Australian Government
Department of Health

phn
An Australian Government Initiative

Updated Activity Work Plan 2016-2018: Primary Mental Health Care Funding

The Mental Health Activity Work Plan template has two parts:

1) The updated Annual Mental Health Activity Work Plan for 2016-2018, which will provide:
   a) A strategic vision which outlines the approach to addressing the mental health and suicide prevention priorities of each PHN;
   b) A description of planned activities funded under the Primary Mental Health Care Schedule which incorporates:
      i) Primary Mental Health Care funding (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
      ii) *Indigenous Australians' Health Programme* funding (quarantined to support Objective 6 – see pages 2-3) (PHN: Indigenous Mental Health Flexible Activity).

2) The updated Budget for 2016-2018 for (attach an excel spreadsheet using template provided):
   a) Primary Mental Health Care (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
   b) *Indigenous Australians' Health Programme* (quarantined to support Objective 6) (PHN: Indigenous Mental Health Flexible Activity).

COUNTRY WA PHN

When submitting this Mental Health Activity Work Plan (referred to as the Regional Operational Mental Health and Suicide Prevention Plan in the 2015-16 Schedule for Operational Mental Health and Suicide Prevention, and Drug and Alcohol Activities) to the Department of Health, the Primary Health Network (PHN) must ensure that all internal clearances have been obtained and it has been endorsed by the CEO.

Additional planning and reporting requirements including documentation, data collection and evaluation activities for those PHNs selected as lead sites will be managed separately.

The Mental Health Activity Work Plan must be lodged to <name of Grant Officer> via email <email address> on or before 17 February 2017.

Overview

This Activity Work Plan is an update to the 2016-17 Activity Work Plan submitted to the Department in May 2016. However, activities can be proposed in the Plan beyond this period.

Mental Health Activity Work Plan 2016-2018

The template for the Plan requires PHNs to outline activities against each and every one of the six priorities for mental health and suicide prevention. The Plan should also lay the foundation for regional planning and implementation of a broader stepped care model in the PHN region. This Plan recognises that 2016-17 is a transition year and full flexibility in programme design and delivery will not occur until 2018-19.

The Plan should:

a) Provide an update on the planned mental health services to be commissioned from 1 July 2016, consistent with the grant funding guidelines.

b) Outline the approach to be undertaken by the PHN in leading the development with regional stakeholders including LHNs of a longer term, more substantial *Regional Mental Health and Suicide Prevention plan* (which is aligned with the Australian Government Response to the Review of Mental Health Programmes and Services (available on the Department's website). This will include an outline of the approach to be undertaken by the PHN to seek agreement to the longer term *regional mental health and suicide prevention plan* from the relevant organisational signatories in the region, including LHNs.

c) Outline the approach to be taken to integrating and linking programmes transitioning to PHNs (such as headspace, and the Mental Health Nurse Incentive Programme services) into broader primary care activities, and to supporting links between mental health and drug and alcohol service delivery.

d) Have a particular focus on the approach to new or significantly reformed areas of activity – particularly Aboriginal and Torres Strait Islander mental health, suicide prevention activity, and early activity in relation to supporting young people presenting with severe mental illness.

In addition, PHNs will be expected to provide advice in their Mental Health Activity Work Plan on how they are going to approach the following specific areas of activity in 2016-18 to support these areas of activity:

- Develop and implement clinical governance and quality assurance arrangements to guide the primary mental health care activity undertaken by the PHN, in a way which is consistent with section 1.3 of the *Primary Health Networks Grant Programme Guidelines* available on the PHN website at *http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program Guidelines,* and which is consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce.
- Ensure appropriate data collection and reporting systems are in place for all commissioned services to inform service planning and facilitate ongoing performance monitoring and evaluation at the regional and national level, utilising existing infrastructure where possible and appropriate.
- Develop and implement systems to support sharing of consumer clinical information between service providers and consumers, with appropriate consent and building on the foundation provided by myHealth Record.
- Establish and maintain appropriate consumer feedback procedures, including complaint handling procedures, in relation to services commissioned under the activity.

Value for money in relation to the cost and outcomes of commissioned services needs to be considered within this planning process.

1. (a) Strategic Vision

The WA Primary Health Alliance (WAPHA) exists to facilitate a better health system for all Western Australians. The Strategic Vision for Integrated Primary Mental Health Services will be an essential component of, and substantial contributor to, WAPHA's overarching Strategic Vision for achieving improved outcomes for patients and delivering better value to our community.

The primary health care system in WA is fragmented and lacks strong, integrated general practitioner (GP) led care at its core. Through collaboration with the three WA PHNs, WAPHA is committed to addressing the many access barriers that exist for people trying to navigate the current system – particularly those at risk of poor health outcomes.

Our commissioning effort and resources are focussed on a small number of high impact activities that can demonstrate our success in facilitating changes to the health system. These changes will lead to improved health outcomes, deliver better value to the community and meet one or more of the following five priority areas, identified through the Needs Assessments:

- Keeping people well in the community;
- People with multiple morbidities especially chronic co-occurring physical conditions, mental health conditions and drug and alcohol treatment needs;
- Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage;
- System navigation and integration to help people get the right services at the right time and in the right place; and
- Capable workforce tailored to these priorities.

The Country WA PHN Needs Assessment highlights the current barriers and constraints experienced by those with mental health issues and those who support them. The PHN is committed to ensuring that the health and well-being of our most vulnerable people and communities is improved in a coordinated and patient-centred manner.

In the area of Integrated Primary Mental Health Care,we will do this by taking an integrated systems approach for primary mental health care that is underpinned by:

- Ongoing health and service needs assessment and planning;
- Evidence-based approaches;
- Using the WA Integrated Atlas of Mental Health and other planning tools to identify gaps and opportunities for improved service delivery;
- Leading the development of a stepped care model that provides communities and consumers with the necessary mix of service options, is supportive of consumer choice and informed-decision making, and makes the most of existing local infrastructure and workforces;
- Improved person-centred approaches, service navigation and integration;
- Identification and exploration of opportunities to complement the existing system of drug and alcohol treatment services to improve efficiency and effectiveness;
- Consideration of social determinants;
- An ongoing commitment to hard to reach groups, and to those people who experience disadvantage when accessing (or attempting to access) services;
- Developing an enhanced role for primary care and building GP capacity, though our Comprehensive Primary Care approach, to work with a range of conditions including mental health and alcohol and drugs;

- Structured co-design with consumers and key stakeholders, and commissioning activities to promote innovation from within general practices, and across all relevant sectors;
- Developing the PHN Alcohol and Other Drug Treatment Plan in collaboration with communities, consumers, the WA Mental Health Commission, and key stakeholders with commitment to the pooling of resources and effort to address shared priorities;
- Ensuring commissioned services adhere to the highest standards of clinical governance;
- A collaborative and culturally appropriate indigenous specific response that is integrated throughout the PHN Drug and Alcohol Treatment Activity Plan to better support Aboriginal people; and
- Measuring success by place-based, not program-based, outcomes.

