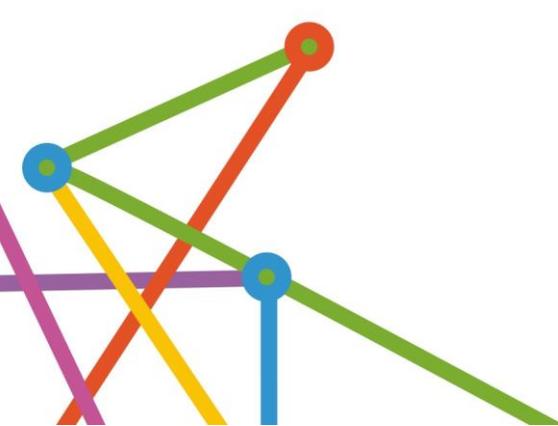


# PHN Activity Work Plan

**Summary View  
2020/2021 – 2023/24**

**Primary Mental Health Care  
Country WA PHN**

**Presented to the Australian Government Department  
of Health**



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# MH 1010 – Initial Assessment and Referral Project

## Activity Title

Initial Assessment and Referral Project

## Activity Number

1010

## Existing, Modified or New Activity

Existing

## Program Key Priority Area

Mental Health Priority Area 7: Stepped care approach

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## Aim of Activity

Implementation, at scale, of a free standardised comprehensive adult initial assessment and referral (IAR) system (based on the Primary Health Network (PHN)) Initial Assessment and Referral in Mental Healthcare guidance (IAR)) to enable:

- clinician supported assessments and make clinician-endorsed recommendations for referral to culturally relevant online or in-person psychological, psychiatric, and psychosocial services accessible by the individual within their local region (including virtually).
  - people to access services and supports that are effective and affordable and best match their needs, preferences, and circumstances.
- 

## Description of Activity

Work with general practitioners (GP) and their patients, carers and families and other relevant stakeholders to establish a virtual initial assessment and referral gateway for GPs and other in-scope referrers that will:

- undertake or action an initial assessment.
- provide treatment and support recommendations that enable individuals to choose from the full range of services options available to them based on their needs and preferences.
- if requested, manage on-referrals and appointment bookings as indicated, to PHN commissioned services as well as other indicated services, including to Better Access bulk-billing providers.
- over time, enable all Country WA PHN commissioned services to adopt assessment and referral practices based on the IAR.

The assessment, formulation and recommendations will be deemed equivalent to a GP Mental Health Treatment Plan and provided back to the GP (and other referees) in this format.

All the activities will promote equitable access for all individuals, particularly in areas of low

service availability relative to population need, as well as coordinated care for people with multi-morbidity and particularly those who have insufficient personal, and community supports (treatment support needs) to enable them to gain access into and across the course of care that meets their needs and preferences.

The use of the funds will result in an effective service model to allow for scaling across the whole Country WA PHN.

Country WA PHN will ensure the sustainability of this ongoing IAR activity through efficiencies in performance driven commissioning and funding assigned within the core flexible budget.

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### WAPHA Needs Assessment Priorities

Priorities	Page reference
CMHP2.7 Build capacity to recognise and support patients with mental health conditions and ensure General Practitioners are aware of appropriate clinical pathways and referral processes.	114
PNMH2.3 Increase access to early intervention services to prevent escalating acuity and reduce the burden on acute and emergency department services.	95
CMHP2.8 Increase access to mental health services for youth at risk of experiencing moderate to severe mental health conditions.	115

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### Coverage

The whole Country WA PHN region.

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### Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2022

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### Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Mental Health Flexible	\$0.00	\$187,705.60	\$0.00	\$0.00	\$187,705.60
Total	\$0.00	\$187,705.60	\$0.00	\$0.00	\$187,705.60

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# MH 1070 – Organisational Strengthening & Development Grants One Off Program 2021/22

## Activity Title

Organisational Strengthening & Development Grants One Off Program 2021/22

## Activity Number

1070

## Existing, Modified or New Activity

New Activity

## Program Key Priority Area

Mental Health

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## Aim of Activity

To undertake the Primary Health Sector – Organisational Strengthening and Development Grants One Off Program. The intent of the program is to improve the internal capability and capacity of organisations to deliver quality primary health care services.

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## Description of Activity

The Australian Government Department of Health Performance Quality Framework Indicators and WA Primary Health Alliance's strategic plan and commitment to quality improvement, will underpin the four funding streams of the grants program.

### Stream 1: System Integration

This stream will focus on system integration of commissioned services in the primary health care sector. These will be aligned to three of WA Primary Health Alliance's Strategic Priorities: 'Empowering people and communities', 'Promoting an integrated health system', and 'Supporting continuous improvement'.

### Stream 2: Aboriginal and Torres Strait Islander Cultural Safety

This service will focus on activities that improve the delivery of culturally safe services for our Aboriginal and Torres Strait Islander communities wherever services are received.

### Stream 3: LGBTIQ+

This stream will focus on activities that improve the delivery of safe and effective care for LGBTIQ+ communities.

### Stream 4: Clinical Safety and Quality

Effective clinical governance arrangements ensure the delivery of safe, quality, and effective care. This stream will focus on safety and quality activities that align to national standards that would help to prepare primary care services for the future implementation of the National Safety

and Quality Primary Health Care (NSQPHC) Standards.

This grants program has been developed due to initial consultation under the development of the WA Primary Health Alliances 'Better Health Together' principal document and further liaison with Western Australian community services sector peak agencies. It was clearly identified that one off time limited funding opportunities to support organisational internal operational capacity and capability in the primary care sector arena were very limited to non-existent. Whilst in the previous 12 months there had been a focus on COVID-19 strategies and subsequent funding opportunities the ability to continuously improve service and internal operations, targeting these four streams of identified areas, was beyond the scope of the COVID-19 remit.

This activity will be targeted at primary health care sector organisations through an open competitive process. If required, consideration may be given to a direct approach for any of the four stream components when considering the sophistication and maturity of the local primary health care services market.

Primary health care sector organisations will be able to undertake and improve their internal capability, capacity, and continuous improvement in one or more of the four domains which will ultimately improve their service delivery and seamless care to a range of clients, particularly those most vulnerable and disadvantage, who access the service for clinical treatment and intervention and the organisations referral partners and other local primary care stakeholders.

