Adult Mental Health Centre

Overview Presentation – NT PHN

Pieter Walker _ Project Manager NT PHN

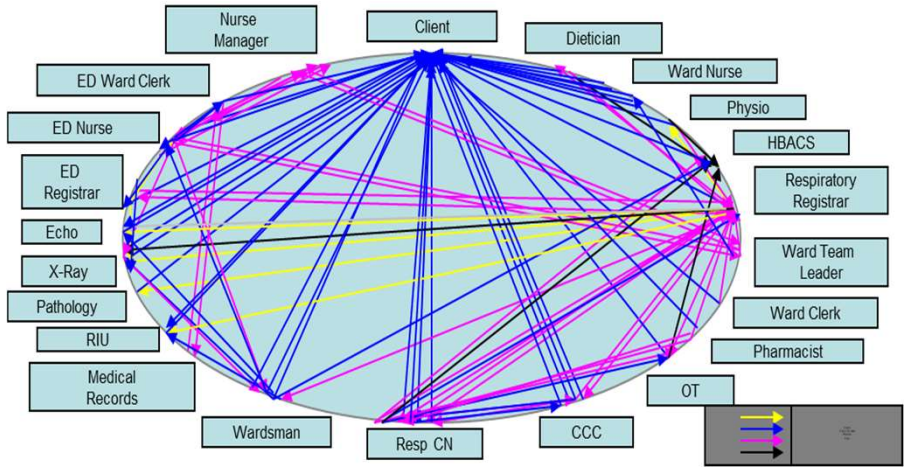
Acknowledgement of Country

We acknowledge the Traditional Owners of the country on which we work and live, and recognise their continuing connection to land, waters and community. We pay our respects to them and their cultures, and to Elders past, present and emerging.

The Reason I Consult in Healthcare – especially mental health

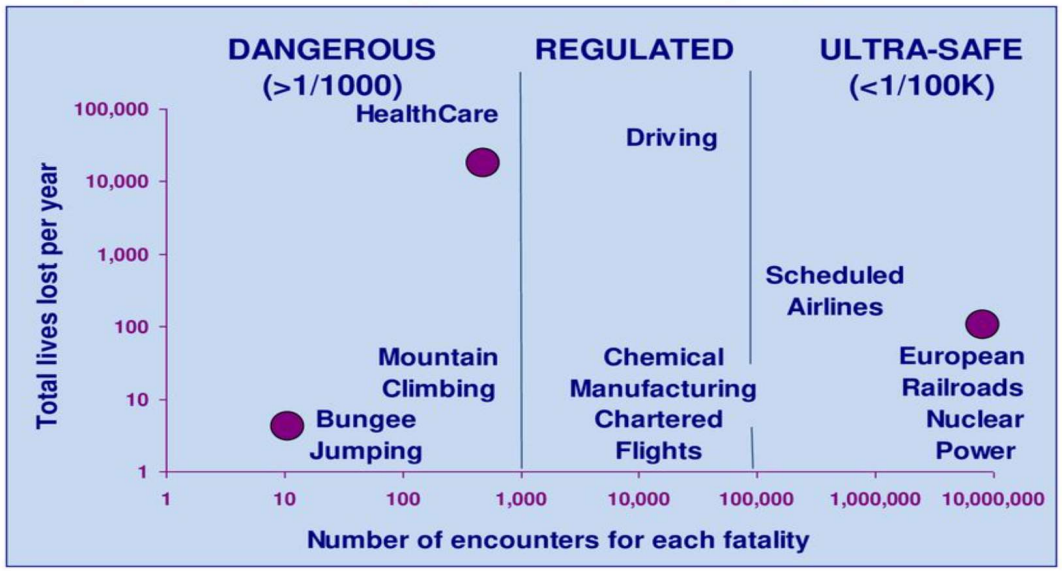
Numerous Coronial Inquests and Reviews of Mental Health Services – so many recommendations but change is slow

Complexity of an ED Admission



How Hazardous is Healthcare?

Dr Lucian Leap (Harvard Medical school)



Why – to improve the experience and outcomes for consumers & their families

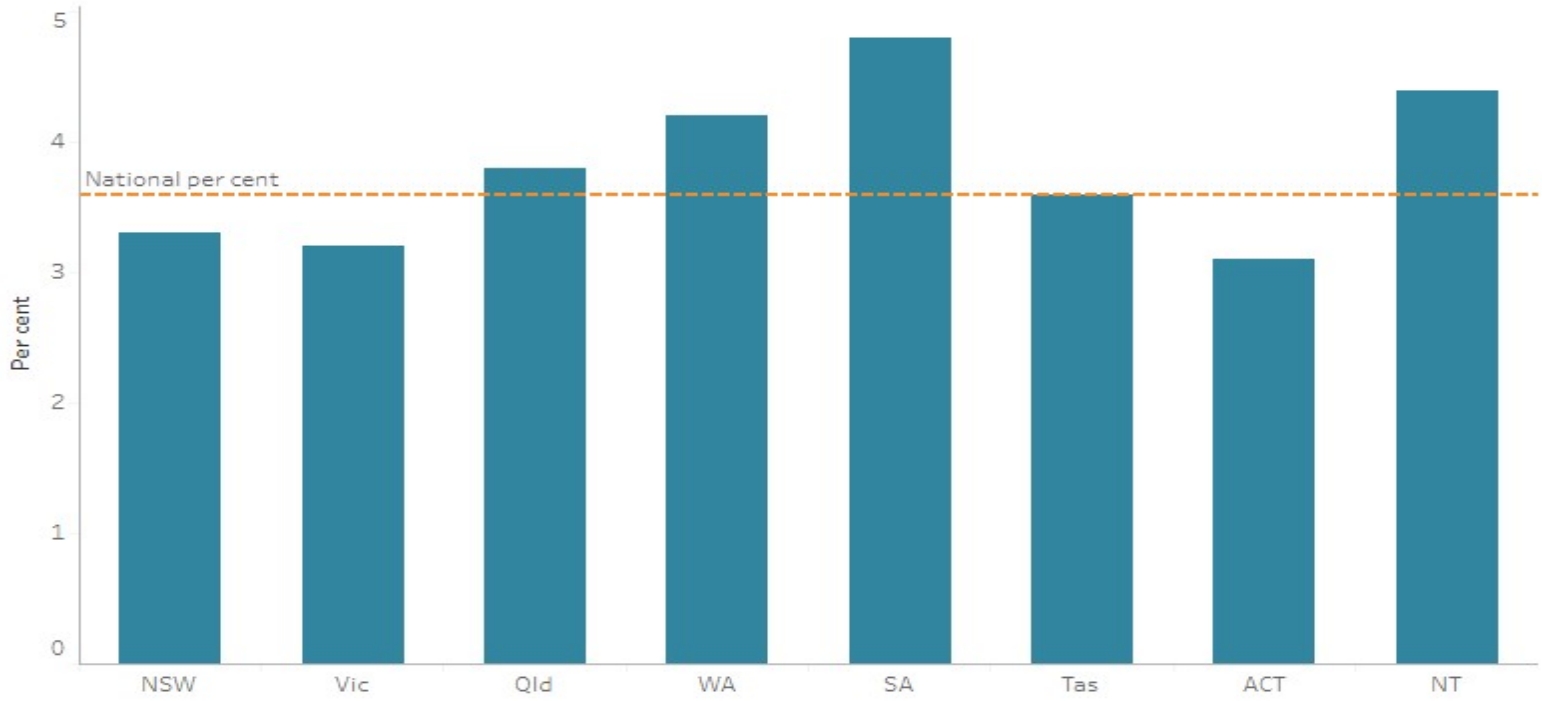
- Mental health illness in Australia is common and costly and trying to meet the demand for services can be challenging
- People who live with a mental illness often experience a range of adverse social, economic and health outcomes.
- For consumers (and their families), trying to access a range of services can be confusing, time consuming, poorly coordinated, repetative
- Some consumers with mental illness who are not eligible for hospital services fall through service delivery cracks and find it difficult to coordinate their care
- Gaining timely access to a range of health and social services is crucial for managing mental illness, however models of care are often fragmented or siloed and may be inadequate to address complex needs
- Often many services are not open when consumers in crisis most need them
- The physical environment of EDs and other health services for those in crisis can exacerbate distress