The PHN will take a stepped care approach that identifies defines the points in a patient's journey through the health system where they are most at risk of falling through the gaps between different levels of care as they transition between services of different intensity as their needs change. The PHN will support the development of workforce capacity to enable a stepped care approach.

Essential to the PHN approach are sustainable relationships with key stakeholders including:

- WA Government services;
- WA Association of Mental Health;
- Specialist drug and alcohol and mental health providers across WA;
- Aboriginal health organisations, including Aboriginal Community Controlled Health Organisations;
- The WA Council of Social Services;
- Local Government;
- Consumer, carer and family groups; and
- Clinicians - integral to the PHN approach to developing optimal referral pathways.

1. (b) Planned activities funded under the Primary Mental Health Care Schedule – Template 1

Note 1: For Priority Area 1, 2, and 5-8 use Template 1 below.

Note 2: For Priority Areas 3 and 4, please use Template 2 on page 9.

Proposed Activities	
Priority Area	**Priority Area 1: Low intensity mental health services**
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	**MH 1: Low intensity stepped care approach** The following two elements of the Country WA PHN Stepped Care Model (See Priority 7 for full description) will deliver low intensity mental health services: • **Virtual Clinic – Practitioner Online Referral Treatment Service (PORTS)** • **Integrated Regional Community Support Services** **(see MH7 Stepped Care for Budget of all components – including MH 1 and MH 3)**
Existing, Modified, or New Activity	Modified activity (2016-17 Activity Work Plan)
Description of Activity	**Country WA PHN Population Needs (Section 2 Needs Assessment)** • In 2011-2013, 10.7% of the PHN WA Country aged 18 years and over were estimated to be living with high or very high levels of psychological distress. **Country WA PHN Service Needs Issues: (Section 3 Needs Assessment)** • The PHN's Needs Assessment identified significant gaps in early intervention strategies for people with or at risk of mental health problems including short comings in the current service mix and a lack of comprehensive planning for low intensity early interventions to support a stepped care approach. • There is a need to improve person centred approaches, service navigation and integration. **Country WA PHN Service Response: (Strategies identified under Section 4 Needs Assessment)** • The service response aims to achieve the following within a Stepped Care Approach: ○ Increased self-management capacity;

	○ Coordinated person-centred care; ○ Sustained engagement with GPs and other primary health care providers; and ○ Building workforce, capacity. The Response includes the following activities: **Virtual Clinic/PORTS**: • Provides a state-wide telephone service that involves an expert-led intake assessment (Monday-Friday 8:30am-5pm AWST, excluding WA public holidays) and high volume low intensity evidence-based structured psychological therapy (SPT) courses for individuals 16 years and older with common mental disorders (mild to moderate anxiety and depression) across WA including rural and remote areas. • Accepts intake referrals from Integrated Regional Community Support Services and provides regular structured feedback on clinical progress using standardised assessments including PROMs. ○ Directs referrals to and accepts referrals from local face-to-face services as indicated. ○ Provides therapeutic support for problematic alcohol and other drug use. ○ Delivers components of care across a range of low-bandwidth e-health modalities (apps, e-mail, moderated internet groups etc.) with demonstrated effectiveness. ○ Escalates cases to local and national urgent and emergency care services in response to rising risk and expert clinical judgement based on agreed protocols. ○ Has the capability to incorporate new therapeutic courses/pathways as they are developed (for example, problematic eating, problematic sleep etc.) ○ Has a commitment to evidence based service development. ○ Provides therapy that aligns with the WAPHA framework for Integrated Primary Mental Health Care. **Integrated Regional Community Support Services** • Community supports are locally based and provide support to people who self-refer or are referred by GPs. • Services range from short term low intensity groups, one off interventions and referral sessions to high intensity psychological therapies for on-going mental health conditions.

	• Community support services are both informal and formal community structures, people and institutions. • The primary function is to assist with wrap around support, support movement along the care continuum and facilitate ongoing and sustained engagement and support.
Target population cohort	The service will provide equitable services to financially disadvantaged and vulnerable people including those in remote locations.
Consultation	Each Region within Country WA PHN has developed a Mental Health and Suicide Plan with key stakeholders including but not limited to WA Health; the WA Mental Health Commission (WAMHC); General Practices; WA Country Health Service (WACHS); Rural Health West WA; Association for Mental Health (WAAMH); WA Mental Health Network; WA Network of Alcohol and other Drug Agencies (WANADA); Aboriginal[1] Medical Services and Regional Aboriginal Health Planning Forums; Aboriginal Health Council of WA (AHCWA); mental health consumers and carer groups including Consumers of Mental Health WA (CoMHWA), Health Consumers Council WA; Helping Minds (Mental health carers organisation); and Carers WA.
Collaboration	WACHS, WA Mental Health Commission
Duration	**Activity Start and Completion: 1 April 2017 – 30 June 2018** **Milestones:** • Oct 2016: RCCC endorsement and Council endorsement • Jan 2017: EOI publication • Feb 2017: Selection of Provider • April 2017: Service Commencement • July 2017: Three-month report. • Sept 2017: Country WA PHN Contract Visit • Jan 2018: Six Month Progress Report • July 2018: Annual Report 2017/2018

[1] Within Western Australia, in line with the WA Department of Health policy, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and South West.
Commissioning method (if relevant)	In each of the seven Regions a mental health working group has advised the Regional Clinical Commissioning Committee (RCCC) about appropriate models, approaches and geographical coverage. All RCCC recommendations were submitted for endorsement to the Country WA PHN Council which reports to the WAPHA Board. The PHN is also informed by the Mental Health Expert Advisory Group (MHEAG) established by WAPHA to guide the development of needs-based models of care. The commissioning process involves service procurement. Industry briefings were held prior to the issue of Expressions of Interests for Integrated Regional Community Support Services.
Approach to market	**Virtual Clinic (PORTS):** • A direct engagement approach has been made to a consortium that met the essential criteria of the service model outlined above. **Integrated Regional Mental Health Community Support** • Regionally specific Expressions of Interest.
Performance Indicator	**Priority Area 1 - Mandatory performance indicators:** • Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services. • Average cost per PHN-commissioned mental health service – Low intensity services. • Clinical outcomes for people receiving PHN-commissioned low intensity mental health services. Note: it is anticipated approximately 60% of the stepped care services will be offered via low intensity interventions. A true identification of the client numbers and the associated costs will be known as the service develops.
Local Performance Indicator target (where possible)	Extent of collaboration between the components of the model: • The baseline for this indicator is the number of PORTS and community support services.

