrier

0 – 17-year-old children are presenting with increasingly complex mental health needs



22 per cent of young people report having a mental health condition that impacts their functioning, with onset before the age of 14 for many.¹ Concerningly, rates of youth suicide are growing,² which disproportionately impacts First Nations children and communities.³



Children (12-17) consistently have the highest community service contact rates of any age group in the NT with acute mental health needs⁴ that stem from complex, unresolved trauma and / or neurodevelopmental comorbidities.⁵ This has led to higher reported rates of self harm among ages 14–25 than any other group.³



These issues disproportionately impact children in care and those in contact with the justice system, who experience higher rates of hospitalisation due to co-occurring mental health challenges.⁶ This also applies to other vulnerable and / or marginalised cohorts, including LGBTQIA+SB children, First Nations families, culturally and linguistically diverse (CaLD) children, and remote communities.⁷

“Young people seek acknowledgement of intergenerational impacts of trauma... and need for healing.”

– NT Youth Strategy 2023-2033

This is amplified by a lack of access to care early in life and early onset, with the wellbeing of NT children deteriorating over time



Without early intervention, young people are becoming severely unwell. Children need to receive appropriate support and treatment as early as possible in their lives and onset of mental health issues to deliver the best outcomes for children, families, carers and kin, and the broader community.⁸



Many children fall into a growing gap; too unwell to be adequately supported by their GP, but not unwell enough to access the support they need to effectively manage their mental health.⁹ This contributes to deteriorating wellbeing, helplessness and crisis.



While the number of children accessing services in the NT is rising¹⁰, this does not account for those who are experiencing barriers to care. Lower health literacy, imbalance of services and stigma can lead to delays in accessing services and higher acuity presentations at time of contact.¹¹

“Seven out of ten young people who experience mental health and substance use problems do not actively seek services.”

– NT Child and Adolescent Health and Wellbeing Strategic Plan 2018-2028

The evidence base is clear that there are many opportunities to improve the experience of these children, families, carers and kin

ACCESS

Proactive and equitable access to care

The system acknowledges the impacts of the social determinants of health¹² and effectively harnesses protective cultural determinants^{13,14} to improve outcomes for children and families. Emphasis is placed on prevention and early intervention.

Priority access for children who have historically faced disproportionate barriers

The system facilitates access to vulnerable children and families who may struggle to receive appropriate support because of geographic inequity, their cultural or linguistic background, their gender identity or sexual orientation or due to entry into the justice or out-of-home care systems.¹⁵

PROVISION OF CARE

People of all backgrounds feel safe and supported

System-wide policies enshrine the cultural safety and dignity of all children and families. Services and resources are trauma-informed, available in-language and delivered by a workforce with lived experience.¹⁶

Care delivery is adaptable and informed

The system evolves with technology to improve equity of access through new modes of delivery like telehealth. Services collect and share data routinely to build a system-wide evidence base.¹⁷

Flexible, continuous recovery-oriented care

Care is tailored to the individual and is focused on recovery, not condition. Children and families are empowered and informed throughout their journey.¹⁸

Communities are partners in care

Children can access care closer to home, keeping them connected to the primary support layer of kin and community. Communities are involved in joint-decision making to advocate for their unique needs.¹⁹

TRANSITION

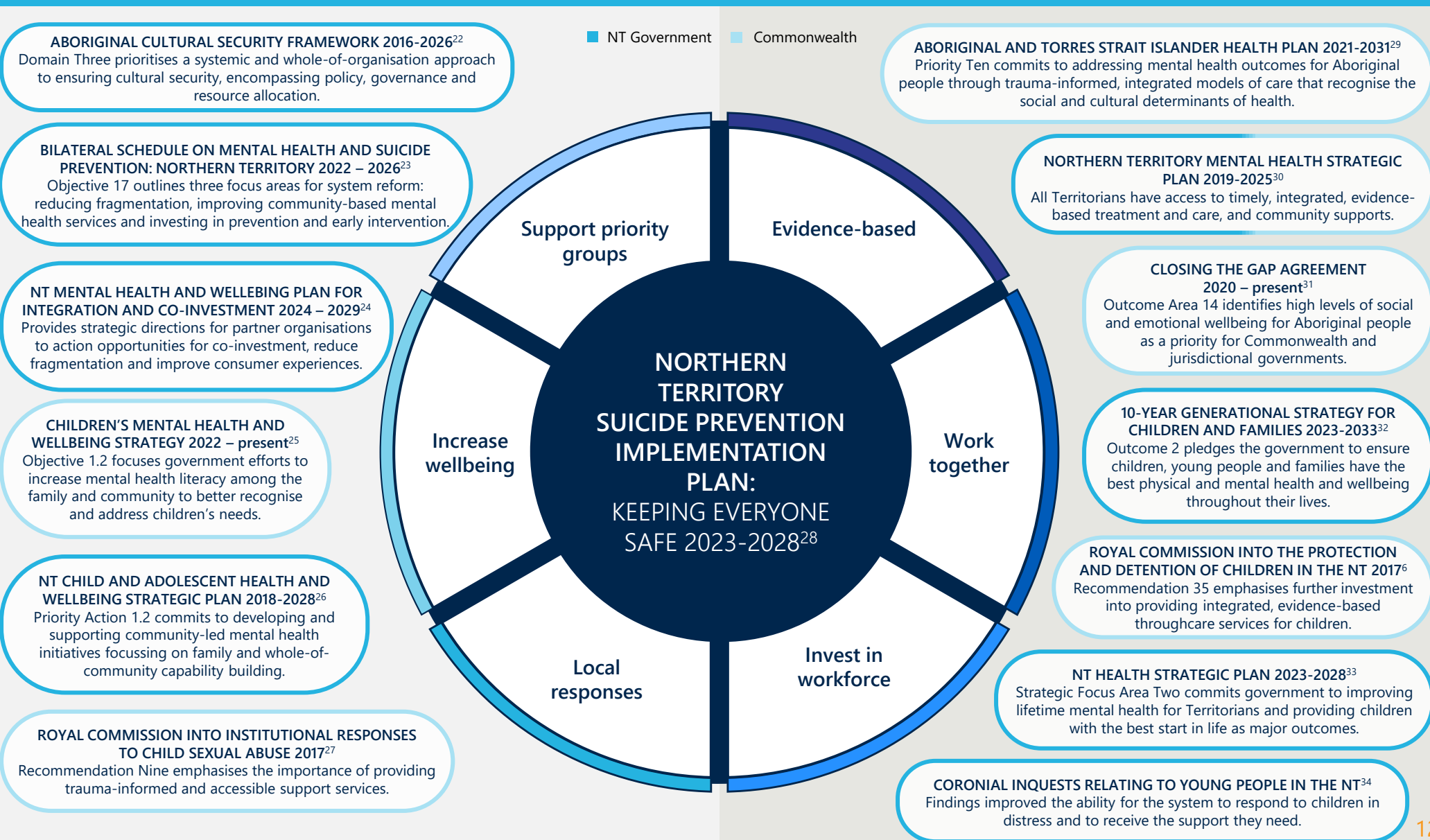
The journey to recovery follows a 'stepped' approach to care