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## WAPHA Needs Assessment Priorities

Priorities	Page reference
CMHP2.1 Engage with Primary Health Care providers, Local Hospital Networks and Community Mental Health Services to improve transitions of care, care coordination and service linkages.	112
CGP1.9 Assist primary health care providers to adopt culturally appropriate models of care for Aboriginal populations, CALD groups.	108
CGP1.7 Work with Local Hospital Networks, primary care providers, other health service providers and Aboriginal groups to reduce disease trends in Aboriginal communities.	107
CMHP2.7 Build capacity to recognise and support patients with mental health conditions and ensure general practitioners are aware of appropriate clinical pathways and referral processes.	114
CGP1.11 Ensure all populations have access to accessible and equitable health care.	110
CA4.3 Increase access to targeted and culturally appropriate approaches to alcohol and other drug treatment for Aboriginal people.	122
CA4.4 Assist Primary Health Care Providers to adopt culturally appropriate models of care for Aboriginal populations, Culturally and	122

Linguistically Diverse groups.	
CA4.1 Work with primary care providers and Aboriginal groups to reduce disease trends in Aboriginal communities.	121
CA4.2 Increase access to Aboriginal specific services with an Aboriginal approach to cultural wellbeing, healing, and community empowerment.	121

## Coverage

The whole Country WA PHN region.

## Activity Duration

Activity Start Date 1 July 2021

Activity End Date 30 June 2022

## Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Mental Health Flexible	\$0.00	\$50,000.00	\$300,000.00	\$0.00	\$350,000.00
Total	\$0.00	\$50,000.00	\$300,000.00	\$0.00	\$350,000.00

For this activity, the AWP Planned Budget amount has been submitted at a nominal value. It is anticipated that funds will be directed to this activity via carryover application upon submission of the FY20/21 twelve-month financial reports.

# MH 2000 - Low Intensity Services

## Activity Title

Low Intensity Services

## Activity Number

2000

## Existing, Modified or New Activity

Existing

## Program Key Priority Area

Mental Health Priority Area 1: Low intensity mental health services

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## Aim of Activity

To provide free easily accessed and lower intensity, structured brief psychological treatments for individuals who have, or are at risk of, mild mental disorder (primarily anxiety and depression), and who do not require more intensive psychological services.

Low intensity services also aim to provide age-appropriate services that are tailored to meet the individual's needs and are a core component of a stepped care approach. By providing structured early intervention services in person (including groups) and virtual clinic options, individuals from underserved groups may obtain improved access to free low intensity psychological treatments.

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## Description of Activity

Low intensity treatment services will be delivered through a range of modalities including in person or web-based and telephone interventions, provided individually or in groups and be consistent with a stepped care approach.

The services are premised on being short-term (up to three individual or group equivalent sessions) and structured (manualised), evidence-based early intervention, that emphasises skill development. Treatments delivered are to be based upon robust evidence as found in the Australian Psychological Society's 2018 systematic review of psychological interventions<sup>1</sup> The low intensity services are also highly focused and easily accessed with or without a referral from a general practitioner.

To enable services to develop manualised low-intensity treatments suitable for their treatment populations, WA Primary Health Alliance has commissioned Prof. Peter McEvoy from Curtin University (one of the authors of the Oxford Handbook for low-intensity CBT) to produce a guidance manual that can be used to develop, standardise, and validate low

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<sup>1</sup> Australian Psychological Society Evidence-based psychological interventions in the treatment of mental disorders: A review of the literature. 2018.

intensity treatment offerings (McEvoy, P., Landwehr, E., Pearcy, C., & Campbell, B. (2021). A clinician's guide to low intensity psychological interventions (LIPs) for anxiety and depression. Western Australian Primary Health Alliance). This will be available under open-source licensing from June 2021 (hard copy and electronic versions).

The services will be delivered in a cost-effective manner by suitably qualified and skilled health professionals who will assess and target the intensity of the service to meet the needs of the specified target group. These will include mental health competent registered psychologists, registered nurses, occupational therapists and social workers, Aboriginal and Torres Strait Islander health workers (suitably qualified and supervised) and Vocationally trained (Cert IV) non-clinicians under appropriate clinical supervision and governance.

The Practitioner Online Referral Treatment Service (PORTS), a state-wide GP referral option providing telephone and web-based assessment and evidence-based treatment, will play a central role in ensuring parity of equity across the Country WA Primary Health Network (PHN) to low intensity services for all those who are in need and not able to access services in person. GPs across the Country WA PHN cannot currently refer directly to PORTS but instead do so via the PHN commissioned Integrated Primary Mental Health Care Services, however this single point of access to PORTS is to cease giving GPs the additional option of referring directly to PORTS should they wish.

The Country WA PHN will ensure that effective monitoring and evaluation systems and processes based on analysis of PMHC-MDS data in relation to the proportion of the regional population receiving commissioned low intensity services, clinical outcomes of these services, average cost of the low intensity interventions per service contact and episode of care, completion rates for the clinical outcome measures reported in the PMHC- MDS.

It is proposed that the following will be commissioned: telephone and web-based services through the Practitioner Online Referral Treatment Service (PORTS), in person interventions offered as part of community treatment services (Low and moderate intensity, Better Access equivalent services), psychological treatment services in RACFs (does not include PORTS) and services provided through headspace (which may also include on-referrals to PORTS).

As further guidance and information is released, the activities required of the commissioned services may be refined and modified. This will be conducted in partnership and collaboration with the commissioned service providers. If it is determined that the current service provider does not have the capacity or capability to continue/undertake the service, then WA Primary Health Alliance will consider the most appropriate commissioning method and approach the market to support or find another suitable service provider.

In addition, the PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified, and additional services commissioned to help the PHN to continue to meet the aims of the activity and the needs of the priority target groups.

## WAPHA Needs Assessment Priorities

Priorities	Page reference
CMHP2.3 Increase access to early intervention services to prevent escalating acuity and reduce the burden on acute and emergency department services.	112
CMHP2.4 Increase access to low cost- local mental health services in areas with limited-service availability but high demand.	113

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### Coverage

The whole Country WA PHN region.

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### Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2023

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### Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Mental Health Flexible	\$4,253,951.63	\$3,798,845.00	\$3,855,827.68	\$0.00	\$11,908,624.31
Total	\$4,253,951.63	\$3,798,845.00	\$3,855,827.68	\$0.00	\$11,908,624.31

# MH U2010 – Primary Mental Health Care Support Services

## Activity Title

Primary Mental Health Care Support Services

## Activity Number

U2010

## Existing, Modified or New Activity

Existing

## Program Key Priority Area

Mental Health

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## Aim of Activity

To provide funding for commissioned service providers to focus on the Performance Quality Framework Mental Health Indicators improvements, with the purpose of improving integration and coordination of primary mental health care services; building on available resources and workforce needs and the introduction of innovation and to encourage cost effectiveness and enhanced service integration.

The distribution of funding will aim to improve mental health outcomes and experiences of care provision and build capacity and integration in the mental health care sector.

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## Description of Activity

This activity will involve the opportunity for primary care practitioners and organisations to be funded to build and enhance innovation and capacity within mental health services in primary care to support people more effectively with, or at risk of mental illness in the community.

The funding will also be aimed at supporting primary care providers to reduce unwarranted hospitalisations and emergency department presentation through effective and enhanced integrated care pathways, service coordination and service linkages.