	• This would be recorded through the MDS minimum data set.
Local Performance Indicator Data source	Data source MHMDS
Planned Expenditure **2016-17** (GST Exc) – Commonwealth funding	$2,586,348
Planned Expenditure **2016-17** (GST Exc) – Funding from other sources	
Planned Expenditure **2017-18** (GST Exc) – Commonwealth funding **(See MH 7 Stepped Care)**	
Planned Expenditure **2017-18** (GST Exc) – Funding from other sources	
Funding from other sources	
Proposed Activities	
Priority Area	**Priority Area 2: Youth mental health services**
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	**Youth mental health services includes:** • **Headspace** • **First episode psychosis services for young people** • **Low intensity/brief interventions for children and young people (within Regional Integrated Stepped Care) (See MH7 Stepped Care Budget)** • **Youth Focus Telehealth (Described in NP3 funded from Flexible Funding)**
Existing, Modified, or New Activity	Modified activity (2016-17 Activity Work Plan)
Description of Activity	**Country WA PHN Population/Service Needs: (Section 2/3 Needs Assessment)** • Service availability for children and young people with, or at risk of, severe mental illness is very limited to non-existent in Country WA PHN as highlighted in the Needs Assessment and the Atlas of Mental Health and Alcohol and Drug Services. • In addition, there is a lack of mental health professionals offering services to vulnerable young people, especially those exhibiting self-harming behaviours or suicidality.

	• The Needs Assessment highlighted the importance of timely intervention for young people with mental health problems and concerns, particularly if accompanied by the use of drugs and alcohol. • Early intervention is particularly problematic due to limited access to services. • In taking a place based approach, the PHN will work with local clinical services to commence the development of pathways which build on any existing services and infrastructure and explore the utilisation of e-mental health services to supplement face to face services where these are unavailable. **Country WA PHN Service Response: (Section 4 Needs Assessment Options: Strategies)** • **headspace (see AH3 Headspace Afterhours)** o Country WA PHN continues to work with existing service providers to develop a Stepped Care approach. The PHN also works with other health providers to improve the integration of headspace Centres into broader primary mental health care services; physical and sexual health services; drug and alcohol services; and social and vocational support services. o WAPHA has localised more than a dozen child mental health pathways for use by General Practitioners, with others, notably FASD, ASD, and ADHD, in development. o WAPHA provides expert advice and guidance to the PHNs on the development of child, adolescent and youth services, as well as working collaboratively with the sector as funding moves from program based to flexible. o headspace Centres are in the Great Southern, Midwest, Goldfields, South West and Kimberley • **First/Early episode of psychosis for young people services (EPYS):** o In line with the WAPHA Mental Health Framework this activity will be integrated with comprehensive primary care and existing youth mental health services. o General Practices are supported in providing timely assessment, referral and liaison to facilitate early identification and intervention of psychosis in young people. o In addition, GPs are supported through the promotion of localised child mental HealthPathways as outlined above. o The WA PHNs promote the resources for clinical and non-clinical professionals available under the National Centre of Excellence for Youth Mental Health. o In taking a place based approach, the PHN will work with local clinical services to commence the development of pathways which build on any existing services and infrastructure and explore

	the utilisation of e-mental health services to supplement face to face services where these are unavailable. The services commissioned under this EPYS activity will focus on "functional recovery", with an inclusion of evidence based recovery programs; physical health; youth participation and peer support; psychological interventions and community awareness. The services aim to restore or maintain the normal functional trajectory for the young person participating. Partnerships with General Practice and strong relationships with the tertiary sector are central to the activity. • **Low intensity/brief intervention for children and young people (within Regional Integrated Stepped Care)** o See Priority 1 and 7 for a full description of the Country WA PHN approach to Regional Integrated Stepped Care. • **Youth Focus Telehealth (see NP 3 Telehealth)** o Country WA PHN is working with Youth Focus to develop a viable clinical counselling service via telehealth for at risk young people. o Currently Youth Focus has worked with three schools and Country WA PHN will be expanding the service. (Proof of concept) o Service being trialled in 20 rural/remote schools and other sites.
Target population cohort	Children and young people
Consultation	Each region within Country WA PHN has developed a Mental Health and Suicide Plan with key stakeholders including but not limited to WA Health, the Mental Health Commission, General Practices, WA Country Health Service (WACHS) Rural Health West WA Association for Mental Health (WAAMH); WA Mental Health Network; WA Network of Alcohol and other Drug Agencies (WANADA); Aboriginal[2] Medical Services and Regional Aboriginal Health Planning Forums, Aboriginal Health Council of WA (AHCWA), Mental Health consumer and carer groups including Consumers of Mental Health WA (CoMHWA), Health Consumers Council WA, Helping Minds (Mental health carers organisation) and Carers WA.

[2] Within Western Australia, in line with the WA Department of Health policy, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

	In addition, the Country WA PHN is informed by the Mental Health Expert Advisory Group (MHEAG), established by WAPHA, to guide the development of a robust stepped care approach to mental health services which also includes a focus on the mental health needs of children and young people. The MHEAG includes representation from Child and Adolescent MHS and headspace National. Country WA PHN consulted with headspace Centres on transition arrangements and the establishment of EPYS.
Collaboration	**headspace** • PHN works collaboratively with key stakeholders from other WA PHNs and CCCs and working groups; headspace national and WA headspace providers (including centre staff); WA Health, including WACHS, the MHC, Aboriginal Health organisations and Aboriginal Health Planning Forums, youth service providers, community based primary health care, peak organisations such as WAAMH and WANADA, mental health and social care organisations, consumer and carer groups and other service providers. • The PHN also recognises the importance of involving young people in the development of service models and will therefore ensure that headspace's National Youth Reference Group, which will remain in place over the next two years, is an integral partner in providing support and advice to the PHN through local headspace centres. Advice will also be sought from headspace Centres, and youth advisory committees where appropriate. **EPYS** • In collaboration with the Mental Health Commission, WACHS, CAMHS and other key stakeholders, Country WA PHN liaises with relevant local stakeholders to commission an effective cross-sectoral approach including: general practice; early childhood services; schools and tertiary and vocational providers; drug and alcohol services; and social support services to develop early intervention for children and young people within primary care. This development will be informed by the body of evidence supporting the effectiveness of models of comprehensive care in facilitating early identification and intervention for the first-episode psychosis in improving both functional and clinical outcomes.