Service providers facilitate entry to the system at all points in a 'no wrong door' approach. Children receive the right care at the right time based on their needs, with transparent transitions between each level.²⁰

Handover is not disruptive

Clear clinical and operational governance procedures delineate transfer processes between services and regions, ensuring consistency across the system. Services communicate with children and families throughout the handover process and with other providers as part of their duty of care.²¹

To respond to these challenges, the NT ICA mental health system is currently guided by a national and local reform agenda



The current service system is highly complex, comprising a range of agencies that support mental health delivery – reform will require a **'systems response'**




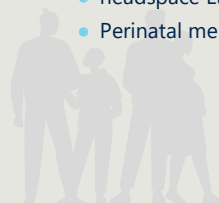


GOVERNMENT AGENCIES THAT SUPPORT THE WELLBEING OF CHILDREN AND FAMILIES

Department of Health	NT Primary Health Network (PHN)	Department of Education	Department of Children and Families (DCF)	Department of Corrections	Department of People, Sport and Culture (DPSC)
Providing accessible, culturally appropriate mental health services	Funding and coordinating a range of primary mental health services across the Territory	Promoting mental health in schools and connecting students and families to support services	Providing child protection and family support, and access to therapeutic services	Providing mental health services to individuals in detention and supporting family connections	Increasing community connection via sport, arts, and culture, and leading Foundational Supports reforms

OTHER KEY STAKEHOLDER GROUPS AND SERVICE PROVIDERS

Aboriginal Community Controlled Health Organisations	Non-government organisations	Peak bodies	Statutory bodies
Providing culturally safe, community-led mental health care for children and families	Delivering community-based mental health services and programs for children and families	Advocating for effective policies and services that improve care for children and families	Ensuring the implementation of laws and regulations protect and promote mental health

MAP OF CURRENT SERVICES ACROSS THE CONTINUUM OF CARE

Well	Coping		Struggling	Unwell	
<ul style="list-style-type: none">• GPs• Child and Family Centres• Peak bodies and advocates• Local government services• Social and Emotional Wellbeing (SEWB) programs 	<ul style="list-style-type: none">• Paediatricians• Aboriginal Community Controlled Health Organisations (ACCHOs)• Clontarf• Families as First Teachers (FaFT)• Early intervention and prevention programs 	<ul style="list-style-type: none">• Service Providers supporting vulnerable cohorts• Specialist Assessment and Treatment Service (SATS)• Child Allied Health Team (CAHT)• Targeted support programs for complex needs 	<ul style="list-style-type: none">• Counselling services• Child Development Team• Kids (H2H)• Relationships Australia• TeamHealth• Private psychologists• Catholic Care NT• headspace 	<ul style="list-style-type: none">• Child and Adolescent Mental Health Service (CAMHS): Central Australia and Top End• Mental Health Assessment Team (MHAT)• NT Mental Health Line• Danila Dilba inreach to Youth Justice settings• headspace Early Psychosis service• Perinatal mental health team 	<ul style="list-style-type: none">• Public hospitals• Youth Inpatient Program• Child and Adolescent Eating Disorder inpatient and outpatient service• Mental Health co-response 

The system has also gone through a range of reviews and reform processes to discover and address priority challenges

Service reviews

- the 2014/2015 Review of NT Mental Health Services by Zed Consultancy³⁵
- the 2017 Royal Commission and Board of Inquiry into the Protection and Detention of Children in the NT⁶
- the 2019 Report on the review of Forensic Mental Health and Disability Services within the Northern Territory³⁶
- the 2020 Child and Adolescent Mental Health Clinical Services Review undertaken by EY³⁷
- the 2021 'Better Together' Review³⁸
- creation of the Territory Wide Child and Youth Mental Health Clinical Design Reference Group to inform system clinical and operational models in 2023 (paused due to the NT Health system alignment).