Why - The contribution of mental illness to the burden of disease in the NT is double the national average

- Mental illness and substance use disorders are responsible for 7.4 per cent of total disease burden in Australia
- Northern Territory mental health conditions contribute to 16.3 per cent of the burden of disease.
- Mental health disorders are often under reported, or under diagnosed in the NT.
- National suicide rate highest in 10 years & NT suicide rate is double national average and highest in men
- Low use of available services - Less than 30 per cent of people who died by suicide had seen a MH professional in the NT

Why – NT has one of the highest % of mental health Emergency Department presentations

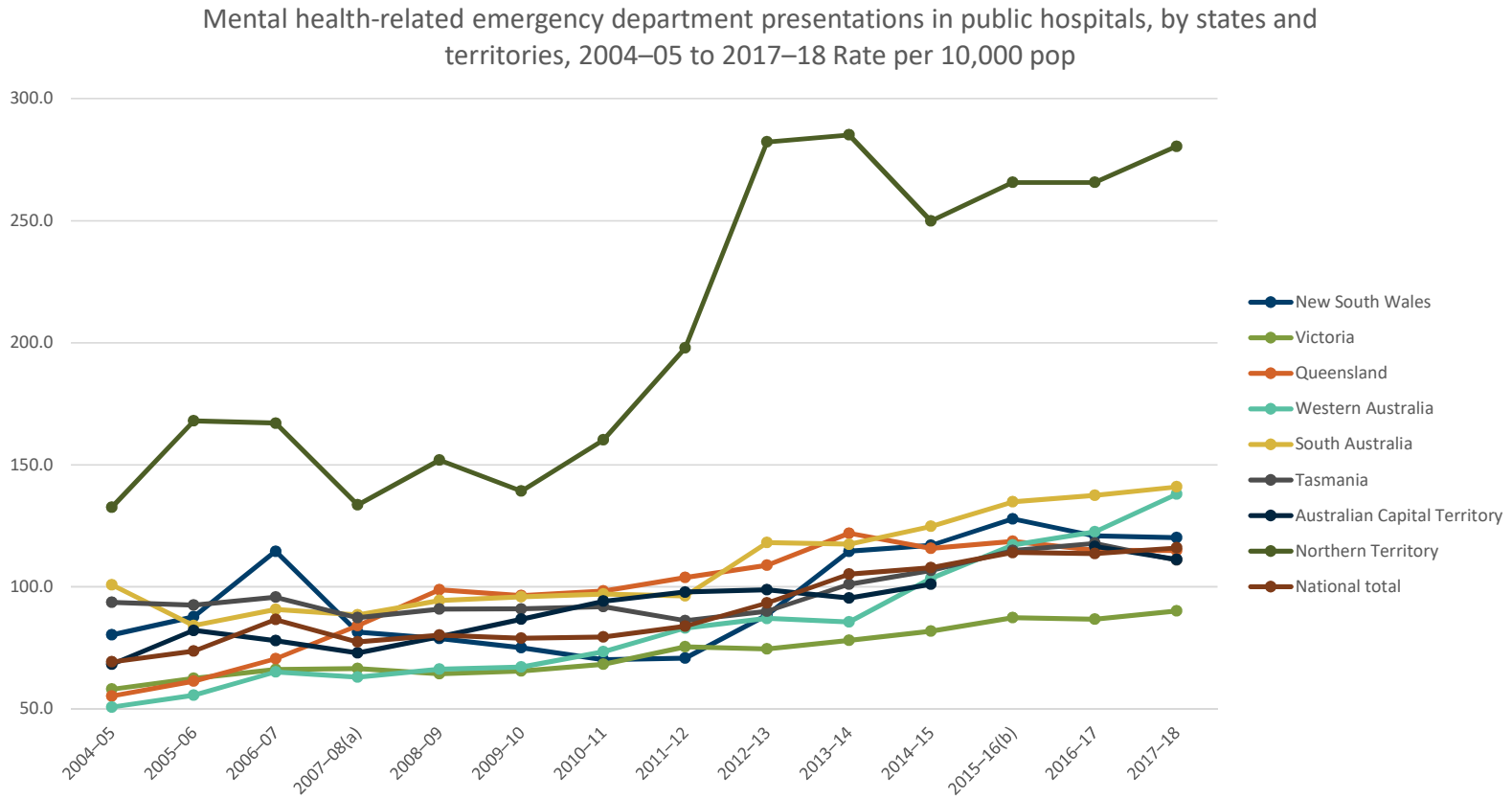
Figure ED.1: Per cent of mental health-related presentations of all emergency department presentations in public hospitals, by states and territories, 2017–18

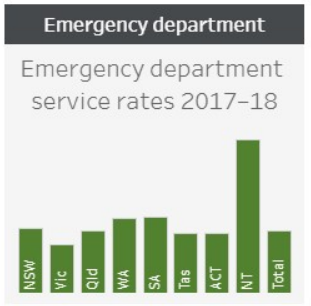


Source: National Non-admitted Patient Emergency Department Care Database; Table ED.1.

www.aihw.gov.au/mhsa

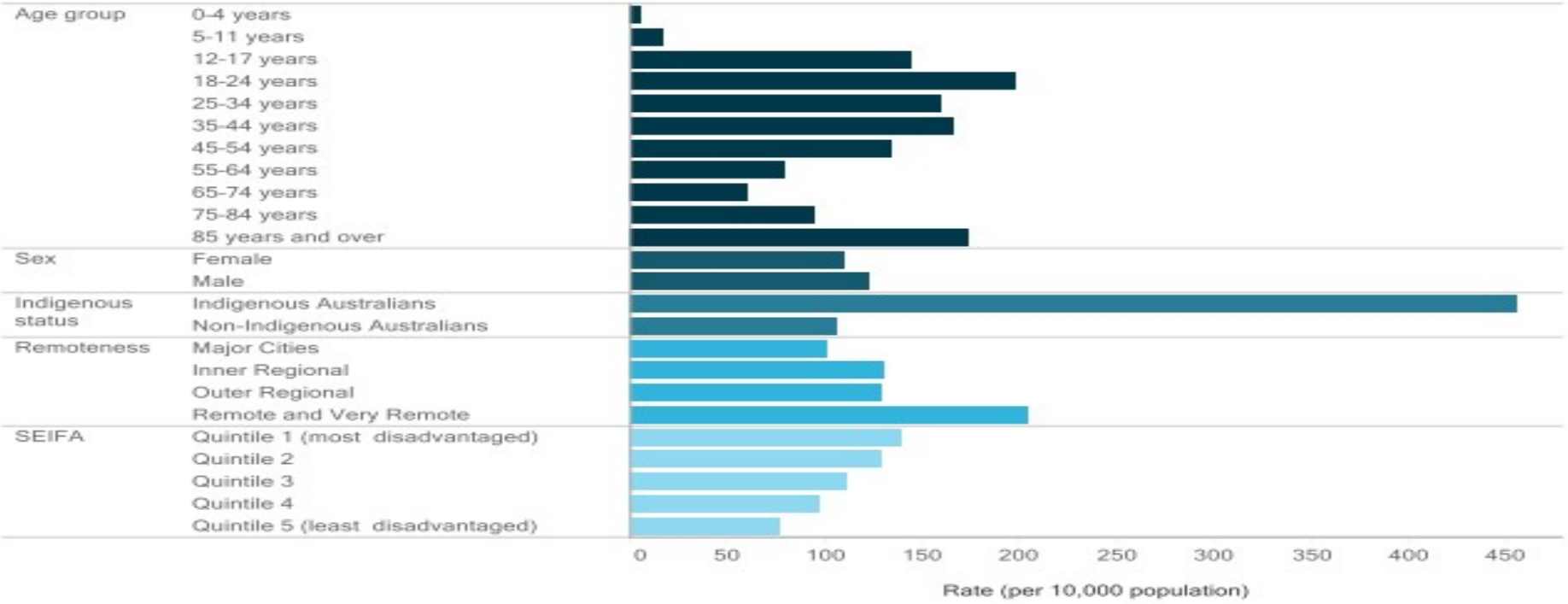
Why - Rate of mental health related ED presentations is around three times higher than the national average