	Low intensity/brief intervention for children and young people (within Regional Integrated Stepped Care) • See Priority 1 **Youth Focus Telehealth** • Regional planning committees, Youth Focus, schools and other appropriate organisations will work to identify 20 appropriate sites within the rural/remote regions.
Duration	**Activity Start and Completion: 1 April 2017 – 30 June 2018** **Milestones: headspace** • Oct 2016: RCCC endorsement and Council endorsement • Jan 2017: EOI publication • Feb 2017: Selection of Provider • April 2017: Service Commencement • July 2017: Three-month report • Sept 2017: Country WA PHN Contract Visit • Jan 2018: Six Month Progress Report • July 2018: Annual Report 2017/2018 **Milestones EPYS:** • Feb 2017: Contract Negotiation • April 2017: Service Commencement • July 2017: Three Month Report • Sept 2017: Country WA PHN Contract Visit • Jan 2018: Six Month Progress Report • July 2018: Annual Report 2017/2018

Coverage	Headspace operates in five regions in Country WA PHN particularly population centres. Where there are no headspace centres or they do not extend beyond population centres, activities 2.2 to 2.4 will be a priority. These are Warren Blackwood in the South West; Wheatbelt; Pilbara; and NG Lands.
Commissioning method (if relevant)	In each of the seven Regions a mental health working group advises the Regional Clinical Commissioning Committee (RCCC) about appropriate models, approaches and geographical coverage. All RCCC recommendations are submitted for endorsement to the Country WA PHN Council which reports to the WAPHA Board. The PHN is also informed by the Mental Health Expert Advisory Group (MHEAG) established by WAPHA to guide the development of needs-based models of care. The commissioning process involves service procurement.

Approach to market	**headspace service providers**
	• Existing headspace providers will be contracted under the same or similar conditions until 30 June 2018.
	• In areas without access to headspace, local youth providers will be approached directly.
	
	First episode of psychosis for young people services:
	• WAPHA co-commissioned services across the three PHN boundaries in partnership with the Mental Health Commission and other key stakeholders utilising the following procurement strategies:
	  ○ headspace Centres were invited to provide additional services to meet the needs of this group.
	  ○ Where no treatment services were available in the regions a direct approach was made to existing youth counselling services.
	
	Low intensity/brief intervention for children and young people (within Regional Integrated Stepped Care)
	• See Priority 1
	
	Youth Focus Telehealth
	• Direct approach

Performance Indicator	**Priority Area 2 - Mandatory performance indicator:**

	• support region-specific, cross sectoral approaches to early intervention for **children and young people** with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.
Local Performance Indicator target (where possible)	*N/A*
Local Performance Indicator Data source	*N/A*
Planned Expenditure **2016-17** (GST Exc) - Commonwealth funding	$4,610,230
Planned Expenditure **2016-17** (GST Exc) – Funding from other sources	
Planned Expenditure **2017-18** (GST Exc) CW Funding	$5,570,348
Planned Expenditure **2017-18** (GST Exc) – Funding from other sources	
Funding from other sources	

Proposed Activities -	
Priority Area	**Priority Area 5: Community based suicide prevention activities**
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	**5.1 Suicide Prevention General Population** **5.2 Suicide Prevention Aboriginal Population** (All aspects of Stepped Care have suicide prevention capacity. See Activity 7)
Existing, Modified, or New Activity	Modified Activity
Description of Activity	**Country WA PHN Population Needs: (Section 2 Needs Assessment)** • Across the WA Country PHN rates were 2.3 times higher nationally and 1.6 times higher for the state for suicide and self-inflicted mortality rates (WACHS 2015). • There are large gaps in health professionals offering suicide prevention services. • Distances are prohibitive to accessing services and the need for 24 hour access requirements makes engaging suicidal clients difficult for private practitioners. • Suicide rates in the Kimberley and Goldfields are the highest in Australia particularly for Aboriginal people. • Suicide is the main cause of premature death for people with a mental illness. **Country WA PHN Service Needs (Section 3 Needs Assessment):** • Few dedicated suicide prevention services. • Existing services do not specifically target groups at risk of suicide. • Existing services do not have a coordinated local response. **Country WA PHN Service Response (Section 4 Needs Assessment):** • Service responses to suicide prevention will integrate with the WA Mental Health Commission Suicide Prevention Coordination Response. • Vulnerable populations within Country WA PHN regions will be targeted and services procured that are evidence based and culturally secure. • Services will be based on local needs and tailored based on workforce capacity. • An Integrated placed based approach will be a particular feature of suicide prevention for Aboriginal people. This includes:

	○ A whole of community approach that builds capacity within communities, agencies and providers to respond to local needs in an integrated manner. ○ Building sustainable capacity with communities to respond to and support those affected by suicide is long-term work especially in remote communities with a disproportionate number of people variously and continuously affected. Multidimensional approaches are required to: ▪ Provide immediate, comprehensive and sustained care and lessen the likelihood of longer term mental health impacts; ▪ Lessen the reliance on unhealthy coping strategies such as excessive consumption of alcohol and other drugs; ▪ Provide referral pathways to culturally appropriate treatment services for short-term support if required, this may include linkages with hospital services; and ▪ Support the development of Aboriginal-led Community and family centred programs. The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) – Final Report recommendations and tools to support Indigenous Suicide Prevention Activity will be used to support Indigenous community led suicide prevention.
Target population cohort	The service will provide equitable services to people at risk of suicide or those who have attempted suicide or self-harm.
Consultation	Each Region within Country WA PHN has developed a Mental Health and Suicide Plan with key stakeholders including but not limited to WA Health, the Mental Health Commission, General Practice, WA Country Health Service (WACHS) Rural Health West WA Association for Mental Health (WAAMH); WA Mental Health Network; WA Network of Alcohol and other Drug Agencies (WANADA); Aboriginal[3] Medical Services and Regional Aboriginal Health Planning Forums; Aboriginal Health Council of WA (AHCWA); Mental Health consumer and carer groups including Consumers of Mental Health WA (CoMHWA), Health Consumers Council WA, Helping Minds (Mental health carers organisation) and Carers WA.
Collaboration	WA Mental Health Commission

[3] Within Western Australia, in line with the WA Department of Health policy, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Duration	**Activity Start and Completion: 1 April 2017 – 30 June 2018** **Milestones:** • Oct 2016: RCCC endorsement and Council endorsement • Jan/Feb 2017: EOI publication • Feb 2017: Selection of Provider • April 2017: Service Commencement • July 2017: Three-month report • Sept 2017: Country WA PHN Contract Visit • Jan 2018: Six Month Progress Report • July 2018: Annual Report 2017/2018
Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and South West.
Commissioning method (if relevant)	In each of the seven Regions a mental health working group advises the Regional Clinical Commissioning Committee (RCCC) about appropriate models, approaches and geographical coverage. All RCCC recommendations are submitted for endorsement to the Country WA PHN Council which reports to the WAPHA Board. The PHN is also informed by the Mental Health Expert Advisory Group (MHEAG) established by WAPHA to guide the development of needs-based models of care. The commissioning process involves service procurement In several regions an evidence based suicide prevention model will be trialled for people who have attempted suicide and attended Emergency Departments. In several regions suicide prevention Initiatives and AOD (see DATS 4) will be combined in the procurement approach (eg Mission Australia Pilbara).
Approach to market	EOI Direct Approaches will be made to two existing suicide prevention programs – one in the South West and one in the Kimberley for service continuation.
Performance Indicator	**Priority Area 5 - Mandatory performance indicator*:***