Priority reform initiatives

- Introduction of the 'Child Wellbeing and Safety Partnership Framework' policy in 2023³⁹ to support placed-based collaboration between government agencies, service providers and Aboriginal communities
- Supporting recommendations to progress a Territory-wide service for Child and Adolescent Mental Health Service (CAMHS) and Forensic services, including mental health screening on admission and an integrated, evidence-based throughcare service
- Efforts to address Coronial inquest findings and incorporate recommendations to help children in distress receive the support they need, such as through multiagency coordination, particularly between health and educational settings; and increasing access in remote and regional centres
- 'Harmful Sexual Behaviours' project to develop a hub-and-spoke model of service provision
- Recently, work has been undertaken by NT CAMHS clinics to address service waitlists across regions
- Design work underway for NDIS Foundational Supports reforms
- Scoping work for a telehealth command centre to reduce unnecessary aeromedical retrievals and provide care closer to home.

Existing oversight bodies and reform teams

- Children and Families Tripartite Forum, overseeing the 10-Year Generational Strategy
- Northern Territory Suicide Prevention Coordination Committee
- Aboriginal Community Alcohol Response Advisory Committee (ACARAC)
- NT Aboriginal Health Forum
- Antidiscrimination Commissioner, Community Visitor Program
- Office of the Children's Commissioner
- NT Health and Community Services Commissioner.

In 2025, NT Health led an engagement process with stakeholders from across the ICA mental health system to **build consensus of where we are at**

SUMMARY OF ENGAGEMENT PROCESS

26 **'Listening Sessions'** with organisations and agencies to understand current challenges and future priorities.

1 **'Whole-of-system Workshop'** that brought these organisations together to discuss priority actions for reform.



CAMHS services



Partner government agencies



NT Health & NT PHN services



ACCHO sector



Lived Experience, peak and statutory bodies

SOME CHALLENGES IDENTIFIED BY STAKEHOLDERS

“ Cessation of funding for key roles and programs in some of our most important services has left major gaps, increasing the burden on tertiary services. ”

“ A lack of outreach services has left a void for community members accessing support, particularly for complex cases. ”

“ The service landscape is so complex and there is an absence of a “no wrong door” approach. ”

“ The system needs to integrate a social determinants lens when designing mental health models of care – socioeconomic disadvantage, trauma and substance abuse are contributing to highly complex needs. ”

“ There is a general mistrust in the system; even when diagnoses are made, follow-up support is often lacking. ”

“ Cultural safety is a significant concern, with stigma and distrust in the Western mental health system leading many to avoid seeking help. ”

“ Capacity is the fundamental issue. Without structural and resource-based improvements, the current model will remain reactive rather than preventive, limiting its effectiveness in rural and remote settings. ”

“ We have major gaps in our service system, particularly for some of our most vulnerable kids. Children with eating disorders, children with behavioural challenges, children in contact with the justice system – they need so much more. ”

“ More coordination support is needed to navigate stepped care pathways into and out of more intense and high-acuity support. ”

Section 3 | Where we are headed

Priority reform initiatives for the system

This section outlines the vision and future principles of the NT ICA mental health system, with a suite of priority initiatives to address enduring challenges.

In the future, NT children, families, carers and kin will have **timely, enduring and equal access to holistic, integrated and high-quality** public mental health care

A transformation of the entire NT ICA mental health system is critical – these key principles underpin how the future system will be adapted to deliver on the challenges described in Section 2.

EQUITY OF ACCESS

All children, families, carers and kin will be able to access suitable and high-quality care and treatment regardless of where they live, their identity, cultural background, or their age.

SAFE AND RESPONSIVE

Services are safe, holistic and inclusive for all children. This means services are culturally secure and trauma-informed to meet the needs of children who have historically struggled to access care, and there are options to connect to other services to support the broader wellbeing of the child.

The system acknowledges
Aboriginal ways of working

HIGH QUALITY CARE FOR COMPLEX NEEDS

There will be improved access to care for children with complex, specialised or co-occurring needs, including vulnerable cohorts of children who interact with multiple services and systems. This also includes community-based crisis support options.

FAMILY-CENTRED

All children, families, carers and kin receive care that is tailored to their needs and preferences, where they are informed and have choice about their care.

I know how and
where to ask for
help

EARLY IN LIFE, EARLY IN ONSET

Children and families are supported to live mentally healthy lives through prevention and intervention early in life and early in illness.

Having someone who knows
how it feels to have to
navigate services when you are
in a vulnerable place

INTEGRATED AND SUPPORTED

All services and agencies will work collaboratively to coordinate the ongoing care of the child, family, carers and kin to ensure they receive care as long as required, and that it feels like a 'seamless journey'.

Connection to
other services

I feel safe, heard and cared
for in a time of distress

Informed by the current reform context and consultation insights, the **Roadmap to Reform** will deliver on future aspirations through priority areas for action

The Roadmap will be the vehicle to transform services, enabled by five 'buckets' of initiatives

These opportunities set the foundation for immediate and long-term reform across the NT

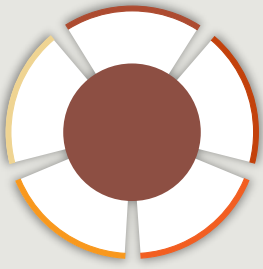


Each **bucket** contains a range of initiatives to inform a dedicated program of change for the NT ICA mental health service system.

These initiatives reflect **existing recommendations** from previous reviews, best practice research, and the **suggestions of system leaders** throughout this Roadmap to Reform engagement process.

The following slides discuss the case for change, **key focus areas and potential initiatives** for NT Health to reflect on as it establishes a dedicated program of change (Section 4).

To embed a whole-of-system response, NT government agencies will reflect on the **sequencing and prioritisation of these opportunities** to consider how they can provide immediate investment into the capacity of the system.



Transform services across the continuum of care

The service system is widely recognised as complex. While there are many services that operate within the primary and secondary tiers of care, siloed ways of working and a lack of coordination result in gaps in care and fragmented delivery. Additionally, the system landscape is skewed towards high-intensity care. This has resulted in a "missing middle" where children with moderate to severe needs struggle to access appropriate care, intensifying the severity of mental ill-health.²⁶

Through the Roadmap to Reform, there is an opportunity to create comprehensive and collaborative models of care that establish more clarity and consistency across the care continuum. This will better equip the NT ICA mental health system to deliver effective, stepped and consistent care and increase access to support.