Why - Rate of mental health related ED presentations is around four times higher in the indigenous population

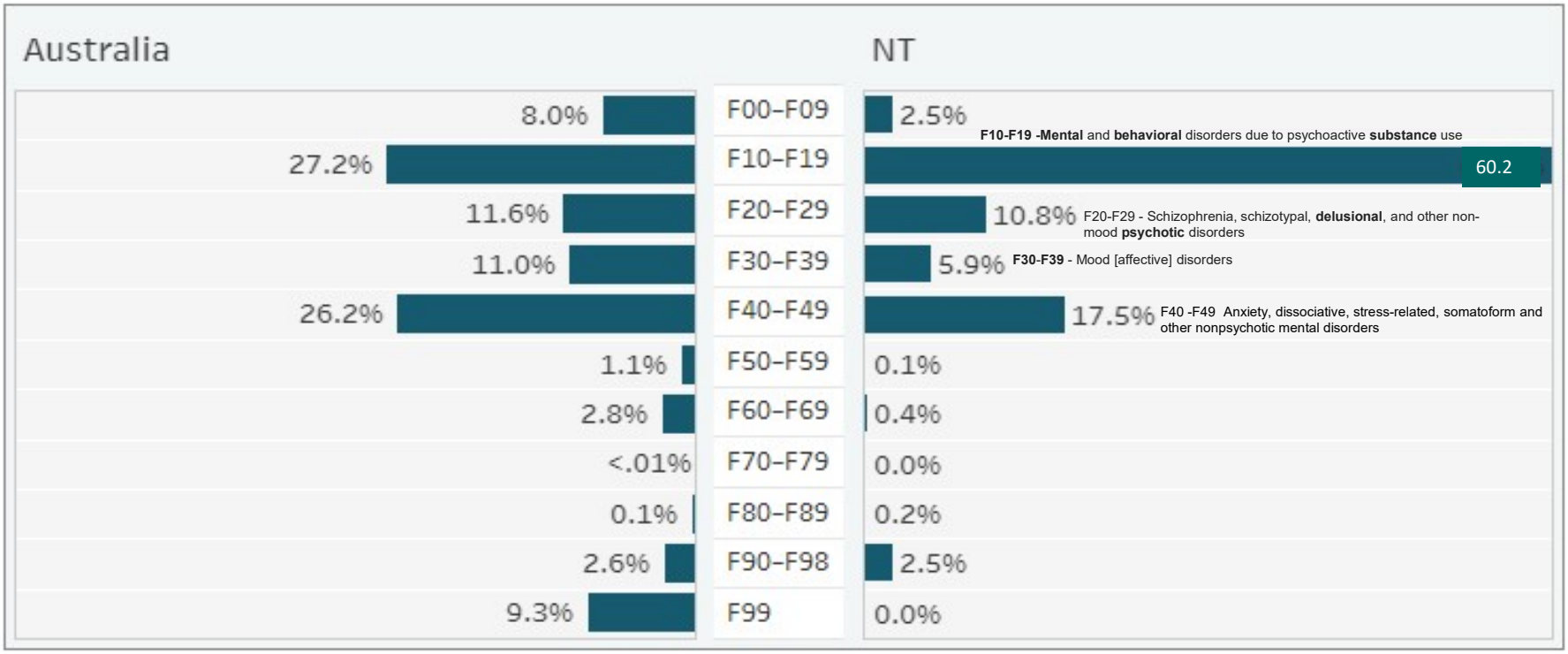
Figure ED.2: Mental health-related emergency department presentations, by patient demographic characteristics, 2017-18



Source: National Non-admitted Patient Emergency Department Care Database; Table ED.7.

www.aihw.gov.au/mhsa

Why – For ED presentations, the NT has a much higher rate of mental and behavioural disorders due to psychoactive substance abuse compared to other states



Source: National Non-admitted Patient Emergency Department Care Database; Table ED.10.

www.aihw.gov.au/mhsa

Why – We need to use data to assist in the design of the service

- Some of the demand for MH presentations at RDH ED are happening after-hours (demand high from 11am to 11pm)
- MH demand (ED presentations) exactly the same 7 days per week but discharges poor over the weekend)
- Key ICD-10 diagnoses

Admitted:

Diagnosis Code	Description
R4581	Suicidal ideation
F29	Unspecified nonorganic psychosis
F488	Other specified neurotic disorders
F2390	Acute and transient psychotic disorder, unspecified, without mention of associated acute stress
F195	Mental and behavioural disorders due to multiple drug use and use of psychoactive substances, psychotic disorder

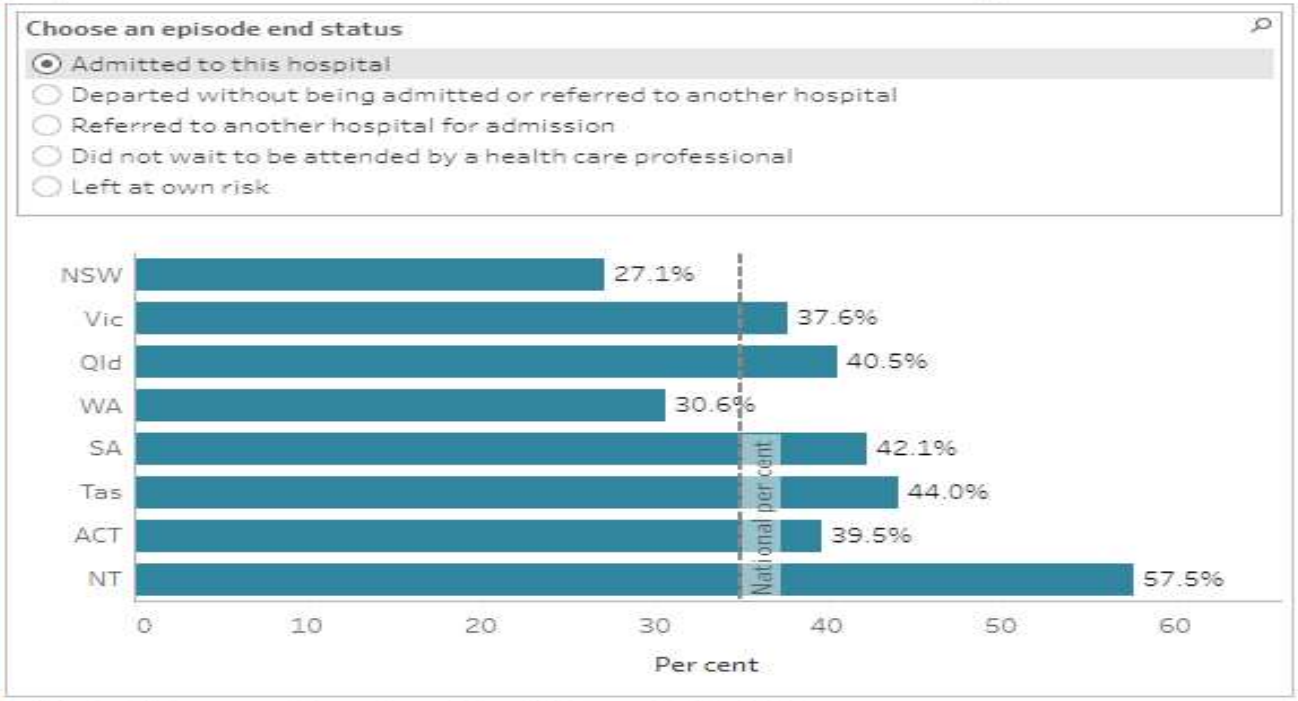
Non-Admitted:

Diagnosis Code	Description
R4581	Suicidal ideation
F419	Anxiety disorder, unspecified
F430	Acute stress reaction
R4589	Other symptoms and signs involving emotional state
F3290	Depressive episode, unspecified, not specified as arising in the postnatal period

Why - NT admit a much higher % of mental health presentations than other states and territories

Interactive ED.4: Mental health-related emergency department presentations, by episode end status and states and territories, 2017–18

99,089 (34.9%) of mental health-related presentations had an end status **'Admitted to this hospital'** in 2017–18



Source: National Non-admitted Patient Emergency Department Care Database; Table ED.11.

www.aihw.gov.au/mhsa

Funding for eight AMHCs across Australia

- Through the Fifth National Mental Health and Suicide Prevention Plan, Governments have committed to work with PHNs and LHNs to implement integrated planning and service delivery at a regional level, using planning tools based on an evidence-based, stepped care model.
- Australian Government announced $114.5m from 2020-2025 to fund a trial of 8 centres – Nationally branded
- Funds provided to PHNs except in SA*
- NT PHN leading the Darwin trial
- $14M over 4 years
  ($5M in the first year and 3M for subsequent years)

*Vic asked to stand up 10 centres as part of COVID19 response

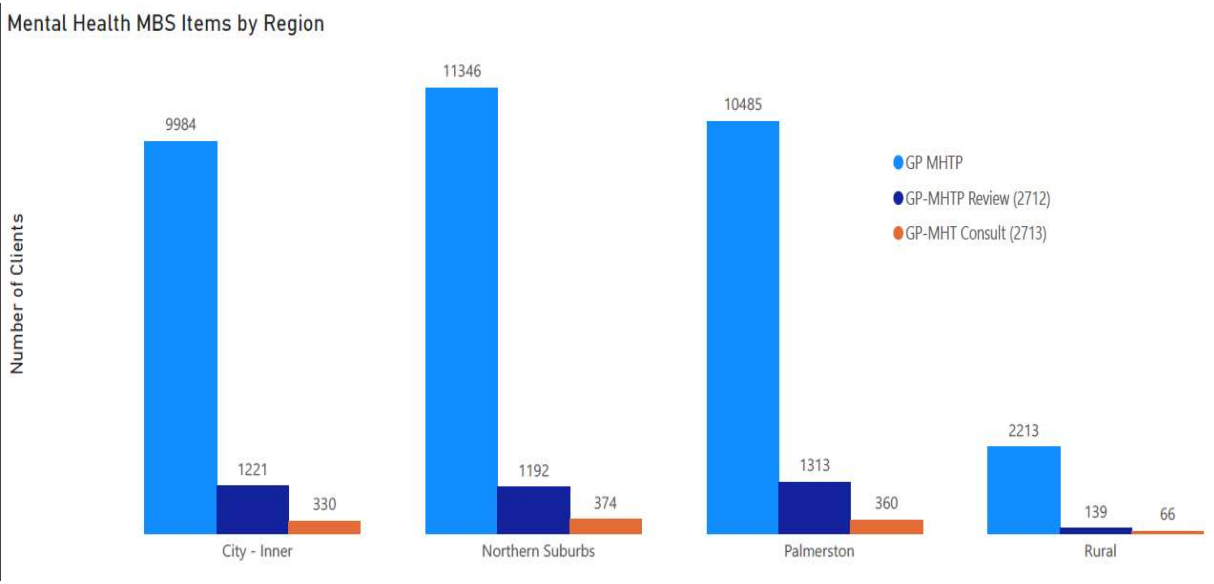
State / Territory	Location	Funding Allocations ($m)
ACT	Canberra	$10.5
NSW	Western Sydney	$14.0
NT	Darwin	$14.0
QLD	Townsville	$14.0
SA*	Adelaide Metro	$14.0
TAS	Launceston	$10.5
VIC*	Geelong	$14.0
WA	Perth Outer Metro	$14.0

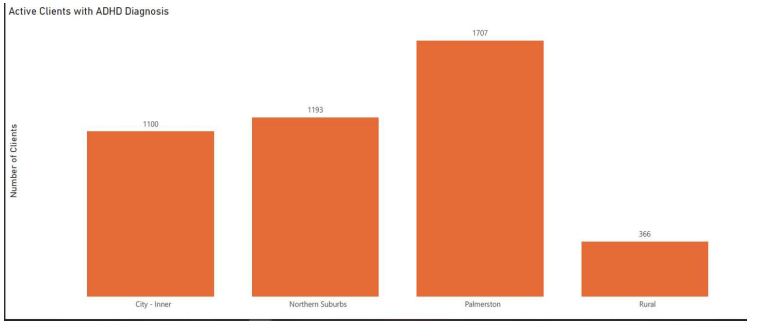
Purpose of AMHCs

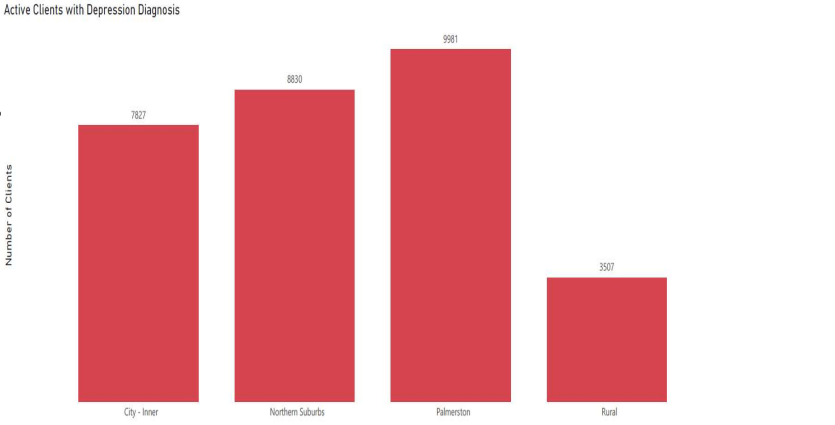
- Provide a welcoming, low stigma soft entry point
- Engagement and assessment for people who may be experiencing distress or crisis
- Include people with conditions too complex for many current primary care services but who are not eligible for or awaiting care from state or territory public community mental health.
- Trial approaches to offering immediate, short and medium term episodes of care and service navigation to connect people to ongoing services.
- Assist adults seeking help in times of crisis, or as needs emerge, to have access to on-the-spot care, advice and support provided by a variety of health professionals – without needing a prior appointment
- Complement, not replace or duplicate, mental health services already provided in the community
- Provide an accessible, responsive service that meets immediate needs and provides expertise in assessment of needs, linkage and support, and care.
- Provide integrated mental health and AOD services.