The funding will be aligned to the Performance and Quality Framework indicators to enhance performance in areas of identified need.

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## WAPHA Needs Assessment Priorities

Priorities	Page reference
CMHP2.3 Increase access to early intervention services to prevent escalating acuity and reduce the burden on acute and emergency department services.	112
CMHP2.4 Increase access to low cost- local mental health services in areas with limited-service availability but high demand.	113

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### Coverage

The whole Country WA PHN region.

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### Activity Duration

Activity Start Date 1 March 2020

Activity End Date 30 June 2022

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### Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Mental Health Flexible	\$209,990.14	\$134,924.00	\$0.00	\$0.00	\$344,914.14
Total	\$209,990.14	\$134,924.00	\$0.00	\$0.00	\$344,914.14

# MH 3000 – Psychological Therapy Services

## Activity Title

Psychological Therapy Services

## Activity Number

3000

## Existing, Modified or New Activity

Existing

## Program Key Priority Area

Mental Health - Psychological therapies for rural and remote, under-serviced and / or hard to reach groups.

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## Aim of Activity

To provide free, short term, evidence-based structured interventions for people with a diagnosable mild or moderate mental illness or for people who have attempted, or are at low risk of, suicide and self-harm and who require follow-up within seven days of referral (i.e., risk level deemed acceptable for primary care-based intervention).

Further, age and culturally appropriate psychological therapy services that are a core component of the stepped care approach, will aim to increase access to free treatment for underserved populations with linkages to other services; thereby aiming to meet an individual's clinical needs and improve their mental health.

This activity aims to ensure that the level of care provided is determined by an individualised standardised clinical assessment that will be used to assign a corresponding appropriate level of care and inform a referral decision.

The Country WA Primary Health Network (PHN) will aim to:

- integrate psychological therapy services into a stepped care approach including for residents of Residential Aged Care Facilities.<sup>2</sup>
- consolidate and strengthen linkages to other services.
- address service gaps and optimise equitable access to psychological therapies for underserved groups.
- strengthen local regional mental health and suicide prevention planning.
- commission services that meet the needs of the target group and use innovative service delivery models.
- ensure clinical governance of commissioned services is in situ.
- promote partnerships with GPs, other stakeholders, and consumers.

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<sup>2</sup> Australian Psychological Society Evidence-based psychological interventions in the treatment of mental disorders: A review of the literature. 2018.

- foster linkages to local crisis services and pathways.
- promote evidence-based practice and the collection of data that demonstrates impact of interventions.

For residents of RACFs, services will, in addition:

- be planned and implemented in a way which considers the role, responsibilities, and operational requirements of RACFs.
- use an older adult evidence-base and be responsive to the needs of older people.
- improve the identification of those at heightened risk of suicide, particularly men, and respond accordingly.

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## Description of Activity

Psychological treatments are premised on being a short term (up to 10 individual and 10 group sessions) cost effective, evidence-based structured (follow a defined treatment protocol) psychological treatments. All commissioned psychological treatments require GP referral and a Mental Health Treatment Plan or equivalent, or referral from a psychiatrist or pediatrician, where the treatment plan is primarily based around the delivery of psychological therapy by one or more health professionals.

Psychological therapy services are to be protocol based, supported by evidence as found in the Australian Psychological Society's 2018 systematic review of psychological interventions<sup>3</sup> and delivered by suitably qualified mental health professionals as part of a team approach (involving the patient's GP) to primary mental health care.

Services will be delivered by clinical psychologists, mental health competent registered psychologists, registered nurses, occupational therapists and social workers or mental health competent Aboriginal and Torres Strait Islander health workers.

The psychological therapy services will be designed to complement the role of the Better Access funded MBS psychological services (i.e., up to 10 individual and 10 group sessions per year and subject to review in line with recent MBS session number increases) and provide a level of service intensity that is commensurate with the clinical needs of the individual (which may include sessions in addition to those received by an individual under MBS Better Access caps).

As per activity MH 2000 - Low Intensity Services, the Practitioner Online Referral Treatment Service (PORTS), a state-wide GP referral option providing telephone and web-based assessment and evidence-based treatment, will play an important role in ensuring parity of equity across the Country WA PHN to psychological therapy services for all those who are in need and not able to access in-person services. A PORTS intake assessment is deemed equivalent to a GP Mental Health Treatment Plan for access to PHN commissioned

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<sup>3</sup> Australian Psychological Society Evidence-based psychological interventions in the treatment of mental disorders: A review of the literature. 2018.

psychological therapies. This will assist in providing an integrated model of care and fidelity of the intervention, regardless of the location where an individual is accessing it. Similarly, the intake assessment of an Integrated Primary Mental Health Care Services portal provider is considered equivalent where this is linked to a GP auspiced referral.

Continuity of care for individuals receiving psychological services, will be assured by strengthening the key transition points with state-based services, and the referral pathways to support and follow up between primary care and acute services. This will also include linkages to other relevant services such as alcohol and other drugs.

The Country WA PHN will ensure that effective monitoring and evaluation systems and processes are in situ to obtain data regarding the proportion of the regional population receiving commissioned psychological therapies delivered by mental health professionals; clinical outcomes of these services; average cost of the psychological therapy interventions per service contacts and episode of care; completion rates for the clinical outcome measures reported in the primary mental health care – minimum data set (PMHC MDS).

It is proposed that the PHN will continue to commission in-person interventions offered as part of community treatment services and telephone and web-based services through the PORTS.

As further guidance and information is released, the activities of the commissioned services may need to be refined and modified. This will be conducted in partnership and collaboration with commissioned service providers. If a current service provider does not have the capacity or capability to continue/undertake the service, WA Primary Health Alliance will consider the most appropriate commissioning method and approach the market to support or find another suitable service provider.

In addition, the PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified, and additional services commissioned to help the PHN to continue to meet the aims of the activity and the needs of the priority target groups.

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## **WAPHA Needs Assessment Priorities**

<b>Priorities</b>	<b>Page reference</b>
CMHP2.4 Increase access to low cost- local mental health services in areas with limited-service availability but high demand.	113
C19 Connecting vulnerable older adults residing in RACFs and in the community to mental health support services including the use of technologies to improve social connectedness	15

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## Coverage

The whole Country WA PHN region.

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## Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2023

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## Activity Planned Expenditure

<b>Funding Stream</b>	<b>FY 20 21</b>	<b>FY 21 22</b>	<b>FY 22 23</b>	<b>FY 23 24</b>	<b>Total</b>
Mental Health Flexible	\$3,919,420.00	\$4,485,980.00	\$4,495,364.86	\$0.00	\$12,900,764.86
Total	\$3,919,420.00	\$4,485,980.00	\$4,495,364.86	\$0.00	\$12,900,764.86

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# MH 4010 - Mental Health Services for People with Severe and Complex Mental Illness-Clinical Care Coordination

## Activity Title

Mental Health Services for People with Severe and Complex Mental Illness-Clinical Care Coordination

## Activity Number

4010

## Existing, Modified or New Activity

Existing

## Program Key Priority Area

Mental Health Priority Area 4: Mental health services for people with severe and complex mental illness including care packages.