KEY OPPORTUNITIES FOR REFORM INCLUDE...

1. Develop key system-wide responses to increase support available for ICA and their families

- 1.1 Bring together appropriate clinical and operational resources across services and agencies to create a Territory-wide specialist response for ICA and their families.
- 1.2 Identify opportunities to improve resource distribution and better support CAMHS services across the NT, including a review of the current Visiting Medical Officer (VMO) Model in remote areas to explore opportunities for a virtual care consultation liaison service.

2. Invest in establishing models of care to address key gaps in the service system

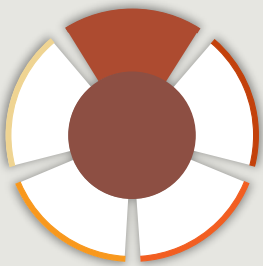
- 2.1 Develop stepped models of care to improve the connection of care between services of varying intensity.
- 2.2 Conduct care-planning to understand what support is required to shift away from diagnosis-led models.
- 2.3 Develop a Territory-wide model of care for the provision of forensic mental health in-reach services and specialist assessments for young people in contact with the youth justice system.
- 2.4 Implement findings of an Internal Rapid Review of the Royal Darwin Hospital Mental Health Youth Inpatient Program (YIP) to move towards an enhanced model of care.

3. Enhance community-based responses to improve access for remote and regional communities

- 3.1 Enhance community-based preventative and primary care to reduce crisis-driven presentations, particularly in remote regions.
- 3.2 Develop flexible care models that can supplement service hours and accessibility in high-need regions.
- 3.3 Explore use of alternative platforms in place of telehealth, e.g. chat or messaging services including AIMhi-Y.

4. Enhance the impact of services to deliver education and advocacy to both families and the workforce

- 4.1 In the long-term, invest in developing programs that increase mental health literacy and build the capability of families to respond to mental health challenges.
- 4.2 Develop dedicated educational resources to enable greater promotion of existing services (e.g. the NT Health website, the perinatal mental health team, CAMHS in regions, ACCHOs).
- 4.3 Undertake a dedicated period of community engagement and promotion of CAMHS services to improve community awareness and understanding of support pathways for families.



Growing and sustaining the capacity of the workforce

The evidence is clear that critical gaps in workforce capacity limits the ability of the NT ICA mental health system to support the needs of children and their families.⁴⁰ In particular, children in remote communities and other vulnerable cohorts have limited access to services and supports, leading to increased acuity of mental health presentations that places strain on specialist and inpatient mental health services.

Through the Roadmap to Reform, there is an opportunity to alleviate immediate pressures on the NT ICA mental health system by increasing workforce capacity, which is critical to respond to the growing rate and incidence of mental ill-health.

KEY OPPORTUNITIES FOR REFORM INCLUDE...

1. Invest in the Aboriginal and Lived Experience workforce to fill critical workforce gaps and improve our ability to provide multidisciplinary support

- 1.1 Prioritise increasing availability of positions for Aboriginal Mental Health Workers (AMHW) and SEWB workers across NT Health services.
- 1.2 Build the future pipeline of Aboriginal workers with flexible pathways for career progression.
- 1.3 Establish a framework for employing lived experience and Aboriginal mental health workers.

2. Establish stronger professional development pathways to attract priority roles

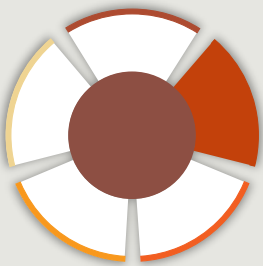
- 2.1 Focus on education collaboration with the mental health system for clinical roles (inclusive of Allied Health Professionals, Mental Health Nurses, Aboriginal Health Practitioners, Aboriginal Mental Health Workers)
- 2.2 Increase clinical rotations for allied health, non-clinical and low-intensity staff.
- 2.3 Establish training and development pathways with clear benefits in job descriptions.
- 2.4 Improve student placements and boost incentives to retain post placement.
- 2.5 Focus on building social and emotional wellbeing workforce to improve preventative responses.

3. Actively invest in retention strategies to improve the sustainability of our workforce in parallel with current initiatives

- 3.1 Fund pathways for attraction and retention strategies, particularly in remote areas.

4. Re-design flexible working and recruitment strategies to align with the needs of our teams

- 4.1 Increase casual pool and secondment opportunities.
- 4.2 Retain practice wisdom through flexible working conditions like part-time and remote options.
- 4.3 Change job descriptions to lower criteria and focus on upskilling, mentoring and training.
- 4.4 Implement flexible recruitment strategies to enhance workforce capability.



Sustaining the **capability** and wellbeing of the workforce

Training and capability building are currently lacking at a system level, meaning that an already stretched workforce is under-equipped to respond to increasingly complex mental health needs. As a result, children receive inconsistent care and there is an over-reliance on high-acuity services, while the workforce faces increased pressure and higher risk.⁴¹

Through the Roadmap to Reform, there is an opportunity to provide targeted support for staff and investing in both new and current workforce initiatives to support the development and wellbeing of staff. By increasing the expertise and experience of the local workforce, professionals will be better equipped to deliver locally responsive, targeted mental health support.

KEY OPPORTUNITIES FOR REFORM INCLUDE...