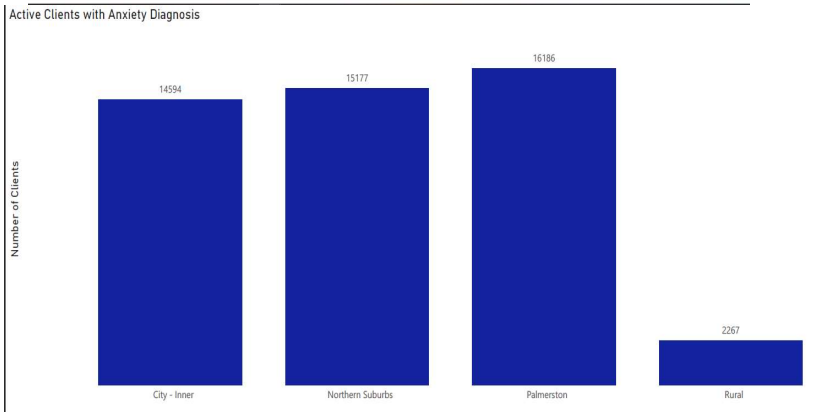
Location of the Centre

- Still to be decided
- Close to public transport
- Close to the hospital or other health service
- Close relationship with crisis team









Key Elements of the Model

- Highly visible and accessible entry point to services for people experiencing psychological distress, where all feel safe and welcomed
- Offer assessment to match people to the services they need
- Provides on the spot support, care and advice without needing referral, prior appointments or out of pocket cost. Every interaction should be with the intention of therapeutic benefit
- Offer an episode of care model based on short to medium term multidisciplinary care, aimed at improving psychological wellbeing for people with moderate to high levels of mental health need, whose needs are not being met through other services

Service Model to Address 4 Elements

1. Responding to people experiencing a crisis or in significant distress:

- Immediate support to reduce distress for people experiencing crisis or at risk of suicide presenting to the Centre in person or connecting with the Centre digitally, to help them feel safe before ongoing management within the Centre, or arranging warm transfers to other services where appropriate (see also flexibilities); and
- Support for communities and individuals experiencing significant distress associated with times of natural or other disasters.

2. Providing a central point to connect people to other services in the region:

- Information for individuals, families, friends and carers on locally available mental health, AOD and suicide prevention services, and related social support services;
- Support and advice for families, friends and carers to assist them in their role, and acknowledge their social and emotional support needs; and
- Service navigation, supporting clear and seamless pathways, including access to digital self-help services, and providing a point of contact and follow-up.

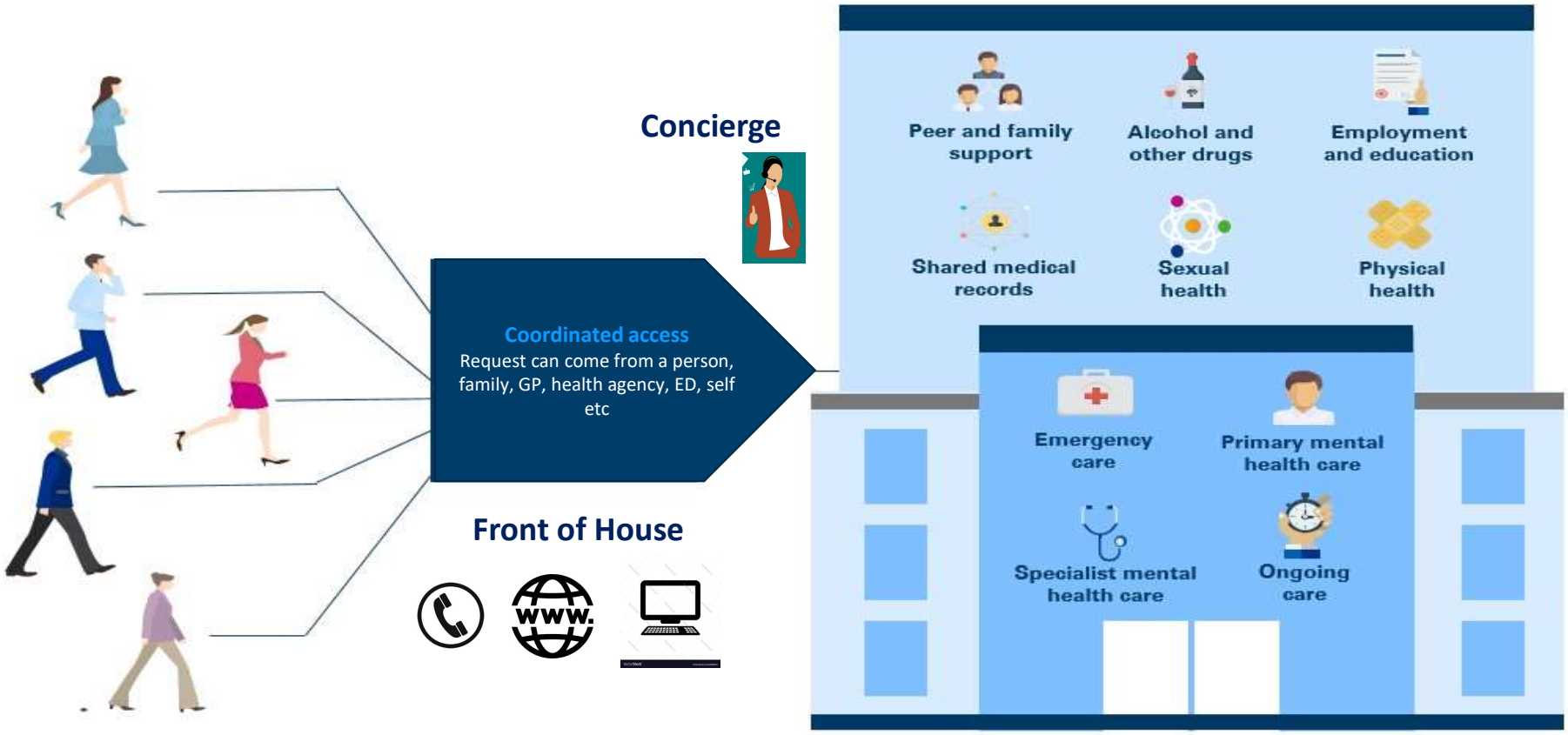
3. Provide in-house assessment, including information and support to access services:

- Biopsychosocial assessment and initial review to ensure people are matched to the services they need, including assessment of physical health needs, problems related to AOD use, and other social factors or adversity which might impact on their mental wellbeing.

4. Evidence-based and evidence-informed immediate, and short to medium episodes of care:

- Initial information provision, comfort and, if necessary, management of symptoms, including, where possible, those related to alcohol and drug use;
- Short to medium term support and care, based on an episode of care model, whilst individuals are recovering or are waiting to be connected to longer term or more appropriate services and support, including regular contact and follow-up with individuals at heightened risk of suicide and their families and carers; and
- Digital mental health services and information, including promoting access to on-line therapies (such as those offered through Head to Health) and clinician-supported digital interventions for mental health and problems related to AOD use.

Overview of the Hub Model



Source KPMG 2019 Report

Who is the AMHC for?