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## Aim of Activity

To support individuals to effectively manage their illness and avoid unwarranted hospitalisation. The primary focus of this activity is to support GPs managing individuals who would benefit from additional clinical support and needs-based care planning and coordination and who can be appropriately supported in a primary care setting as part of a stepped care approach.

Furthermore, this activity aims to ensure that the level of care provided through clinical care coordination is determined by an individualised standardised clinical assessment that will be used to assign an appropriate level of care and inform referral decisions.

The Country WA Primary Health Network (PHN) will aim to:

- support GPs and their patients with severe mental illness who can most appropriately be managed in primary care settings (i.e., individuals who do not require more specialised and intensive service delivery within the state and territory managed specialised mental health system).
- integrate mental health services for people with severe and complex mental illness into a stepped care approach.
- work collaboratively with all related service providers to improve the integration and coordination of care.
- consolidate and strengthen relationships and linkages with providers of healthcare, social and other related services including alcohol and other drugs.
- promote the use of multiagency care plans.
- plan for the provision and support of services for people across the lifespan, including youth (from 18 years).
- promote referral pathways for the physical health needs of people with severe mental illness, particularly via GPs.
- establish linkages between clinical services and psychosocial supports.

- develop clear assessment and referral pathways with state-based mental health services.
  - make best use of available workforce.
- 

## **Description of Activity**

Clinical care coordination will be premised upon a GP-led model using a single, standardised multi-provider/agency GP Mental Health Treatment Plan. Commissioned service providers will conduct a comprehensive initial and ongoing assessment of an individual's mental health and alcohol and other drug, physical health and personal support needs, and care and treatment planning using standardised treatment outcome measures.

Additionally, this activity will provide a liaison role with an individual's support network, linking into community services including alcohol and other drug providers, and facilitating specialist consultation, including supporting shared-care arrangements as appropriate. This activity will also involve the proactive management of clinical deterioration.

Other clinical care coordination activities will include provision of clinical support, review, monitoring of mental and physical health needs of people with severe and complex mental illness and evidence based structured psychological therapies, where indicated, as per activity MH 3000 - Psychological Therapy Services.

A central access point will be used to assess and refer to the most suitable service that is commensurate to the individual's clinical needs. This will include clear referral pathways to and from both state mental health services and private psychiatrists. Both in person and telepsychiatry services will also be promoted through the establishment of a central referral point to improve access to clinical services, particularly in rural and remote areas.

Clinical care coordination services for people with complex and severe mental illness will be delivered by suitably skilled and qualified registered nurses working within the scope of their practice.

Continuity of care for individuals receiving clinical care coordination services will be assured by strengthening the key transition points with state-based services, and the referral pathways to support and follow up between primary care and secondary services. This will also include linkages to other relevant services such as alcohol and other drug services.

The Country WA PHN will ensure that effective monitoring and evaluation systems and processes use: analysis of primary mental health care – minimum data set (PMHC MDS) data in relation to proportion of the regional population receiving commissioned clinical care coordination services for people with severe and complex mental illness; average cost of PHN commissioned clinical care coordination services for people with severe mental illness; and completion rates for the clinical outcome measures reported in the PMHC MDS.

It is proposed that the clinical care coordination services and psychological therapies, where indicated, as part of community treatment services (refer to activity MH 3000 - Psychological Therapy Services) will be commissioned.

As further guidance and information is released, the activities required of the commissioned services may need to be refined and modified. This will be conducted in partnership and collaboration with the commissioned service providers. If at any point it is determined that the current service provider does not have the capacity or capability to continue/undertake the service, WA Primary Health Alliance will consider the most appropriate commissioning method and approach the market to support or find another suitable service provider.

The PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified, and additional services commissioned to help the PHN to continue to meet the aims of the activity and the needs of the priority target groups.

### WAPHA Needs Assessment Priorities

Priorities	Page reference
CMHP2.2 Provide medium intensity services to assist in care coordination and management for people with moderate to severe mental health conditions managed by general practice.	112

### Coverage

The whole Country WA PHN region.

### Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2022

### Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Mental Health Flexible	\$2,263,666.37	\$2,043,262.00	\$1,896,188.00	\$0.00	\$6,203,116.37
Total	\$2,263,666.37	\$2,043,262.00	\$1,896,188.00	\$0.00	\$6,203,116.37

# MH 4030 - Great Southern Mental Health GP Psychiatry Support Line Pilot

## Activity Title

Great Southern Mental Health GP Psychiatry Support Line Pilot

## Activity Number

4030

## Existing, Modified or New Activity

New Activity

## Program Key Priority Area

Mental Health Priority Area 4: Mental health services for people with severe and complex mental illness including care packages.

## Aim of Activity

To conduct a pilot project that enables general practitioners to get advice from a psychiatrist about patients under their care when they need it. The activity is a jointly funded collaboration between WA Country Health Service and the WA Country Primary Health Network to provide a General Practitioner Psychiatry Support Line (0800 – 1800hrs Monday to Friday) manned by consultant psychiatrists that reside in and know the Great Southern health region of Country WA.

This activity will establish a Consultant Psychiatrist telephone advice service so that GPs can seek timely, free, evidence-based advice and support in managing patients with Mental Health and Alcohol and Other Drug conditions that present to them. The service provides advice to GPs concerning risk, treatment, and referral options. On proof of concept, and subject to local workforce, the model has applicability to other country regions.

## Description of Activity

This activity will establish a Consultant Psychiatrist telephone advice service so that GPs can seek timely, free, evidence-based advice and support in managing patients with Mental Health and Alcohol and Other Drug conditions that present to them. The service will provide advice to GPs concerning risk, treatment, and referral options. On proof of concept, and subject to local workforce, the model has applicability to other country regions.

## WAPHA Needs Assessment Priorities

Priorities	Page reference
CMHP2.2 Provide medium intensity services to assist in care coordination and management for people with moderate to severe mental health conditions managed by General Practice.	112

CMHP2.7 Build capacity to recognise and support patients with mental health conditions and ensure General Practitioners are aware of appropriate clinical pathways and referral processes.	114
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### Coverage

Wheatbelt – South, Albany.

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### Activity Duration

Activity Start Date 20 January 2021

Activity End Date 30 June 2022

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### Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Mental Health Flexible	\$0.00	\$103,662.00	\$0.00	\$0.00	\$103,662.00
Total	\$0.00	\$103,662.00	\$0.00	\$0.00	\$103,662.00

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# MH 5010 - Community Based Suicide Prevention

## Activity Title

Community Based Suicide Prevention

## Activity Number

5010

## Existing, Modified or New Activity

Existing

## Program Key Priority Area

Mental Health Priority Area 5: Community based suicide prevention activities

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## Aim of Activity

To improve the care of individuals with high prevalence disorders (mostly anxiety and depression) who are at greater risk of suicide through systematic collaborative regional planning, co-design and service implementation and improvement strategies directly aimed at reducing suicide within communities.