1. Build the training and development opportunities for the mental health workforce

- 1.1 Explore formalised opportunities for mental health clinicians to access regions of the NT, and interstate clinical supervision.
- 1.2 Reinforce expectation for mental health staff (clinical and non-clinical) to have supervision.
- 1.3 Establish clear development and training pathways for specialised roles to support retention.
- 1.4 Introduce a consultation liaison model for all remote health clinics (both ACCHO and NT Health led) to promote stepped care and care coordination.

2. Embed cultural capability and safety across the NT ICA mental health system

- 2.1 Embed system-wide Culturally Safe Principles of Care to build the depth of cultural safety across all mental health services across the NT.
- 2.2 Rollout cultural competency training to refresh current levels of cultural competency within NT Health.

3. Build the capability of the broader mental health workforce to enable earlier intervention

- 3.1 Develop education resources and training programs for primary health care workers, remote clinics and other partner agencies to provide low-intensity support for children.



Fostering collaborative partnerships across services and agencies

It's well understood that services and partner agencies currently work in siloes, limiting the ability to provide holistic, follow-through care across various settings and often resulting in duplication of effort. For families, this means that they can be in contact with multiple services with limited oversight and coordination support available to them.

Through the Roadmap to Reform, there is an opportunity to create formalised opportunities for services and partner agencies to collaborate. In doing so, this will enhance the NT ICA mental health system's ability to provide integrated and coordinated support across agencies, improving the quality and consistency of care delivered to families.

KEY OPPORTUNITIES FOR REFORM INCLUDE...

1. Invest in strengthening relationships between partner agencies to reduce siloed ways of working

- 1.1 Strengthen integration between both Commonwealth- and NT-funded mental health services and the Department of Education to improve support pathways for school-aged children with mental health needs.
- 1.2 Strengthen integration between both Commonwealth- and NT-funded mental health services and child protection teams to proactively support children in care.
- 1.3 Align with the work that the Department of People, Sport and Culture are doing with the Foundational Supports reforms to identify key supports and functions for children with mental health needs and co-occurring developmental challenges or disability for children between 0-9 years.
- 1.4 Reinforce link between primary health care and mental health services by integrating social and emotional wellbeing teams into primary health care clinics.
- 1.5 Improve integration of CAMHS with paediatrics services for complex diagnosis.

2. Create mechanisms that formalise partnerships to enhance service coordination and integration

- 2.1 Strengthen work with ACCHOs to understand how to best to partner with them.
- 2.2 Identify key partner agencies and services that would benefit from Memorandum of Understandings to strengthen collaboration.

3. Develop whole-of-system responses for services to work collaboratively to address the social determinants and factors that contribute to mental ill health in the Territory

- 3.1 Where feasible, co-locate CAMHS, primary care, child development and SEWB resources within ACCHO catchments to facilitate easier access and collaboration.
- 3.2 Develop a collaborative model of care that articulates the NT ICA mental health system's support to Schools, Youth Justice and Child Protection systems.
- 3.3 Build strong partnerships with research organisations to develop best practice initiatives.



Strengthening leadership and oversight

There is currently a lack of coordinated leadership and oversight to drive reform across the system. This amplifies system-wide challenges, such as fragmented care and workforce gaps, and places additional responsibility on individual services to bridge service gaps.

Through the Roadmap to Reform, there is an opportunity to improve mechanisms for governance, leadership and oversight that enhance system-wide coordination. By establishing dedicated accountability for reform, the system will be better able to respond to the growing incidence and severity of mental ill-health.

KEY OPPORTUNITIES FOR REFORM INCLUDE...

1. Strengthen standards for partnering with consumers to have input in system governance

- 1.1 Strengthen communication channels between the system-level and people with lived experience, clinicians, cultural and local and regional leaders so they can have input into system governance.
 - 1.2 Explore opportunities to establish Lived Experience Leadership roles that drive multi-sector outcomes.
-

2. Implement structures to enable cross-agency accountability

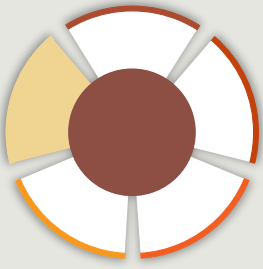
- 2.1 Ensure that the NT ICA mental health Roadmap to Reform aligns with the work of the Children and Families Tripartite Forum and the NT Aboriginal Health Forum.
 - 2.2 Leverage the NT Coordinated Investment Framework to align funding, policy and service delivery across the system and improve the long-term sustainability of programs and services.
 - 2.3 Collaboratively design outcomes and outcome measures for a system performance monitoring framework.
 - 2.4 Establish the NT wide service and define its accountabilities to regional teams.
-

3. Clarify service responsibility and boundaries to improve ways of working

- 3.1 Develop a strong governance framework across the continuum of care to delineate roles and responsibilities across organisations.
 - 3.2 Conduct service mapping to clarify service boundaries and improve the ability of services to collaboratively deliver care.
 - 3.2 Document referral pathways and clarify client journey between services to improve access to appropriate care.
 - 3.4 Clearly define the transition pathway between ICA and adult care to improve continuity of care and reduce the risk of disengagement.
-

4. Strengthen mechanisms for translating policy and funding decisions to “ground-level”

- 4.1 Improve clarity and practicality of messaging from system leaders to operational- and service- level.
- 4.2 Authority to be innovative and permission to use funding flexibly and to repurpose based on needs.
- 4.3 Establish implementation principles to consider so that policies are practical at the “ground-level.”



Enhancing infrastructure and technology

The efficacy and safety of ICA mental health care is limited by current infrastructure, technology and information sharing. This further reduces access to services, which has a particular impact on children in remote communities who already have limited access to essential therapeutic support.⁴²

Through the Roadmap to Reform, there is an opportunity to invest in physical and digital infrastructure to further unlock value of services and make mental health care timelier and more accessible. In doing so, this will move towards a more innovative system that is able to leverage fit-for-purpose infrastructure and better respond to mental health need.