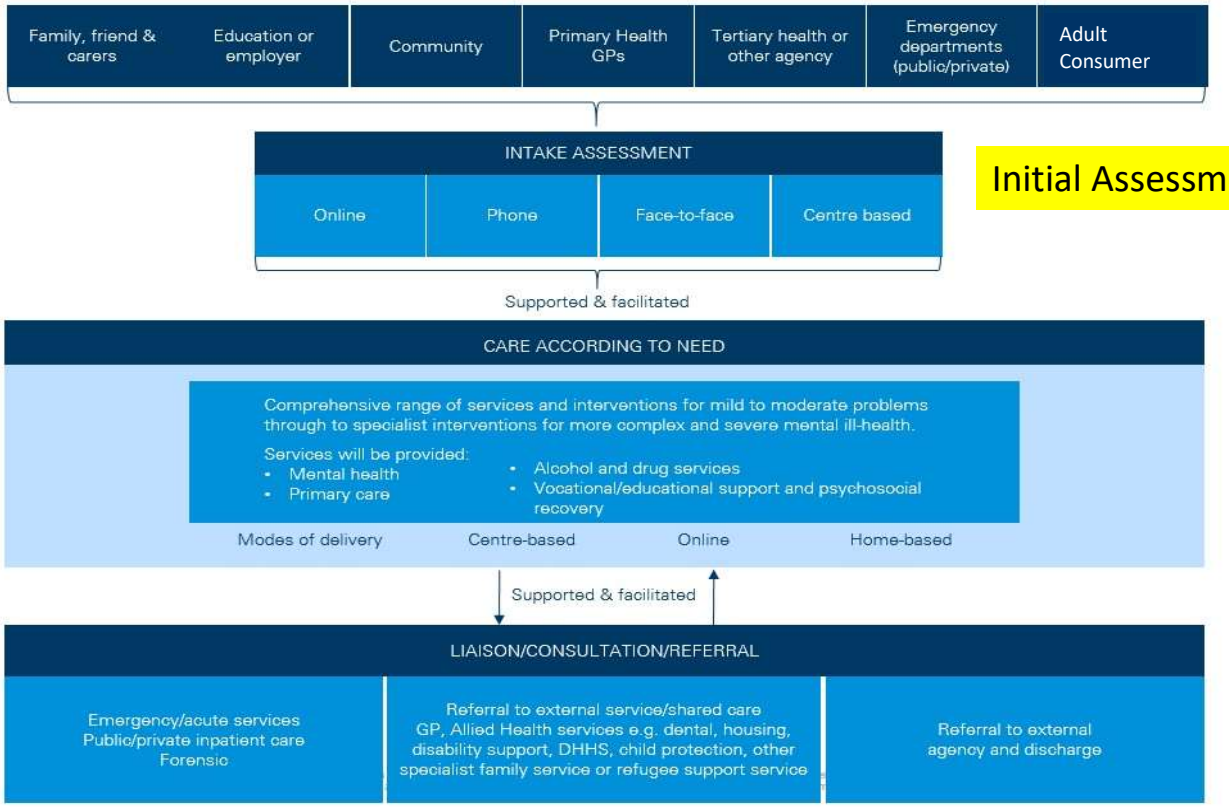
- Adults (and their families) seeking mental health services across the needs spectrum including those in distress
  - Worried family members
  - Large numbers of people with anxiety and depression
  - Smaller number of people with severe mental illness and other life complexities

- Focus on adults 25 years or above (will take those of 18 although Headspace centres exist for those 12-25 years of age)

- Recognise that services for youth and adults may overlap in the ages 18-25

Components of the Adult Hub Model of Care

Draft Ideas



Initial Assessment and Referral Project

Source KPMG 2019 Report

AMHC Principles

1. Offer a highly visible and accessible ‘no wrong door’ entry point for adults to access information and services which are designed to empower and support and improve their psychological and physical health and social and emotional wellbeing.

2. Provide information and services which can assist those providing support to people in need.

3. Provide a welcoming, compassionate and culturally appropriate and safe environment that is inclusive for all people accessing services or support.

4. Provide access to best practice on the spot advice, support and treatment for immediate needs, where appropriate, delivered by a multidisciplinary professional health care team including a suitably trained peer support workforce, without prior appointments or a fee.

5. Support people to connect to pathways of care through integration with existing community services, local Primary Health Network commissioned services, GPs and state and territory funded services, as required.

6. Provide an option for intervention and support that may reduce the need for emergency department attendance.

7. Explore opportunities for the development and utilisation of innovation to complement core functions.

8. Implement appropriate confidentiality and privacy arrangements in accordance with relevant legislation.

9. Operate under robust effective governance frameworks and conduct local evaluation activities, to ensure transparency and accountability and maximising service quality.

What does the model of care look like?

- Recovery Focused, Trauma Informed and Person Centred
- Close links with the hospital, GPS and other service providers
- Sharing of information amongst providers and reducing duplication – my health record
- A mix of one off and
- Possible service types include
    - Assessment and triage
    - Low intensity services including digit mental health
    - Peer support
    - Psychological services
    - Mental health nursing services
    - Psychiatric services
    - Drug and alcohol services
    - Physical health services
    - Mobile outreach and home-based care
    - In reach by wider services (sexual health, housing, employment)
    - Care Coordination

Look, feel and operation of the centre

- Calm, Warm, welcoming, user friendly environment that has been co-deigned in partnership with mental health consumers and those with lived experience
- Front of house concierge service to assist with navigation– face to face, information kiosks, telephone and digital (ipads, computers etc)
- Those requiring greater assistance will be assessed and triaged
- Centres will be open after hours and on weekends – this is usually where the greatest demand and need for mental health services is
- Peer support network
- Feel listened to
- No appointment required
- No fee for service
- Close to public transport
- Co-located with complementary services

Core services to be provided “in-house”

- Assessment and triage to ensure people are matched to the services they need, including assessment of physical health needs, alcohol and other drugs, and other social factors or adversity which might impact on their mental wellbeing
- Initial information provision, comfort and containment of symptom
- Immediate support to de-escalate distress for people experiencing crisis or at risk of suicide presenting to the Centre, and help to stabilise symptoms before warm transfers to other services where appropriate (see also flexibilities)
- Short term support and treatment whilst individuals are waiting to be connected to longer term or more appropriate services and support, including regular contact and follow-up with individuals at heightened risk of suicide and their families and carers
- Information for individuals, families, friends and carers on locally available mental health and related social support services
- Support and advice for families, friends and carers to assist them in their role and acknowledge their social and emotional support needs
- Service navigation, supporting clear and seamless pathways and providing a point of contact and follow-up
- Phone and digital information and mental health services, including promoting access to on-line therapies such as those offered through Head to Health

Additional core services- in-house or in-reach

- Medical assessment, including initiation or continuation of medication management where appropriate; and assistance with physical health needs;
- Structured psychological therapies such as family interventions and cognitive behaviour therapies, including services provided through Medicare Benefits Schedule (MBS) arrangements;
- Specialised suicide prevention follow-up services, such as the Way Back Support Service;
- Assistance identifying and managing comorbid substance misuse problems;
- Integrated vocational support services;
- Assistance managing stressors associated with high levels of distress, including financial problems, family support, accommodation instability and social isolation;
- Other services which are essential to the integrity of the model, depending on the particular geographic, cultural and service needs of the region (see flexibilities below).

What services are out of scope?