The Country WA Primary Health Network (PHN) will aim to:

- plan and commission regional activities that are integrated with mental health or alcohol and other drug services.
  - facilitate better links between discharge services and relevant primary mental health care services including general practice.
  - support an integrated whole of community approach to treatment and support for people with common mental disorders.
  - facilitate access to culturally appropriate, integrated services for Aboriginal and Torres Strait Islander people and communities.
  - partner and liaise with local Aboriginal people and Aboriginal Community Controlled Health Services and mainstream providers to plan, integrate, and target local suicide prevention funding where possible.
  - engage people with lived experience where indicated.
  - address barriers to help seeking such as stigma and discrimination.
- 

## Description of Activity

Country WA PHN will work locally to:

- i. improve the capacity and capability of routine community gateways into healthcare, especially general practitioners (GPs) and PHN commissioned providers, to recognise and respond to suicide risk and suicidality that is evidence-based, culturally capable, available when help is needed, and connected to services individuals' value. This will

- include the development of aftercare for those who have attempted suicide, with active pathways to GP-connected care and psychosocial supports.
- ii. identify high-risk groups within localities.
- iii. develop integrated community-based pathways into care.

Community based suicide prevention activities will be delivered by commissioned services across the Country WA PHN using an integrated and systems-based approach, in partnership with Local Health Networks (to be referred to as Health Service Providers herein) and other local organisations. Evidence-informed activities will focus on improving follow up support for those who have had a recent suicide attempt or clinically significant suicidal ideation, who present to primary or secondary care services. There is an imperative to improve follow-up for people who seek help for suicidal behaviour, especially in the high-risk period following a suicide attempt. People with lived experience report difficulties in actively seeking help or following up on the services available to them after an attempt. Provision of timely, regular follow-up services in the community over this period can protect against this risk. Aftercare services have been shown to decrease further suicide attempts by up to 20%.<sup>4</sup> Moreover, a high proportion of people engaging in suicidal behaviour often visit a GP in the preceding weeks and months.<sup>5</sup> GPs are therefore an essential frontline workforce in the identification and management of individuals who may be at risk of suicide.

The Country WA PHN will lead the co-creation of agreements with general practice, regional health service providers, including state-based services, that details the follow-up care to individuals who have attempted suicide, and ensure that there is no ambiguity in the responsibility for provision of this care.

The Country WA PHN will also work with local communities to improve the integration of care utilising the Alliance Against Depression (AAD) framework. The AAD strategy comprises a four-part community-based intervention including co-operation with general practitioners from primary care and specialized mental health professionals, public relation activities destigmatising depression and talking about suicide, co-operation with community facilitators and stakeholders, and, support for high-risk patients and their relatives.

The activity will also strengthen joint regional planning and commissioning of suicide prevention activities that are integrated and linked to alcohol and other drug use, mental health, and social and emotional wellbeing activities. This will assist in building the breadth of capability of local providers in suicide prevention.

The Country WA PHN will ensure that effective monitoring and evaluation systems and processes are in situ to obtain data regarding the proportion of people who were referred to a commissioned service due to a recent suicide attempt or were at risk of suicide and who were followed up within seven days of referral.

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<sup>4</sup> National Suicide Prevention Project Reference Group (2019). National suicide prevention implementation strategy 2020-2025: Working together to save lives (Consultation Draft). Department of Health, Canberra.

<sup>5</sup> Pfaff, Acres, Wilson 1999. The role of general practitioners in parasuicide: A Western Australia perspective. Archives of Suicide Research; 5:207-14.

The PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified, and additional services commissioned to help the PHN to continue to meet the aims of the activity and the needs of the priority target groups.

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### WAPHA Needs Assessment Priorities

Priorities	Page reference
CMHP2.6 Encourage and promote a regional approach to suicide prevention including community-based activities.	96

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### Coverage

The whole Country WA PHN region.

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### Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2023

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### Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Mental Health Flexible	\$1,207,920.12	\$1,357,991.00	\$1,378,360.00	\$0.00	\$3,944,271.12
Total	\$1,207,920.12	\$1,357,991.00	\$1,378,360.00	\$0.00	\$3,944,271.12

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# MH U5010 - Community Based Suicide Prevention

## Activity Title

Community Based Suicide Prevention

## Activity Number

U5010

## Existing, Modified or New Activity

Existing

## Program Key Priority Area

Mental Health Priority Area 5: Community based suicide prevention activities

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## Aim of Activity

Sexual assault is recognised as a significant precursor to many psychological disturbances including suicidality in indigenous and non-indigenous population.

This activity aims to address complex trauma following sexual assault and abuse and deliver preventative behaviours training and education.

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## Description of Activity

Kimberley general practitioners identified the need for sexual assault support services when the Kimberley Division of General Practice existed, and this resulted in the establishment of the sexual abuse support. The Kimberley Sexual Assault Service (KSAPSS), formerly KSAACS was previously funded through the Kimberley-Pilbara Medicare Local as part of the Rural Primary Health Services (RPHS) Program. KSAPSS transitioned to Country WA Primary Health Network (PHN) under Mental Health Services in Rural and Remote Areas (MHSRRA), following the formation of the Primary Health Networks in 2015.

KSAPSS is provided on an outreach basis from the regional centres in the East and West Kimberley to other towns and remote Aboriginal communities. This is a service to address complex trauma following sexual assault and abuse.

There are three parts to the service:

1. Delivery of therapeutic services and personal support to victims of sexual assault and abuse in East and West Kimberley.
2. Delivery of "Preventative Behaviour" training and education in remote aboriginal communities via the school system.
3. Partnership on the Kimberley Joint Response Taskforce (together with the WA Police and Department of Communities) with the aim of providing a joined-up approach to sexual assault investigations e.g., to ensure that the provision of support to individuals, families and communities occurs in a coordinated manner in remote Aboriginal Communities

during Police / Child Protection and Family Support investigations.

The incidence of sexual assault in Western Australia has increased dramatically over the past decade. The Kimberley Region has historically had a very high rate of sexual assault including of children. The Gordon Report (2002) and the resultant "Safer Communities, Safer Children" initiative (2008) were the WA State Government's formal responses to this issue. Rates of sexual assault have remained high over the subsequent decade.