KEY OPPORTUNITIES FOR REFORM INCLUDE...

1. Leveraging existing systems for use within the NT context

- 1.1 Improve reach and usability of telehealth to improve access to care through a statewide virtual care service.
 - 1.2 Establish coordination roles in remote clinics to facilitate telehealth consultations.
-

2. Improve physical spaces for care delivery to better support engagement

- 2.1 Focus on enhancing therapeutic environments for delivery of care, particularly in high acuity settings.
 - 2.2 Increase spaces where multidisciplinary teams can co-locate and work with children and families.
-

3. Invest in mechanisms to improve information sharing between services and agencies and align with existing initiatives

- 3.1 Improve data and information sharing between services and partner agencies (e.g. to respond to court ordered referrals).
- 3.2 Invest in mechanisms that enable services to share knowledge to better coordinate care and avoid children and families having to retell their story.

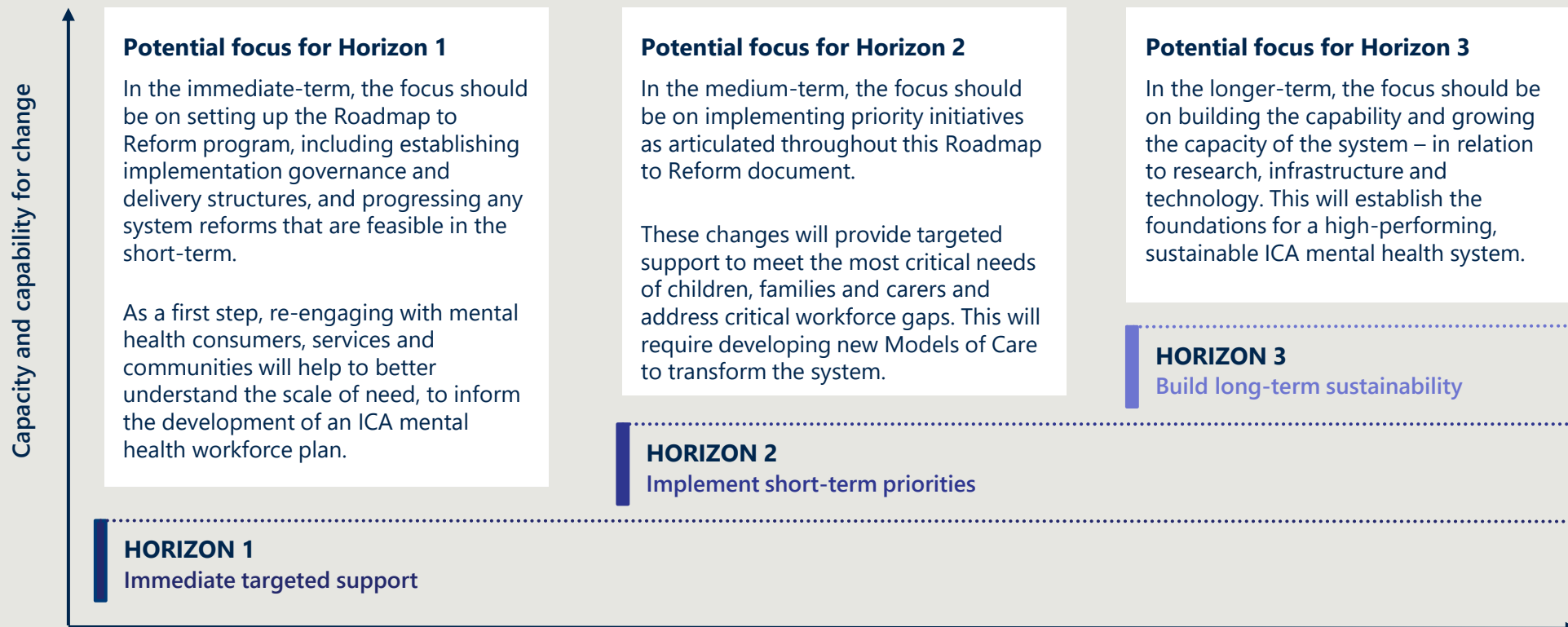
Section 4 | How we will get there

A dedicated program of change by NT Health

This section articulates the system-wide program of change that should be established to deliver improved outcomes and foster cross-agency accountability.

Given the scale of change required in a resource-constrained environment, NT Health will take a **strategic approach** to planning how to deliver on priority reforms

In a system where there are critical shortages of services to support the safety, wellbeing and mental health of children, this Roadmap to Reform process has highlighted the scale and complexity of reforms required to deliver change. A clear, phased and practical approach will be required by NT Health and partner agencies, reducing the risk of overwhelming the system while still making meaningful change. This will also enable ongoing engagement with communities, clinicians and other stakeholders, adjusting priorities as new evidence is gathered. While it is acknowledged that some of the system reforms will take time in a resource-constrained environment, immediate targeted support is required to address the most critical needs of children, families and carers. This is illustrated in the Figure below.