- Services for people in need of immediate containment or resuscitation
- Acute reception of police or ambulance referrals
- Pathology, radiology or pharmacy services
- Ongoing psychosocial support, or recreational services
- Direct financial support
- Residential or bed-based services

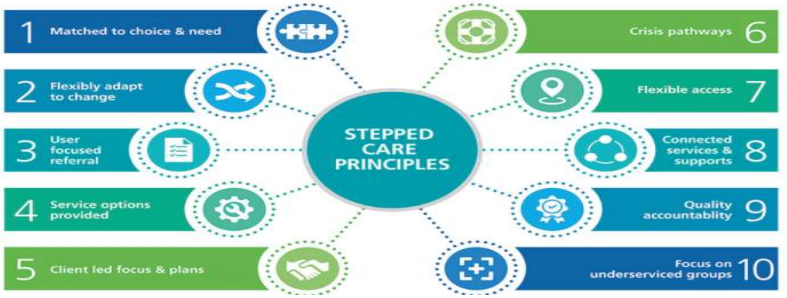
- Services targeting children and youth under 18 years old (which could be provided more appropriately by Headspace or other specialised child and youth mental health services)
- Disability support services
- Other services which are provided by other agencies in the area (see below)

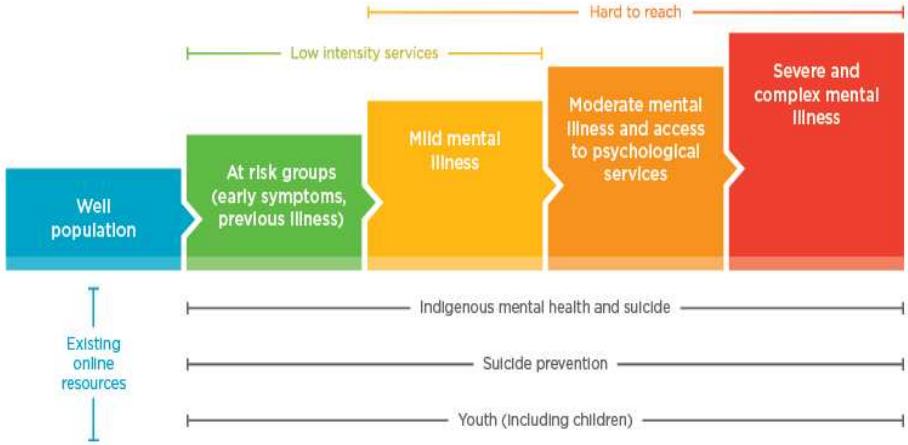
Other Considerations

- **Referrals** – smooth & seamless, capacity for warm transfer, support whilst awaiting transfer
- **Partnerships and Protocols** – close partnerships between providers with clear protocols for the interface between centres, the PHN and the LHN and its ED + use of My Health Record
- **Workforce** – multidisciplinary teams supported by sound clinical governance. Peer support network. Capacity, training & ongoing support
- **Use of technology** – for data management and CRM, Rx, information sharing platform
- **Evaluation** – internal, external, national

Services Aligned with the Stepped Care Approach

Source CESPHN





Source NQPHN

Models of Centre Based AMHCs - Crisis Diversion

Model	Target group
1. Crisis Diversion Services	
Safe Haven cafes **UK service model offering alternative to emergency departments during times of mental health crisis. Recent budget announcements for new Safe Haven cafes in Qld and NSW**	People with severe mental illness, and acute symptoms experiencing an emergency, suicidal crisis or within an acute care environment.
CrisisNow service **US based suicide prevention model**	People experiencing a mental health crisis including people experiencing high distress or suicidality.
Suicide Prevention and Recovery Centres (SPARC) **Sydney based trial of non-clinical model of recovery support**	People experiencing a suicide-related crisis

Embracing a Lived Experience Workforce in Mental Health

Fran Timmins, St Vincent's Melbourne

1 Staff member & 2 peer support workers

What has the Safe Haven helped you with the most?

"

A bit of respite *knowing I'm with professionals*

To see there's ***another option***

Being able to talk openly with peer support workers & not clinical staff (not having my experiences "pathologised").

To feel safe

Having ***someone to talk to and be around so I don't feel so lonely*** *and anxious*

Feeling welcome *and comfortable*

Not being alone & isolated & feeling worse

Being listened to and ***feeling valued***

"

PWC 2018 Evaluation

Saving $224,400

01 ***Reduction in ED presentations*** **–** The Safe Haven Café supports reduction in ED presentations (category D-G) at SVHM

02 ***Improved patient experience*** **–** The Safe Haven Café visitors have improved experience of care compared to alternative options (e.g. ED, hospital admission, being alone)

03 ***Improved social connections in the local community*** **–** The Safe Haven Café creates social connections within the local community for those who need it most

Models of Centre Based AMHCs– Moderate to Severe Mental Illness

Model	Target group
1. Centres targeting people with moderate to severe mental illness	
Trieste Model of centre-based care **Successful model which emerged from efforts to support deinstitutionalisation in Italy.**	People with severe mental illness requiring high intensity care and/or people at risk of suicide or in crisis.
Integrated mental health service hubs (PHNs) **PHNs in several locations are developing models targeting integrated, enhanced primary care for people with moderate to severe mental illness.** **Eg Brisbane North, SW Sydney, Eastern Melbourne.**	People with severe mental illness who rely on primary care for services
State specialist community mental health services (also known as public mental health services). **About 400 services nationwide.**	People with severe mental illness and high intensity needs, usually targeting those who have accessed acute mental health services or who otherwise require high intensity specialist services.

Alfred Hope Team (Hospital Outreach Post-suicidal Engagement)

- All individuals discharged following a suicide attempt or serious suicidal ideation, intent or planning
- Early engagement - within 24 hours of referral or in hospital
- 3 months' support
- Allocated to Psychosocial Support Worker and Clinician
- Parallel engagement with CATT when the potential risk is identified as remaining high

Services Provided

- 1-3 brief therapy sessions to increase capacity to self-manage distress
- Assertive outreach psychosocial support:
  - addressing gaps in resources and other causes of distress,
  - supporting clients to work toward a meaningful future through the provision of practical help
- Single Session Family Work
- Facilitate linkages
- Client-led contact and development of a Safety Plan
- Ongoing contact over 3-month period (via phone calls, texts, emails and postcards)
- Review by Consultant Psychiatrist (when required)
- Ability to provide review by a familiar clinician should a client deteriorate and their risk increase
- Seamless transfers of care to/from CATT or EPS, where required

In first 12-months (to June 2018):
140 consumers have been referred
- 109 completed an episode of care
- 20 consumers currently engaged
- Typical caseload of 20-30 consumers

Team Composition

- **Team Leader** (1.0 EFT)
- **Consultant Psychiatrist** (0.2 EFT)
- **Senior Clinical Psychologist** (1.0 EFT)
- **Grade 2 Social Worker** (1.0 EFT)
- **Family Therapist** (0.2 EFT)
- **Part-time Psychosocial Support Workers (PSSW's)**
  3 staff at 0.8 EFT (total 2.4 EFT)

(Total = 5.8 EFT)

- **Operationally managed by Kathryn Henderson (CLE Psychiatry)**

Clients' Experience of Hope Care, Mean = 9.21 Mode & Median = 10

What Hope does 'differently'

- 'Hybrid' model: both psychosocial and clinical support
- Fixed 12-week episode of care
- Support consumers not usually supported by tertiary MH service
- Person-centred support
- Option to 'postcard' (e.g. Milner, et al., 2015)
- Strengths-based therapeutic letters provided at conclusion
- Use of emails and texts to maintain contact

Models of Centre Based Adult Mental Health Services – Broad Spectrum

Model	Target group
1. Centres targeting care for a broad spectrum of mental illness needs	
LikeMind service centres **Integrated community hub offering co-location of services and clinical and non-=clinical support for people with mental illness.**	Adults with mental illness and their families and carers – including but not limited to severe mental illness.
headspace centres **Over 100 centres across Australia.**	Youth mental health service for 12 to 25 year olds. Focus on early intervention for mild to moderate mental illness.
Regional Wellbeing Hubs **Queensland Mental Health Commission**	Targets people in the community with or at risk of mental illness, and key community groups.