The KSAPPS activity largely harmonises with the "Safer Communities, Safer Children" approach and is best viewed as additive to that approach. Termination of the KSAPPS service would significantly and materially diminish the availability of specialist therapeutic and preventive services in the Region. It is feasible that the diminished investment in sexual assault services would lead to poorer community and individual outcomes as measured by sequelae of sexual assault such as: suicide, post-traumatic stress disorder, major depression, other psychiatric disorders, mood disorders, self-harming, eating disorders and alcohol misuse.

While this activity is not within the scope of Primary Health Networks, WA Primary Health Alliance is working in partnership with the WA Mental Health Commission, the WA Department of Communities, and the Australian Government Department of Health, principally the WA Health Engagement and Representation Network (HERN) and Aged Care, to secure ongoing funding to ensure service continuity is maintained. The WA Department of Communities does recognise this service type is a statutory responsibility for child protection, alongside the WA Department of Health, which has a responsibility for counselling/treatment. The WA Department of Communities, despite strong advocacy, has not made funds available for continuity of the service. In the meantime, WA Primary Health Alliance requests the use of unspent 2018-19 Primary Mental Health Care funds to maintain service continuity until ongoing funding is identified.

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## WAPHA Needs Assessment Priorities

Priorities	Page reference
CMHP2.7 Build capacity to recognise and support patients with mental health conditions and ensure General Practitioners are aware of appropriate clinical pathways and referral processes.	114
CAOD3.8 Encourage and promote a regional approach to suicide prevention including community-based activities to reduce alcohol and other drug related suicide.	119

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## Coverage

The Country WA PHN Kimberley region.

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## Target Population Cohort

This activity is provided on an outreach basis from the regional centres in the East and West Kimberley to other towns and remote Aboriginal communities.

A joined-up approach to sexual assault investigations is facilitated to ensure that the provision of support to individuals, families and communities occurs in a coordinated manner in remote Aboriginal Communities during Police, Child Protection and Family Support investigations.

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## Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2021

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## Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Mental Health Flexible	\$576,012.50	\$0.00	\$0.00	\$0.00	\$576.012.50
Total	\$576,012.50	\$0.00	\$0.00	\$0.00	\$576.012.50

# MH 6000 - Indigenous Mental Health

## Activity Title

Indigenous Mental Health

## Activity Number

6000

## Existing, Modified or New Activity

Existing

## Program Key Priority Area

Mental Health Priority Area 6: Aboriginal and Torres Strait Islander mental health services

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## Aim of Activity

To provide a holistic and seamless continuum of care for Aboriginal and Torres Strait Islander people that are integrated within a stepped care approach to meet individual and local needs.

This activity will aim to ensure that services are supported to target the mental health and social and emotional wellbeing needs of Aboriginal and Torres Strait Islander people. It will also be aimed at commissioning culturally appropriate services that provide clear referral and care pathways with mental health, alcohol and other drug, social and emotional wellbeing, and other community support services.

In addition, this activity aims to ensure that the level of care provided is determined by an individualised standardised clinical assessment that will be used to assign an appropriate level of care and inform referral decisions.

The Country WA Primary Health Network (PHN) will aim to:

- integrate Aboriginal and Torres Strait Islander mental health services into a stepped care approach.
- engage local Aboriginal and Torres Strait Islander people and communities, where possible, in the co-designing of locally driven regional plans and service delivery.
- improve referral pathways between GPs, Aboriginal Community Controlled Health Services, social and emotional wellbeing, alcohol and other drug, and mental health services.
- maintain clear collaborative structures to optimise partnerships to enhance the penetration, quality, integration, and effectiveness of services. The PHN will utilise the WA Primary Health Alliance and Aboriginal Health Council of WA Memorandum of Understanding to inform delivery of culturally appropriate mental health treatment and treatment supports in the Aboriginal controlled sector and mainstream sectors.
- recognise and promote Aboriginal and Torres Strait Islander leadership by supporting

Gayaa Dhuwi (Proud Spirit) Declaration implementation.

- continue to implement the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) principles in the Kimberley Suicide Prevention Trial site as a guide to ensuring services are culturally appropriate.
- promote the sharing of information between agencies using informed consent as an enabler of clinical care coordination and service integration.
- develop strategic joint regional planning for mental health and suicide prevention services with Health Service Providers and the WA Mental Health Commission.
- ensure clinical and cultural competency of the workforce.
- strengthen linkages between primary care services and other services provided by state, national and non-government organisations.
- strengthen both intra- and cross-regional service partnerships.

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## Description of Activity

Aboriginal and Torres Strait Islander mental health services are an integral part of a stepped care approach. Services use a range of evidence-based early intervention strategies, such as those programs that have been developed or implemented in accordance with the nine guiding principles underpinning the National Strategic Framework for Aboriginal and Torres Straits Islander Peoples' Mental Health and Social and Emotional Wellbeing [2017–2023].<sup>6 7</sup>

Our focus is empowering Aboriginal Community Controlled Health Organisations (ACCHOs) to develop and deliver services. The WA Primary Health Alliance Foundational Joint Regional Plan commits us:

- to support the implementation of the Gayaa Dhuwi (Proud Spirit) Declaration, by ensuring greater regional leadership, self-determination and capability of Aboriginal people and organisations.
- to ongoing recognition and strengthening of ACCHOs as leaders in Aboriginal primary healthcare, including through sustainable funding for partnerships in prevention and early intervention activities, as well as general capacity building.
- to developing cooperative partnerships to achieve the common objective of providing Aboriginal people with improved access to services and to enable continuity of care at transition points across the healthcare system.

WA Primary Health Alliance will work in partnership with Aboriginal stakeholders and consumers to ensure new and existing service models operate within a social and emotional wellbeing framework. Services will be culturally appropriate and recognise the social, emotional, spiritual, and cultural wellbeing of a person. WA Primary Health Alliance is cognisant that for many Aboriginal peoples, connection to land, culture, spirituality, family,

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<sup>6</sup> <https://pmc.gov.au/resource-centre/indigenous-affairs/national-strategic-framework-mental-health-social-emotional-wellbeing-2017-23>

<sup>7</sup> Dudgeon P, Walker R, Scrine C, Shepherd C, Calma T and Ring I. 2014 Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people. Australian Institute of Health and Welfare. Cat no IHW: 143, No 12

and community have significant impacts on their health and wellbeing. WA Primary Health Alliance will support commissioned providers to deliver culturally appropriate services, recognising the importance and inter-relationship between physical health, mental health, spiritual needs, and social and emotional wellbeing. Services will be holistic, tailored to meet local needs, and focused on recovery and trauma informed practice. Interdisciplinary approaches using partnerships with the Aboriginal community-controlled sector, alcohol and other drug, and other community support services will be supported to integrate locally driven regional planning and service delivery. This will improve access to high quality, evidence-based services using culturally appropriate models of care that have both culturally informed mental health clinical care, and social and emotional wellbeing services.

The services will be delivered by an appropriately skilled workforce including:

- general practitioners
- clinical psychologists
- mental health competent registered psychologists, occupational therapists, and social workers
- mental health competent Aboriginal health practitioners
- Aboriginal peer support workers.