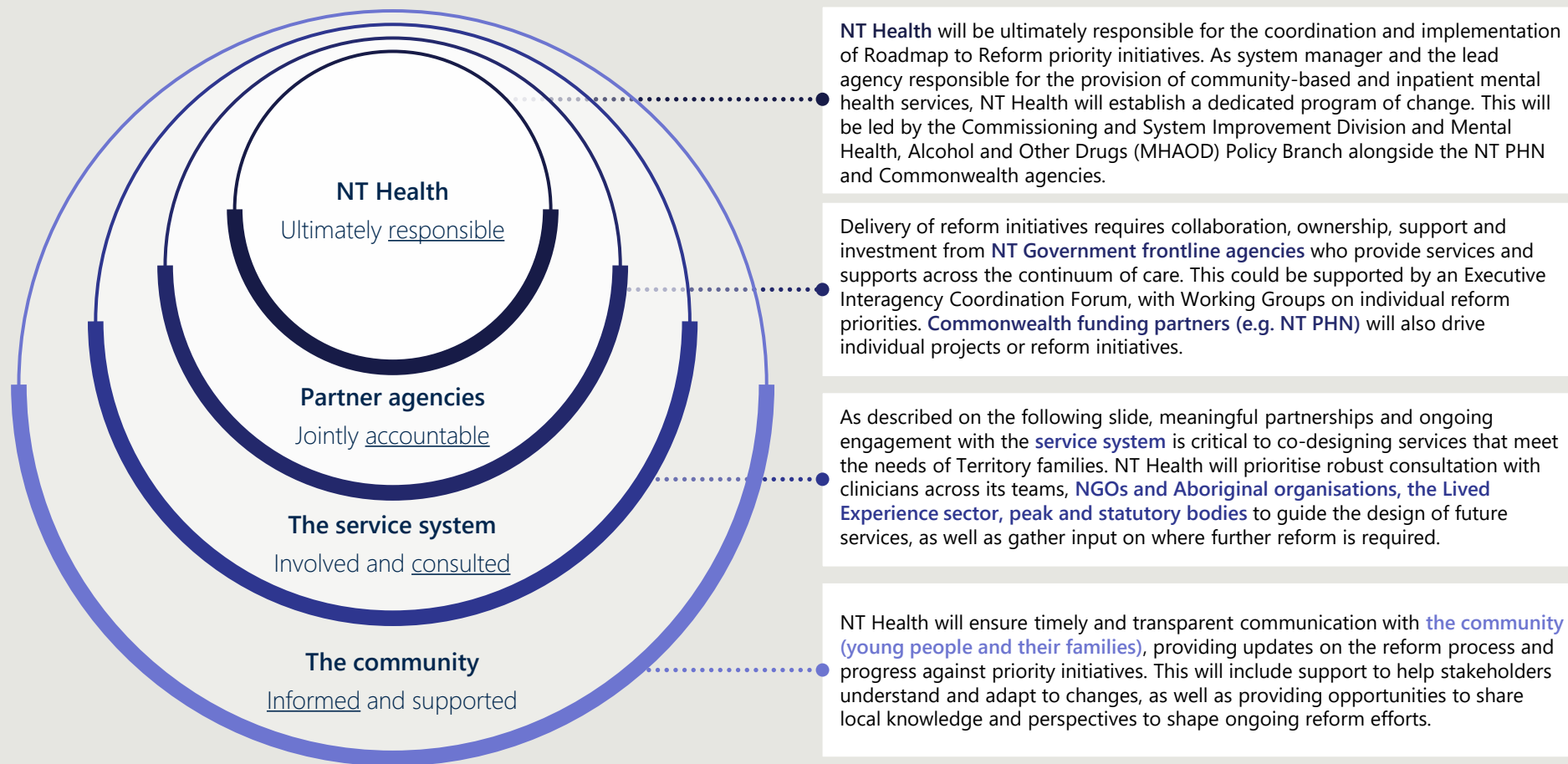


NT Health and partner agencies should work to develop a comprehensive and detailed Program Plan. This will help confirm the 'quick wins' to be prioritised, the responsibilities and timeframes associated with system reforms, and measures of success.

NT Health will deliver on this approach through structured and appropriately resourced implementation **governance** and leadership responsibilities

As discussed throughout this document, a whole-of-system response is needed to better support the mental health needs of children, families, carers and kin across the Territory. As a result, the Roadmap to Reform will have strong inter-agency governance and delivery structures to ensure effective, efficient and integrated implementation of ICA mental health reforms. It will be critical for the implantation governance to draw from existing structures and align with future structures, so that there is continuity in system leadership and oversight.

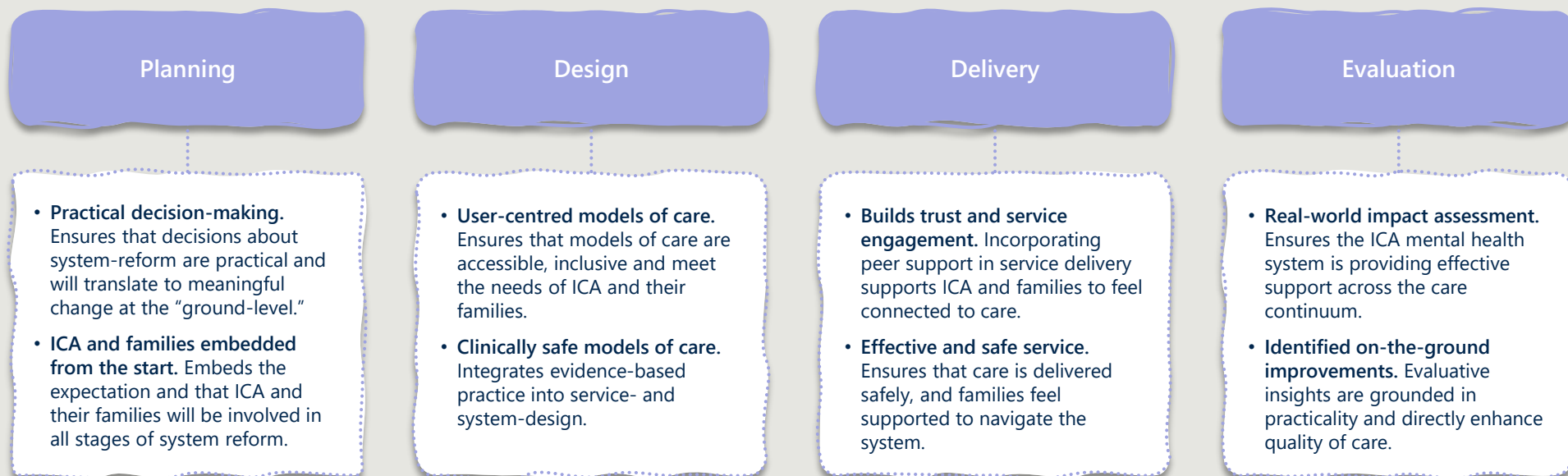
Using the Responsibility Assignment Matrix (RACI model) for program governance, the Figure below proposes whole-of-Roadmap responsibility by NT Health, joint accountability for individual initiatives by NT Government partner agencies, Commonwealth agencies, and the NT PHN, input and expertise to guide delivery by ICA mental health services and statutory bodies, and ongoing engagement with the broader community.