	• Number of people who are followed up by PHN-commissioned services following a recent suicide attempt.
Local Performance Indicator target (where possible)	*N/A*
Local Performance Indicator Data source	*N/A*
Planned Expenditure **2016-17** (GST Exc) – CW Funding **Suicide Prevention General 5.1** **Suicide Prevention ATSI 5.2**	$1,136,415
Planned Expenditure **2016-17** (GST Exc) – Funding from other sources	
Planned Expenditure **2017-18** (GST Exc) – CW Funding **Suicide Prevention General 5.1** **Suicide Prevention ATSI 5.2**	$1,152,415
Planned Expenditure **2017-18** (GST Exc) – Funding from other sources	
Funding from other sources	

Proposed Activities	
Priority Area	**Priority Area 6**: Aboriginal and Torres Strait Islander mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	**6.1 General Practice and Aboriginal Medical Services Clinicians** **6.2 Regional approaches to Aboriginal Mental Health**
Existing, Modified, or New Activity	Modified
Description of Activity	**Country WA PHN community/service need (Section 2/3 Needs Assessment)** • Social determinants of health including historical factors remain significant contributing factors to poor Aboriginal mental health and the high rates of suicide across Country WA PHN. • The availability and the lack of culturally appropriate services continues to be an ongoing need. • Country WA PHN has utilised the Mental Health Commission Agency Plan and the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Final Report to identify evidence-based preventions, interventions and activities. • The PHN's Needs Assessment, draft Atlas and ATSIPEP has informed the location of commissioned Aboriginal mental health services. **Country WA PHN Service Response (Section 4 Needs Assessment)** An integrated model of service delivery will be guided by three key themes as outlined in the WACHS's Model of Care for Aboriginal Mental Health. • Cultural competence and culturally informed practice, • Consumer focused care, and • Substantive equality. **6.1 General Practice and Aboriginal Medical Services Clinicians** • Support for this activity is provided through Country WA PHN staff. **6.2 Regional approaches to Aboriginal Mental Health** Approaches are characterised by a whole of community approach that builds capacity within communities, agencies and providers to respond to local needs in an integrated manner. They include: • Provision of place based targeted low intensity mental health Aboriginal services.

	• Building sustainable capacity with communities to respond to and support those affected by mental health problems and disorders especially in remote communities. • Targeting the delivery of mental health services to young Aboriginal people. • Providing immediate, comprehensive and sustained care and lessening the likelihood of longer term mental health impacts. • Lessening the reliance on unhealthy coping strategies such as excessive consumption of alcohol and other drugs. • Providing referral pathways to culturally appropriate treatment services for short-term support if required, this may include linkages with hospital services. • Supporting the development of Aboriginal-led Community and family centred programs. The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) – Final Report recommendations and tools to support Indigenous Suicide Prevention Activity will be used to support Indigenous community led suicide prevention.
Target population cohort	Aboriginal People
Consultation	Each Region within Country WA PHN has developed an approach to Aboriginal Mental Health that incorporates approaches to suicide prevention and problematic use of alcohol and drugs. This has been developed with key stakeholders including but not limited to WA Health, the Mental Health Commission, General Practice , WA Country Health Service (WACHS) Rural Health West WA Association for Mental Health (WAAMH); WA Mental Health Network; WA Network of Alcohol and other Drug Agencies (WANADA); Aboriginal[4] Medical Services and Regional Aboriginal Health Planning Forums; Aboriginal Health Council of WA (AHCWA); Mental Health consumer and carer groups including Consumers of Mental Health WA (CoMHWA), Health Consumers Council WA, Helping Minds (Mental health carers organisation) and Carers WA. There has also been engagement with Local Aboriginal communities, Aboriginal Controlled Community Health Services (ACCHOs), mainstream services and other stakeholders such as the MHC to identify needs and service responses

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	WAPHA has an Aboriginal and Mental Health Advisory Group that advises across the three PHNs.
Collaboration	Services are being developed with Aboriginal Community Controlled Health Services working with mainstream public mental health services and non-government service providers. Services will operate in accordance with the Implementation Plan for the *National Aboriginal and Torres Strait Islander Health Plan* and the *WA Department of Health Aboriginal Health and Wellbeing Framework*. Through the co-design process services are being developed to ensure increased community ownership and awareness of factors that contribute to mental illness, drug/alcohol use and suicidal behaviours Examples of Regional consultation and collaboration: o Meekatharra – MAGS o Carnarvon community consultation o Grow Local Leonora o SWAMS in South West o Pilbara – community engagement via a consultant, underpinning the development of a consortia approach (AMS led) to the new ITC delivery o Halls Creek Healing Foundation o Derby Suicide Prevention Network
Duration	**Activity Start and Completion: 1 April 2017 – 30 June 2018** **Milestones** • Sept 2016 SWAMS service commences • Oct 2016: RCCC endorsement and Council endorsement (six regions) • Feb 2017: EOI publication • Feb 2017: Selection of Provider • April 2017: Service Commencement • July 2017: Three Month Report • Sept 2017: Country WA PHN Contract Visit • Jan 2018: Six Month Progress Report • July 2018: Annual Report 2017/2018

Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and South West.
Commissioning method (if relevant)	In each of the seven Regions a mental health working group advises the Regional Clinical Commissioning Committee (RCCC) about appropriate models, approaches and geographical coverage. All RCCC recommendations are submitted for endorsement to the Country WA PHN Council which reports to the WAPHA Board. The PHN is also informed by the Mental Health Expert Advisory Group (MHEAG) established by WAPHA to guide the development of needs-based models of care. The commissioning process involves service procurement.
Approach to market	EOI and direct approaches where consultation has identified a sole provider.
Performance Indicator	**Priority Area 6 - Mandatory performance indicator:** • Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate.
Local Performance Indicator target (where possible)	*N/A*
Local Performance Indicator Data source	*N/A*
Planned Expenditure **2016-17** (GST Exc) – Commonwealth funding	$2,145,941
Planned Expenditure **2016-17** (GST Exc) – Funding from other sources	
Planned Expenditure **2017-18** (GST Exc) – Commonwealth funding	$2,145,941
Planned Expenditure **2017-18** (GST Exc) – Funding from other sources	
Funding from other sources	

Proposed Activities	
Priority Area	**Priority Area 7: Stepped Care**
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	**Stepped Care includes:** • **Virtual Clinic** • **Integrated Care Management** • **Integrated Regional Support Services**
Existing, Modified, or New Activity	Modified
Description of Activity	**Country WA PHN Population Needs (Section 2 Needs Assessment)** • In 2011-2013, 10.7% of the PHN WA Country aged 18 years and over were estimated to be living with high or very high levels of psychological distress. • There was some variability with rates highest for females in the Goldfields and males from the Wheatbelt. • Suicide is the fifth most common cause of death for Aboriginal people. • In Country WA PHN WA youth suicide was equal to or greater than State rates in all regions for 2002-2011. • Rates were greatest in the Kimberley for both sexes. **Country WA PHN Service Needs Issues (Section 3 Needs Assessment):** • Lack of culturally appropriate responses. • Lack of access to lower intensity interventions including primary care services. • Need to improve person centred approaches, service navigation and integration. **Country WA PHN Service Response (Section 4 Needs Assessment):** The aim of this activity is to improve the mental health of disadvantaged, vulnerable and/or hard to reach individuals in Country WA who have or at risk of mental health conditions. Country WA PHN is commissioning a tripartite model of primary mental health care based on the following principles: • Creating more accessible and timely services through simplifying access and entry.