This activity will ensure that commissioned mental health treatment services (as per activities MH 2000 - Low Intensity Services and MH 3000 - Psychological Therapy Services) for Aboriginal and Torres Strait Islander individuals are provided within a holistic framework that encompass their overall physical, social, emotional, spiritual, and cultural wellbeing and involves their family and/or community.

The Country WA PHN will ensure that effective monitoring and evaluation systems and processes use analysis of primary mental health care – minimum data set (PMHC MDS) data in relation:

- the proportion of the regional population receiving commissioned mental health services that were culturally appropriate.

It is proposed that the following will be commissioned:

- in person interventions offered as part of community treatment services
- clinical care coordination services
- suicide prevention services
- telephone and web-based services through the Practitioner Online Referral Treatment Service (PORTS)
- psychological treatment in Residential Aged Care Facilities
- services provided through headspace
- Aboriginal and Torres Strait Islander specific mental health services.

As further guidance and information is released, activities of the commissioned services may need to be refined and modified. This will be conducted in partnership and collaboration with the commissioned service providers. If it is determined that the current service provider does not have the capacity or capability to continue/undertake the service,

then WA Primary Health Alliance will consider the most appropriate commissioning method and approach the market to support or find another suitable service provider.

The PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified, and additional services commissioned to help the PHN to continue to meet the aims of the activity and the needs of the priority target groups.

Concurrent to this activity, WA Primary Health Alliance has committed to the development of a Cultural Competency Framework and an Aboriginal Cultural Capability Framework, which encompasses cultural awareness, cultural competency, and cultural safety. These frameworks will assist WA Primary Health Alliance to reflect on current practice, identify areas that will improve cultural safety for communities, and develop cultural competence in internal staff and external stakeholders including commissioned services, resulting in better health and wellbeing outcomes for Aboriginal, CALD and LGBTQI+ communities.

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### **WAPHA Needs Assessment Priorities**

<b>Priority</b>	<b>Page reference</b>
CGP1.9 Assist primary health care providers to adopt culturally appropriate models of care for Aboriginal populations, CALD groups	108
CA4.2 Increase access to Aboriginal specific services with an Aboriginal approach to cultural wellbeing, healing, and community empowerment.	121

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### **Target Population Cohort**

The Aboriginal and Torres Strait Islander mental health services will be targeted at individuals who are:

- with, or at risk of developing mild to moderate and, in some circumstances, severe mental illness who can be most appropriately managed in primary care.
- unable to equitably access MBS treatments due to overlapping factors, indicating disadvantage, including:
  - low income
  - job insecurity
  - material disadvantage
  - limited personal resources
  - social isolation
  - poor health literacy
  - other social, economic, cultural, and personal reasons
- experiencing locational disadvantage.

## Indigenous Specific Comments

The following key stakeholders will have a role in the design and implementation of these services:

- GPs, who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
- The Aboriginal Health Council of WA and Aboriginal Medical Services, who will assist to promote and strengthen culturally appropriate and accessible primary mental health care, within a framework of social and emotional wellbeing.
- WA Mental Health Commission, the Child and Adolescent Health Service and the North Metropolitan Health Service and East Metropolitan Health Service, who will build capability and promote integration across the sector.
- Mental health service providers, who will work to strengthen partnerships and ensure services are culturally appropriate and connected to country and culture.
- Alcohol and other drug service providers, who will work to strengthen cross-sectoral working.

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## Coverage

The whole Country WA PHN region.

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## Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2023

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## Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Indigenous Mental Health	\$2,182,422.00	\$2,217,340.00	\$2,250,589.00	\$0.00	\$6,650,351.00
Total	\$2,182,422.00	\$2,217,340.00	\$2,250,589.00	\$0.00	\$6,650,351.00

# MH 7000 – Child and Youth Mental Health Primary Care Services

## Activity Title

Child and Youth Mental Health Primary Care Services

## Activity Number

7000

## Existing, Modified or New Activity

Existing

## Program Key Priority Area

Mental Health Priority Area 2: Child and youth mental health services

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## Aim of Activity

To deliver easily accessible, family-friendly evidence based early intervention services for children and young people, starting at as young an age as practicable. Where indicated, this will comprise of low intensity and psychological therapy services, and clinical care coordination activities.

This activity will aim to provide services for children and young people that are developmentally and culturally appropriate and are integrated with local services to prevent the escalation of acuity, and unwarranted emergency department presentations. This approach will enhance the mental health and wellbeing outcomes of children and young people and prevent suicidal behaviour, particularly in areas of limited-service availability and high demand.

The Country WA Primary Health Network (PHN) will aim to:

- integrate the children and youth services into a stepped care approach,
- consolidate and strengthen linkages and referral pathways between headspace centres with primary care services, educational and vocational providers, and other local community support services,
- strengthen local regional planning for mental health services and suicide prevention for children and young people,
- promote locally driven regional partnerships between primary care providers and state, non-government services, private practitioners, other services such as alcohol and other drugs, and educational/social providers,
- promote evidence-based practice and the collection of data that demonstrates the impact of interventions
- address service gaps and support sustainable primary mental health care provision for children and young people; monitor the quality and integrity of the services being commissioned, including workforce capability.
- monitor the quality and integrity of the services being commissioned, including workforce capability.

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## Description of Activity

The Children and Youth Mental Health Primary Care Services activity will be an integral part of a best practice stepped care approach and are premised on being a developmentally appropriate early intervention, which will be linked to local educational, vocational and community services. A region specific, cross sectoral approach will be implemented for children and young people with, or at risk of, mental illness that is integrated, equitable, person-centred, and optimistic.

Services will be supported to deliver flexible and responsive models of care to meet the needs of children and young people and their families, who are at risk of, or living with, mental illness and co-occurring substance misuse. The Country WA PHN will work in partnership, where indicated, with Health Service Providers, Child and Adolescent Health Services, Family Support Service providers, Aboriginal Medical Services and other local services to consolidate and foster local regional planning and integration.

All PHN commissioned services will be supported to provide evidence-based clinical best practice models, such as those described by the National Centre of Excellence in Youth Mental Health<sup>8</sup>, that are culturally sensitive.

The Children and Youth Services will be delivered by a suitably skilled workforce including psychiatrists; clinical psychologists; mental health competent registered psychologists, occupational therapists, nurses, and social workers; mental health competent Aboriginal health practitioners.

The Country WA PHN will ensure that effective monitoring and evaluation systems and processes use analysis of primary mental health care – minimum data set (PMHC MDS) data in relation to:

- the proportion of the youth regional population receiving youth specific commissioned mental health services, including headspace and early psychosis youth services
- completion rates for the clinical outcome measures reported in the PMHC- MDS.