This will be supported by ongoing engagement and meaningful **partnerships** with service providers, children, families, carers and kin

People with lived experience and mental health service provider staff need to play a key role in the implementation of the Roadmap to Reform, which should be shaped by their experiences, expertise and perspectives. People with lived experience and mental health service provider staff need to have meaningful, rather than tokenistic, opportunities for involvement in system reform. Ideally, they should be provided with opportunities for co-production – they should be equal partners in the planning, design, delivery and evaluation of initiatives, programs, services and supports. This approach is consistent with the Bilateral Schedule on Mental Health Suicide Prevention for the Northern Territory 2022 – 2026, and recognised good practice. Where co-production is not feasible, people with lived experience and clinicians should be involved in as many phases as possible.

To ensure that the system can provide effective care that ultimately meets the needs of mental health consumers, the reform process needs to involve people with lived experience and clinicians across **the planning, design, delivery and evaluation** stages.



NT Health and partner agencies should work to prioritise the voices of Lived and Living Experience and mental health service provider staff into the entirety of the Reform process to demonstrate commitment to reform, establish trust and credibility, and maintain buy-in from key stakeholders.

A dedicated program of change will demonstrate both the need for, and benefits of, immediate and long-term investment in the ICA mental health system

Addressing the critical gaps within current services and meeting the needs of children, families, carers and kin requires significant investment. The future ICA mental health system will require an expanded and enhanced workforce, resources and infrastructure to effectively address needs. Meaningfully impacting funding decisions in a resource-constrained environment requires a dedicated focus by NT Health on taking a needs-based approach to better understand and communicate the scale of future requirements for ICA mental health services. This can be further achieved by demonstrating the benefits of sustained investment on ICA mental health services, including alignment with system-level objectives around reducing crime, rebuilding the economy, and restoring lifestyle for all Territorians.

NEEDS-BASED MODELLING TO PUT NT ICA MENTAL HEALTH 'ON THE MAP' AS AN IMMEDIATE PRIORITY FOR THE SYSTEM

- 1 Agencies should undertake needs-based modelling to understand current strengths, capacity and gaps in local services to target specific regions or service types.
- 2 Undertake modelling to estimate the increase in the ICA mental health workforce required within current services to address the needs of NT families.
- 3 Investment should transition towards a more contemporary and sustainable workforce model that focuses on multidisciplinary teams in community settings.
- 4 Developing contemporary infrastructure, technology and research capability is as critical as investment in workforce and resourcing of existing services.

DEMONSTRATE THE BENEFITS OF SUSTAINED INVESTMENT IN NT MENTAL HEALTH SERVICES

- 1 There are substantial cost offsets for government, health system and other services in the short and long term by investing in these reforms.⁴³
- 2 Investment in supports early in life, early in onset of mental ill-health can demonstrate significant, life-long benefits for children, families, carers and kin.²⁵
- 3 Investment in these reform initiatives will lead to improved educational, employment, economic and social outcomes – aligning with NT Government priorities.⁴⁴

It is acknowledged that stepped approaches to funding is likely the most appropriate approach to meaningfully impacting commissioning decisions in the immediate and short-term. This will also enable NT Health and partner agencies to demonstrate the benefit of investment for further support.

To ensure that the priorities set out in this Roadmap are realised, **monitoring, reporting and evaluation** arrangements need to be a key focus

System performance monitoring and consistent, high-quality evaluations are key to ensuring that continuous progress is being made towards improving the experiences and outcomes of children, families, carers and kin. This will also improve the ability for the ICA mental health system to operate in an efficient, sustainable manner. Included below are key considerations for system performance monitoring and the approach to evaluations. These are important for building a system that is flexible, adaptative, and responsive to current need. To ensure monitoring and evaluations are effective and prioritised, it is critical to build in links to system-wide funding and investment decisions, as well as key system-wide priorities and strategies.

OUTCOMES-FOCUSED SYSTEM PERFORMANCE MONITORING

Equity of Access and Outcomes

- Measure service access and health outcomes across different regions
- Equitable service availability and utilisation

Tracking patient journeys and service integration

- Monitor patient pathways
- Track engagement of ICA with complex needs
- Monitor effectiveness of cross-agency care plans

Workforce sustainability and wellbeing

- Monitor staff wellbeing and retention trends
- Track staffing levels relative to population demand and measure workforce shortages

Governance and system coordination

- Establish whole-of-system performance indicators
- Increase joint-funded mental health initiatives between NT and Commonwealth partner agencies

Data integration and system alignment

- Ensure performance indicators are based on meaningful, high-quality data by aligning data systems

Community-Led Partnerships and Workforce Growth

- Increase the number and depth of formal partnerships with ACCHOs
- Monitor number of Aboriginal and Lived Experience workforce

CONSISTENT, REGULAR, AND HIGH-QUALITY EVALUATIONS



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