	• Improving the continuum of care for people as they enter and navigate between systems. • Targeting low intensity psychological interventions to support people with, or at risk of, mild to moderate mental illness (including problematic alcohol and drug use.) • Person centred care, supporting primary care professionals, especially GPs, to respond to needs in partnership with the people they care for. • Local by design and by default – developing placed based and virtual pathways for comprehensive care, enabling flexibility in design and delivery to meet local community needs and resources. • Supporting GPS and other primary care clinicians to recognise and respond to common mental health conditions. • Providing culturally appropriate services. The model includes the following components: • **Virtual Clinic Low Intensity Telephone and eHealth** o a central state-wide GP referral option which provides assessment and low intensity structured psychological therapies. This virtual clinic provides regulated and universal access to all eligible West Australians 12 years and older via GP referral. • **Integrated Care Management**: o provides care management in partnership with primary health care clinicians; o links with specialist services; o works in partnership with existing Regional Mental Health services; and o links with suicide prevention and Alcohol and Drug services and interventions in the Region. • **Integrated Regional Community Support**: o provides local assessment, referral and brief interventions by phone or other digital methods; o Links with the State-wide Virtual Clinic; o provides Local low intensity interventions, virtual or face to face, individual or group; o provides limited face to face or virtual intensive psychological interventions; o works in partnership with existing Regional Mental health services; and o links with Alcohol and Drug services and interventions in the Region. Model published on WAPHA website.
Target population cohort	The service will provide equitable services to financially disadvantaged and vulnerable people including those in remote communities.

Consultation	Each Region within Country WA PHN has developed a Mental Health and Suicide Plan with key stakeholders including but not limited to WA Health, the Mental Health Commission, General Practice , WA Country Health Service (WACHS) Rural Health West WA Association for Mental Health (WAAMH); WA Mental Health Network; WA Network of Alcohol and other Drug Agencies (WANADA); Aboriginal[5] Medical Services and Regional Aboriginal Health Planning Forums; Aboriginal Health Council of WA (AHCWA); Mental Health consumer and carer groups including Consumers of Mental Health WA (CoMHWA), Health Consumers Council WA, Helping Minds (Mental health carers organisation) and Carers WA.
Collaboration	WACHS, Mental Health Commission and co-design of model in collaboration with service providers.
Duration	**Activity Start and Completion: 1 April 2017 – 30 June 2018** **Milestones:** • Oct 2016: RCCC endorsement and Council endorsement • Jan 2017: EOI publication • Feb 2017: Selection of Provider • April 2017: Service Commencement • July 2017: Three Month Report • Sept 2017: Country WA PHN Contract Visit • Jan 2018: Six Month Progress Report • July 2018: Annual Report 2017/2018
Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and South West
Commissioning method (if relevant)	In each of the seven Regions a mental health working group advises the Regional Clinical Commissioning Committee (RCCC) about appropriate models, approaches and geographical coverage.

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	All RCCC recommendations are submitted for endorsement to the Country WA PHN Council which reports to the WAPHA Board. The PHN is also informed by the Mental Health Expert Advisory Group (MHEAG) established by WAPHA to guide the development of needs-based models of care. The commissioning process involves service procurement
Approach to market	EOI and direct approach where sole providers have been identified.
Performance Indicator	**Priority Area 7 - Mandatory performance indicator:** • Proportion of PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness.
Local Performance Indicator target (where possible)	*N/A*
Local Performance Indicator Data source	*N/A*
Planned Expenditure **2016-17** (GST Exc) – Commonwealth funding **(funding was included in MH 1, MH 3 & MH 4 in 16-17)**	
Planned Expenditure **2016-17** (GST Exc) – Funding from other sources	
Planned Expenditure **2017-18** (GST Exc) – Commonwealth funding	$6,862,866
Planned Expenditure **2017-18** (GST Exc) – Funding from other sources	
Funding from other sources	

Proposed Activities

Priority Area	**Priority Area 8: Regional mental health and suicide prevention plans**
Activity(ies) / Reference	*MH 8 No services under this activity*
Existing, Modified, or New Activity	Existing Activity from previous workplan
Description of Activity	In WA, the PHNs are undertaking a comprehensive review of primary care mental health activity and transitioning to new models of stepped care. This will address a lack of comprehensive mental health planning for targeted interventions tailored specifically for the needs of different groups, and a fragmented mental health service system During 2015 -2016 WAPHA commenced the foundation work for system reform. Activities in 2016-2017 and beyond have, and will, focus on increased integration and coordination of existing services (across sectors and across funders) to improve the timeliness, access and quality of mental health services in the region. Where appropriate new models are being tested with new services being commissioned during the latter part of 2016-2017. The PHN is aware the DoH mental health branch are commissioning a PHN specific National Mental Health Services Planning Framework (NMHSPF)-based decision support tool (DST) to assist with planning. This PHN tool will include the capability to adjust for rurality and ATSI populations. Access to a PHN-DST provides the facility to align WAPHA planning with the WA MHC Mental Health, Alcohol and Other Drug Services plan as this was also developed using the NMHSPF DST planning methodology. Thus commonwealth and state-based service planning in WA will share the same fundamental approach to resource allocation within a co-commissioning framework, demarcating more keenly the separate Commonwealth and State responsibilities that if not addressed can lead to duplication of services and cost shifting to the detriment of patient care and community health. The development of regional mental health and suicide prevention plans has been led by the Regional Clinical Commissioning Committees in each region and informed by the Needs Assessment and the Integrated Mental Health Alcohol and Other Drug Atlas of WA. Regional Plans have informed the content and process contained in the expressions of interest published in February 2017.