It is proposed to commission:

- headspace Centres,
- face to face low intensity, psychological therapy, and clinical care coordination services offered as part of community treatment services
- services for children with, or at risk of severe mental illness.

As further guidance and information is released, the processes required of the commissioned services will be refined and modified. This will be conducted in partnership and collaboration with the commissioned service providers. If it is determined in the implementation of the

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<sup>8</sup> The National Centre of Excellence in Youth Mental Health 2018. Youth mental health service models and approaches: Considerations for primary care. Victoria.

refined processes that the current service provider does not have the capacity or capability to continue/undertake the service, then WA Primary Health Alliance will consider the most appropriate commissioning method and approach to the market to support or find another suitable service provider.

The PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified, and additional services commissioned to help the PHN to continue to meet the aims of the activity and the needs of the priority target groups.

### WAPHA Needs Assessment Priorities

Priority	Page reference
CMHP2.3 Increase access to early intervention services to prevent escalating acuity and reduce the burden on acute and emergency department services.	112
CMHP2.4 Increase access to low cost- local mental health services in areas with limited-service availability but high demand.	113
CMHP2.8 Increase access to mental health services for youth at risk of experiencing moderate to severe mental health conditions.	115

### Coverage

The whole Country WA PHN region.

### Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2022

### Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Mental Health Flexible	\$1,978,950.47	\$1,886,753.00	\$1,915,054.46	\$0.00	\$5,780,757.93
headspace	\$10,146,022.21	\$10,573,842.21	\$9,787,503.00	\$0.00	\$30,507,367.42
Total	\$12,124,972.68	\$12,460,595.21	\$11,702,557.46	\$0.00	\$36,288,125.35

# MH-CV19 1000 – Emergency Mental Health Support to Older Australians

## Activity Title

Emergency Mental Health Support to Older Australians

## Activity Number

1000

## Existing, Modified or New Activity

New Activity

## Program Key Priority Area

Mental Health Priority Area 1: Low intensity mental health services

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## Aim of Activity

Commission mental health services targeting older people who are experiencing social isolation or loneliness as a consequence of the COVID-19 Pandemic, and who are at risk of, or have, mental health problems.

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## Description of Activity

WA Primary Health Alliance will commission these services to be delivered by appropriately experienced and staffed provider organisations:

1. Provide direct additional funding to current commissioned providers to:
  - provide additional treatment and identify individual people who are at risk and would benefit from psychological treatment and care co-ordination, and
  - link people with required services in consultation with general practice/primary care.
2. The funding will be directed to the Integrated Primary Mental Health Care Services portal providers.

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## WAPHA Needs Assessment Priorities

Priority	Page reference
C19 Connecting vulnerable older adults residing in RACFs and in the community to mental health support services including the use of technologies to improve social connectedness.	15

## Coverage

The whole Country WA PHN region.

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## Activity Duration

Activity Start Date 1 July 2020

Activity End Date 31 December 2021

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## Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
COVID-19	\$726,361.00	\$0.00	\$0.00	\$0.00	\$726,361.00
Total	\$726,361.00	\$0.00	\$0.00	\$0.00	\$726,361.00

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# MH-CV19 2000 – Emergency Mental Health Support to CALD Communities

## Activity Title

Emergency Mental Health Support to CALD Communities

## Activity Number

2000

## Existing, Modified or New Activity

New Activity

## Program Key Priority Area

Mental Health Priority Area 3: Psychological therapies for rural and remote, under-served and / or hard to reach groups

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## Aim of Activity

To support service delivery to people from a Culturally and Linguistically Diverse (CALD) background who may be impacted by physical distancing or are having difficulty accessing services or information as a result of the pandemic.

Funding will be used to undertake one or more of the following functions:

- enhance existing commissioned mental health services targeting people from a CALD background.
- promote availability of mental health services and supports associated with the mental health response to the pandemic to CALD groups in the region, or
- build capacity of services to better meet the needs of people from a CALD background during the pandemic and to build protective factors.

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## Description of Activity

WA Primary Health Alliance will commission these services to be delivered by appropriately experienced and staffed provider organisations:

- support commissioned mental health service providers to undertake CALD/cultural safety training and or training in the use of interpreters including TIS National.
- furthermore, support commissioned service providers to engage with consumers from CALD backgrounds to develop materials to promote and increase engagement with appropriate services.

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## WAPHA Needs Assessment Priorities

Priority	Page reference
C19 Work with Commissioned Services supporting vulnerable populations to ensure these groups are fully supported in the event of	15

future pandemics.

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### Coverage

The whole Country WA PHN region.

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### Activity Duration

Activity Start Date 1 July 2020

Activity End Date 31 December 2021

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### Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
COVID-19	\$33,355.00	\$0.00	\$0.00	\$0.00	\$33,355.00
Total	\$33,355.00	\$0.00	\$0.0	\$0.00	\$33,355.00

# MH-CV19 3000 – Emergency Mental Health Support to Indigenous Communities

## Activity Title

Emergency Mental Health Support to Indigenous Communities

## Activity Number

3000

## Existing, Modified or New Activity

New Activity

## Program Key Priority Area

Mental Health Priority Area 6: Aboriginal and Torres Strait Islander mental health services

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## Aim of Activity

Time-limited and swift enhancement of service capacity which responds to changing needs as restrictions associated with the pandemic are lifted. In this respect, core assumptions are:

- that the capacity of existing Primary Health Network (PHN) mental health services for Aboriginal and Torres Strait islander services and workforce will be enhanced, rather than establishing new services.
  - that services will be on the ground quickly, utilising existing service agreements, to enable increased capacity as restrictions are lifted.
  - that existing expectations relating to delivery of culturally appropriate Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention services, as outlined in the PHN guidance will be respected. This includes appropriate consultation with Aboriginal Community Controlled Health Services and communities.
- 

## Description of Activity

WA Primary Health Alliance will commission these services to be delivered by appropriately experienced and staffed provider organisations:

- target the investment to build capability of Integrated Team Care providers to respond to mental health issues.
- support Integrated Team Care providers to improve their preparedness for an increase in COVID cases, particularly in the form of agreed escalation pathways between primary care/Aboriginal Medical Services/PORTS/PORTALS for people who may need additional mental health support.
- prioritise Integrated Team Care providers that are not Aboriginal Community Controlled Health Services (and have likely had less access to support around telehealth etc.)

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## WAPHA Needs Assessment Priorities

Priority	Page reference
CA4.2 Increase access to Aboriginal specific services with an Aboriginal approach to cultural wellbeing, healing, and community empowerment.	121

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### Coverage

The whole Country WA PHN region.

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### Activity Duration

Activity Start Date 1 July 2020

Activity End Date 31 December 2021

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### Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
COVID-19	\$208,746.00	\$0.00	\$0.00	\$0.00	\$208,746.00
Total	\$208,746.00	\$0.00	\$0.0	\$0.00	\$208,746.00

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