Floresco Toowoomba Project

Darling Downs
Hospital & Health Service

Implement a co-located, community-based, integrated service model for intake, assessment, clinical care & psychosocial support of mental health and well-being issues in the DDHHS

Target Population

The community-based Floresco Centre was established within the centre of Toowoomba to improve accessibility. It provides services for adults **with mental health issues** living within the DDHHS geographical catchment area.

The Problem

Timely access to a range of health & social services plays a crucial role in addressing mental health issues. Currently however, **it is hypothesised that** adults who experience mental health illness in the DDHHS region receive inadequate & fragmented care delivered by a range of services without partnership or continuity.

Patient Outcomes

Improved mental health outcomes in a variety of **clinical** domains

Improved ability to manage day-to-day life

Improved quality of life (0.13 QALYs)

High levels of satisfaction with experience of care

Provider & System Outcomes

There is evidence of declining ED presentation rates, lower hospitalisation rates & reductions in admitted length of stay for patients with mental health issues at Toowoomba Hospital **since the Floresco centre opened**. Cost of service is $323 per bed day saved. Floresco also improved provider job satisfaction and perceived ability to care for patients.

1,347
Patients used co-located services

579
Patients at group sessions

Key Service Elements

Co-location of a range of clinical & non-clinical services

Flexible, community-based psychosocial services

Centralised referral, intake, triage & assessment pathway

Single common consumer record

6.7%
Shorter length of stay

93%
of patients highly satisfied with experience of care

$1,953
per QALY gained

"My experience with Floresco has been both life-saving and life-altering"

Success Factors

Capable & connected project lead

Strong networks & partnerships

Continuous community & health provider engagement

Strength & design of innovation

Support for change in DDHHS

The project delivered a more accessible, holistic model of care for people with mental health issues in the DDHHS.

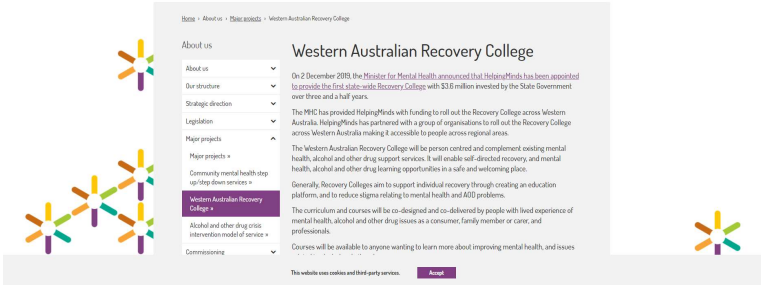
RECOMMENDATION
Sustain & spread

Given the improvements in health service & clinical outcomes demonstrated to date & strong implementation success, AusHSI recommends continued funding of the Floresco service model. The centre is clearly meeting a need within the DDHHS & is receiving positive support from all stakeholders. AusHSI believes this project is sustainable if the partnerships established so far are nurtured & the threats to implementation are attenuated. There is also good evidence for the transferability of the Floresco model to other Queensland HHS's.

Clinical Excellence Queensland | Queensland Government

AusHSI *Bringing health innovation to life*

Recovery Colleges (peer-led) – NSW, ACT, WA & QLD



From Day centre	To Recovery College
Patient or client: "I am just a mental patient"	Student: "I am just the same as everyone else"
Therapist	Tutor
Referral	Registration
Professional assessment, care planning, clinical notes and review process	Co-production of a personal learning plan, including learning support agreed by the student
Professionally facilitated groups	Education seminars, workshops and courses
Prescription: "This is the treatment you need"	Choice: "Which of these courses interest you?"
Referral to social groups	Making friends with fellow students
Discharge	Graduation
Segregation	Integration

AMHC proposed Governance structure

Technical Advisory Group (TAG)

Clinical expertise

Commonwealth Steering Committee

PHN CEO's

PHN (COP) Community of practice

PHN PM's

Project Steering Committee
Larakia Nation
NTPHN
NTG
Lived Experience

Board

CEO

PSC Program oversite key decision making and governance body for the service implementation accountability to CEO and PHN Board
Risk Management/Clinical Governance

NTPHN Project Advisory Committee

(provide advise on key elements of program implementation)

Potential Membership
NTPHN
Business head
Community Heart – Lived experience, Elder
Evaluation/Data
AOD Peak
Technology solutions
First responders
AMSANT
TEHS – Mental Health

Project Plan

Fishbowl

Meeting Market Place

Design Lab

PHASE 1 - Start up and Codesing	
1	Develop Project Plan
1.1	Complete shceulde, plan and risk register, governance
1.1 M	Complete Project Plan
2	Review Evidence Base - models (published papers + existting programs)
2.1M	Report outlining SOWT of eveidenc base
3	Governance
3.1	Establish PCG for AMHC & TOR
3.2	Establish NTPHN Project advisory committee & TOR
3.3	PCG meets monthly for the first 6 months with
3.4	PAC meets monthly for the first 6 months
4	Initial Stakholder Engagement
4.1	Providers
4.2	Consumer Groups
4.3	NTG
4.4	TEMHS
4.5	Emergency Services
4.6	Indigenous Groups
4.7	Run Town Hall information Meetings - Now EOI info session
4.8	Intake and Assessment & Model of Care Group
5	Develop Comms Strategy
5.1	Comms Strategy with Comms team
5.1	Develop Presentations on the AMHC
5.3	Monthly news letter
5.4	Press releases
5.5	Key stakeholders
5.6	Internal stakeholders
6	Site Location & Review of Capital Investment
6.1	Look at demand data
6.2	Discuss with stakeholders
6.3	Finalise decision
7	Finalise Commonwealth Funding Agreement
7.1	Liase with commonwealth
7.2	Prepare information and brief for CEO and Board
7.3	Finalise and sign off of funding
8	Model consultation - Codesing
8.1	Codesing Model of Care - Customer Expereince Workshop Fishbowl
8.2	Codesing Model of Care with TEMHS
8.3	Agree Referral Pathways
8.4	Codesing Models of Care with all Providers
8.5	Codesing Meeting Market Place to present Models of Care
9	Workforce Model incl staffing capacity and plan and peer support
10	Social Media and Website Platform
11	Evaluation Framework
11.1	Evaluation National
11.2	Evaluation PHN Process
11.3	IT - infrastructe, software, data collection

Procurement Plan

Stage 1 EOI to identify interested parties	
Open date for EOI Tender	29/10/2020
Date of EOI Tender Briefing	12/11/2020
Close date for EOI Tender	22/11/2020
EOI Tender Evaluation	1/12/2020
Stage 2 Formal Procurement, for those shortlisted in Stage 1	
RFT Tender opening date	First Week of March
RFT Tender Briefing	16/03/2021
RFT Tender closing date	2/05/2021
RFT Tender Evaluation	11/05/2021
Recommendation Report Approved	19/5/2021
Contract Negotiation finalised	28/05/2021
Contract Development completed	11/06/2021

DARWIN

23 Albatross St

Winnellie NT 0820

GPO Box 2652 Darwin NT

ALICE SPRINGS

National Remote Health Precinct

5 Skinner St, Alice Springs NT 0870

PO Box 1195 Alice Springs NT 0871

KATHERINE

11/25 First Street, Pandanus Plaza

Katherine NT 0850

PO Box 175 Katherine NT 0850

NHULUNBUY

Flinders, Nhulunbuy Clinical Education

Training Facility, Gove District Hospital

Matthew Flinders Way, Nhulunbuy NT

PO Box 1471 Nhulunbuy NT 0880

t 08 8982 1000

e ntphn@ntphn.org.au

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