Target population cohort	The plan informs the Country WA PHN in its commissioning activities for the provision of equitable services to disadvantaged and vulnerable people including people in remote areas.
Consultation	Each WA Country PHN Region has developed their plans with key stakeholders including but not limited to: WA Health; the Mental Health Commission; General Practice; WA Country Health Service (WACHS); Rural Health West; WA Association for Mental Health (WAAMH); WA Mental Health Network; WA Network of Alcohol and other Drug Agencies (WANADA); Aboriginal[6] Medical Services and Regional Aboriginal Health Planning Forums; Aboriginal Health Council of WA (AHCWA); Mental Health consumer and carer groups including Consumers of Mental Health WA (CoMHWA), Health Consumers Council WA, Helping Minds (Mental health carers organisation) and Carers WA.
Collaboration	The PHN will work collaboratively with key stakeholders including the WAPHA Board, PHN Council, CCC and CECs. WAPHA Mental Health Advisory Group, MHC, WAAMH and other peak bodies, WA Country Health Service, Aboriginal Health organisations and councils, consumer and carer groups, consumers, their families and carers. Agreement for the *Regional Mental Health and Suicide Prevention Plan* will be sought from key partners through WAPHA's Mental Health Expert Advisory Group.
Duration	The *Mental Health Activity Work Plan* will be submitted in May 2017 and will outline the plans for 2017-2018. It is anticipated that new models of primary care mental health services will be tested during 2016-2017 before moving to a full commissioning cycle.
Coverage	Throughout Country WA PHN.
Commissioning method (if relevant)	NA The *Plan* will be developed by WAPHA staff in consultation with stakeholders.
Approach to market	NA
Performance Indicator	The mandatory performance indicator for this priority is:

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	• Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.
Local Performance Indicator target (where possible)	NA
Local Performance Indicator Data source	NA
Planned Expenditure **2016-17** (GST Exc) – Commonwealth funding	*$xx (please enter numbers only, no text)*
Planned Expenditure **2016-17** (GST Exc) – Funding from other sources	*$xx (please enter numbers only, no text)*
Planned Expenditure **2017-18** (GST Exc) – Commonwealth funding	*$xx (please enter numbers only, no text)*
Planned Expenditure **2017-18** (GST Exc) – Funding from other sources	*$xx (please enter numbers only, no text)*
Funding from other sources	*If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).*

1. (b) Planned activities funded under the Primary Mental Health Care Schedule – Template 2

Use this template table for Priority Areas 3 and 4

Proposed Activities	
Priority Area	**Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups**
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	**Activities to address this priority include:** • **Virtual Clinic – Practitioner Online Referral Treatment Service (PORTS)** • **Integrated Regional Community Support Services**
Existing, Modified, or New Activity	Modified
Description of Activity	**Country WA PHN Population/Service Needs: (Section 2/3 Needs Assessment)** • Country WA PHN covers over 2.5 million square kilometres, most of which is rural, remote and under-serviced. • The PHN's Needs Assessment highlighted the lack of primary care access and accessibility for some disadvantaged and hard to reach groups. The Needs Assessment brought to the forefront a lack of comprehensive planning and the absence of a stepped care approach to mental health which has led to a disjointed mental health service system, and by extension, a disconnect between ATAPS/MHSRRA and a wider approach to mental health service delivery. **Country WA PHN Service Response: (Section 4 Needs Assessment)** The aim of this activity is to improve the mental health of disadvantaged, vulnerable and/or hard to reach individuals in Country WA who have or at risk of mental health conditions. • **Virtual Clinic Low Intensity Psychological Therapies - Telephone and eHealth** o Central state-wide GP referral option providing assessment and low intensity structured psychological therapies. This virtual clinic will provide regulated and universal access to all eligible West Australians 12+ (via GP referral). • **Integrated Regional Community Support Services provide:**

	○ Local assessment, referral and brief interventions by phone or other digital methods; ○ Linkage with the State-wide Virtual Clinic; ○ Local low intensity interventions, virtual or face to face, individual or group; ○ limited face to face or virtual intensive psychological interventions; ○ work in partnership with existing Regional Mental health services; and ○ link with Alcohol and Drug services and interventions in the Region
Target population cohort	The service will provide equitable services to financially disadvantaged and vulnerable people including those in remote locations.
Consultation	Each Region within Country WA PHN has developed a Mental Health and Suicide Plan with key stakeholders including but not limited to WA Health, the Mental Health Commission, General Practice , WA Country Health Service (WACHS) Rural Health West WA Association for Mental Health (WAAMH); WA Mental Health Network; WA Network of Alcohol and other Drug Agencies (WANADA); Aboriginal[7] Medical Services and Regional Aboriginal Health Planning Forums; Aboriginal Health Council of WA (AHCWA); Mental Health consumer and carer groups including Consumers of Mental Health WA (CoMHWA), Health Consumers Council WA, Helping Minds (Mental health carers organisation) and Carers WA.
Collaboration	The PHN is working closely with the WA Mental Health Commission to ensure that programs complement and enhance existing and planned services. This is in line with the *Better Choices Better Lives – Western Australian Mental Health, Alcohol and other Drug Services Plan 2015 – 2025 and with the Commonwealth Guidelines.*
Duration	**Activity Start and Completion: 1 April 2017 – 30 June 2018** **Timelines:** • Oct 2016: RCCC endorsement and Council endorsement • Jan 2017: EOI publication • Feb 2017: Selection of Provider

[7] Within Western Australia, in line with the WA Department of Health policy, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

	• April 2017: Service Commencement • July 2017: Three Month Report • Sept 2017: Country WA PHN Contract Visit • Jan 2018: Six Month Progress Report • July 2018: Annual Report 2017/2018
Coverage	Country WA PHN Regions
Continuity of care	Transition from ATAPS as previously described.
Commissioning method (if relevant)	In each of the seven Regions a mental health working group has advised the Regional Clinical Commissioning Committee (RCCC) about appropriate models, approaches and geographical coverage. All RCCC recommendations were submitted for endorsement to the Country WA PHN Council which reports to the WAPHA Board. The PHN is also informed by the Mental Health Expert Advisory Group (MHEAG) established by WAPHA to guide the development of needs-based models of care. The commissioning process involves service procurement. Industry briefings prior to the issue of Expressions of Interests for Integrated Regional Mental Health – Community Support.
Approach to market	**Virtual Clinic:** • A direct engagement approach has been made to a consortium that met the essential criteria of the service model outlined above. **Integrated Regional Community Support Services** • Regionally specific Expressions of Interest
Performance Indicator	**Priority Area 3 - mandatory performance indicators**: • Proportion of regional population receiving PHN-commissioned mental health services – Psychological therapies delivered by mental health professionals. • Average cost per PHN-commissioned mental health service – Psychological therapies delivered by mental health professionals. • Clinical outcomes for people receiving PHN-commissioned Psychological therapies delivered by mental health professionals. •

	Note: it is anticipated approximately 40% of the stepped care services will be offered via psychological therapies. A true identification of the client numbers and the associated costs will be known as the service develops.
Local Performance Indicator target (where possible)	See MH 1
Local Performance Indicator Data source	*MHMDS*
Planned Expenditure **2016-17** (GST Exc) – Commonwealth funding	*$4,116,870*
Planned Expenditure **2016-17** (GST Exc) – Funding from other sources	*$xx (please enter numbers only, no text)*
Planned Expenditure **2017-18** (GST Exc) – Commonwealth funding **(Budget included at MH 7)**	*$xx (please enter numbers only, no text)*
Planned Expenditure **2017-18** (GST Exc) – Funding from other sources	*$xx (please enter numbers only, no text)*
Funding from other sources	*If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).*

Proposed Activities	
Priority Area	**Priority Area 4: Mental health services for people with severe and complex mental illness including care packages**
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	**MH 4: Integrated primary health care for people with severe and complex mental illness includes** • **Mental Health Nurse (continued from previous years)** • **Mental Health Care Managers** • **Stepped Care** • **HealthPathways**
Existing, Modified, or New Activity	Modified
Description of Activity	**Country WA PHN Population/Service Needs (Section 2/3 Needs Assessment)** • The Needs Assessment identified the following mental health issues in country WA that are directly related to the needs of people with a serious and complex mental illness: o High percentage of people with a serious mental illness not accessing GPs; o Lack of timely and responsive care coordination; o Lack of best practice interventions when comorbidities are present; and o Lack of understanding of the complexity and episodic nature of mental illness. • The Needs Assessment highlighted the lack of system responsiveness to people with a severe and complex mental illness or disorder and the uncoordinated and inadequate coverage of services in and between regions. As with other areas within the mental health service continuum the lack of a stepped care approach to mental health has led to disjointed mental health service provision. **Country WA PHN Service Response (Section 4 Needs Assessment):** • For people who have major mental health disorders shared care between GP and psychiatrist can be effective but only if the GP is supported. The response supports a strong engagement between GPs and the state health system. • **Mental Health Nurse Program** o Country WA PHN has re-contracted the current service providers of the Mental Health Nurse Incentive Programme (MHNIP) for 12 months, ensuring continuity of care for MHNIP

	recipients. The effectiveness of the nurses was assessed during 2016/17 and nurses will continue in three practices into 2017/18. ○ Additional Mental Health Nurse has been contracted for the NG Lands and an EOI is to be released seeking responses for 2017/18 from GPs in the Bunbury and Albany areas in response to a need highlighted by the South West and Great Southern RCCCs. • **Mental Health Care Managers** ○ Country WA PHN has developed and introduced an enhanced care coordination package to complement the MHNIP from 1 April 2017, utilising available funds. This program will be progressively scaled up from 1 July 2016, and targets service provision in areas of identified need, not covered by current programs. This model will expand the important role of mental health nurses as care coordinators through engagement of peer support workers, Aboriginal Health workers and others working under expert supervision. The model aims to provide a greater level and spread of support to GPs/ primary health practitioners in responding to patient mental health needs. It is expected commissioned activities will be aligned with the WAPHA Mental Health Primary Care model and the Comprehensive Primary Care program where appropriate. ○ Phone based care coordination will augment services in those locations where it is not viable or possible to recruit appropriate staff to provide face to face service. • **Stepped Care** – see Priority 7 • **HealthPathways** ○ The PHN will continue to develop localised mental health pathways in HealthPathways, to provide a clear point of entry and referral into supported self-management programs. ○ In line with the expectations of the *PHN Mental Health and Suicide Prevention Implementation Guidance – 2016* document the services to young people with severe mental illness are described in activity 2.2.
Target population cohort	The service will provide equitable services to financially disadvantaged and vulnerable people.
Consultation	

	Each Region within Country WA PHN has developed a Mental Health and Suicide Plan with key stakeholders including but not limited to WA Health, the Mental Health Commission, General Practice , WA Country Health Service (WACHS) Rural Health West WA Association for Mental Health (WAAMH); WA Mental Health Network; WA Network of Alcohol and other Drug Agencies (WANADA); Aboriginal[8] Medical Services and Regional Aboriginal Health Planning Forums; Aboriginal Health Council of WA (AHCWA); Mental Health consumer and carer groups including Consumers of Mental Health WA (CoMHWA), Health Consumers Council WA, Helping Minds (Mental health carers organisation) and Carers WA. Country WA PHN is informed by the Mental Health Expert Advisory Group (MHEAG) established by WAPHA to guide the development of needs-based models of care. Engagement with Regional Aboriginal Health Planning Forums will also ensure culturally appropriate clinical services are available for Aboriginal people with complex mental illness, especially those in remote communities where current access is problematic.
Collaboration	The PHN will work closely with WACHS and the Mental Health Commission to establish a planned approach to address service gaps and build on existing workforce and infrastructure to utilise the Health Care Home approach in a mental health context. This will also require engagement with general practice at the local level and with GP representative bodies including the RACGP and ACCRM. The PHN works with WACHS and service providers to explore opportunities to link with Primary Health Nurse Practitioner models in the Southern Inland area of Country WA and to further the links with general practice. The PHN will also collaborate with the community mental health NGO sector (through the WA Association of Mental Health and others) to effect integration in team care arrangements. Linkages with Partners in Recovery, National Disability Insurance Scheme (NDIS) and My Way programme will also be facilitated where applicable.

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Duration	**Activity Start and Completion: 1 April 2017 – 30 June 2018** **Timelines** • Oct 2016: RCCC endorsement and Council endorsement • Jan 2017: EOI publication • Feb 2017: Selection of Provider • April 2017: Service Commencement • July 2017: Three Month Report • Sept 2017: Country WA PHN Contract Visit • Jan 2018: Six Month Progress Report • July 2018: Annual Report 2017/2018
Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern, South West.
Continuity of care	Continuity of care for people currently receiving care through nurse practitioners has been maintained and these services have been extended into 2017/18 following an evaluation. Arrangements with local acute mental health services will ensure patients are effectively managed during transition between primary and secondary care.
Commissioning method (if relevant)	In each of the seven Regions a mental health working group advises the Regional Clinical Commissioning Committee (RCCC) about appropriate models, approaches and geographical coverage. All RCCC recommendations are submitted for endorsement to the Country WA PHN Council which reports to the WAPHA Board. The PHN is also informed by the Mental Health Expert Advisory Group (MHEAG) established by WAPHA to guide the development of needs-based models of care. The commissioning process involves service procurement
Approach to market	See MH 1. Care management was included as part of the Integrated Primary Mental Health EOI. Some MH nurses have been commissioned via direct negotiation with GPs and an EOI will result in additional positions offered.

Performance Indicator	**Priority Area 4 - mandatory performance indicators**: • Proportion of regional population receiving PHN-commissioned mental health services – Clinical care coordination for people with severe and complex mental illness (including clinical care coordination by mental health nurses). • Average cost per PHN-commissioned mental health service – Clinical care coordination for people with severe and complex mental illness.
Local Performance Indicator target (where possible)	*See MH 1*
Local Performance Indicator Data source	*MHMDS*
Planned Expenditure **2016-17** (GST Exc) – Commonwealth funding	*$1,135,955*
Planned Expenditure **2016-17** (GST Exc) – Funding from other sources	*$xx (please enter numbers only, no text)*
Planned Expenditure **2017-18** (GST Exc) – Commonwealth funding **(Budget included in Stepped Care – MH 7)**	*$1,878,006*
Planned Expenditure **2017-18** (GST Exc) – Funding from other sources	*$xx (please enter numbers only, no text)*
Funding from other sources	*If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).*