

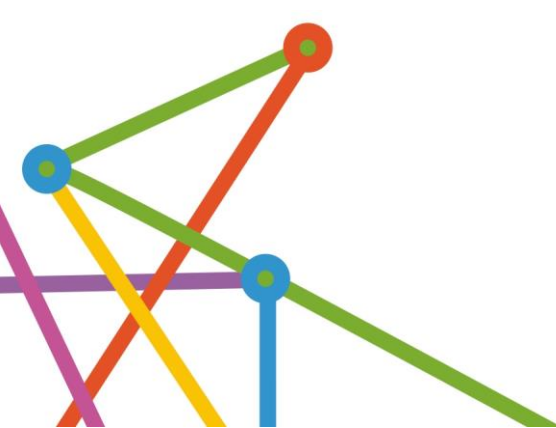


# PHN Activity Work Plan

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

**Primary Mental Health Care  
Perth South PHN**

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



# Contents

<b>MH 1010 – Initial Assessment and Referral Project .....</b>	<b>3</b>
<b>MH 1070 – Organisational Strengthening &amp; Development Grants One Off Program 2021/22 .....</b>	<b>5</b>
<b>MH 2010 - Low Intensity Services.....</b>	<b>8</b>
<b>MH 2020 - Social Connectedness in Older Australians.....</b>	<b>11</b>
<b>MH 3000 – Psychological Therapy Services .....</b>	<b>14</b>
<b>MH 5010 - Community Based Suicide Prevention .....</b>	<b>22</b>
<b>MH 6000 - Indigenous Mental Health .....</b>	<b>25</b>
<b>MH 7010 – Child and Youth Mental Health Primary Care Services.....</b>	<b>30</b>
<b>MH-CV19 1000 – Emergency Mental Health Support to Older Australians .....</b>	<b>33</b>
<b>MH-CV19 2000 – Emergency Mental Health Support to CALD Communities .....</b>	<b>35</b>
<b>MH-CV19 3000 – Emergency Mental Health Support to Indigenous Communities .....</b>	<b>37</b>

# 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

---

## Aim of Activity

Implementation, at scale, of a free standardised comprehensive adult initial assessment and referral (IAR) system (based on the 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 Perth South 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 particularity 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 Perth South PHN.

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

### WAPHA Needs Assessment Priorities

Priorities	Page reference
PSMH2.9 Increase access to mental health services for youth experiencing moderate to severe mental health conditions.	100
PSMH2.8 Build capacity with to recognise and support patients with mental health conditions and ensure General Practitioners are aware of appropriate clinical pathways and referral processes.	99
PSMH2.4 Increase access to low cost- local mental health services in outer-suburbs and areas with limited-service availability but high demand.	97

### Coverage

The whole Perth South 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	\$650,000.00	\$400,000.00	\$0.00	\$0.00	\$1,050,000.00
Total	\$650,000.00	\$400,000.00	\$0.00	\$0.00	\$1,050,000.00

# 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

---

## 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.

---

## 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.

---

### WAPHA Needs Assessment Priorities

Priorities	Page reference
PSA4.2 Increase access to Aboriginal specific services with an Aboriginal approach to cultural wellbeing, healing, and community empowerment.	107
PSMH4.1 Engage with Primary Health Care providers, Local Hospital Networks, and other health service providers to improve transitions of care, care coordination and service linkages.	96
SA4.1 Assist Primary Health Care providers to adopt culturally appropriate models of care for Aboriginal populations.	106

---

### Coverage

The whole Perth South PHN region.

---

## Activity Duration

Activity Start Date 1 July 2021

Activity End Date 30 June 2022

---

## 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 Funding	\$0.00	\$595,990.00	\$200,000.00	\$0.00	\$795,990.00
Total	\$0.00	\$595,990.00	\$200,000.00	\$0.00	\$795,990.00

---

# MH 2010 - Low Intensity Services

## Activity Title

Low Intensity Services

## Activity Number

2010

## Existing, Modified or New Activity

Existing

## Program Key Priority Area

Mental Health Priority Area 1: Low intensity mental health services

---

## 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.

---

## 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 (GP).

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

---

<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., Percy, 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 Perth South PHN to low intensity services for all those who are in need and not able to access in-person services, with GPs across the PHN having the option of referring directly to the service. This will assist in providing an integrated model of care and fidelity of the intervention, no matter the location of the individual who is accessing it.

The Perth South PHN will ensure that effective monitoring and evaluation systems and processes based on analysis of primary mental health care – minimum data set (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
PSMH2.3 Increase access to early intervention services to prevent escalating acuity and reduce the burden on acute and emergency department services.	97
PSMH2. Increase access to low cost- local mental health services in outer-suburbs and areas with limited-service availability but high demand.	97

### Coverage

The whole Perth South 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 Funding	\$2,537,517.55	\$2,019,211.58	\$1,693,249.00	\$0.00	\$6,249,978.13
Total	\$2,537,517.55	\$2,019,211.58	\$1,693,249.00	\$0.00	\$6,249,978.13

# MH 2020 - Social Connectedness in Older Australians

## Activity Title

Social Connectedness in Older Australians

## Activity Number

2020

## Existing, Modified or New Activity

Existing

## Program Key Priority Area

Mental Health Priority Area 1: Low intensity mental health services

---

## Aim of Activity

To design, develop and implement a two-year pilot project which increases the social connectedness of older people (over the age of 75, over 65 for Aboriginal and Torres Strait Islander peoples) residing in the City of Mandurah. The activity will focus on the processes and connection interventions that increase the social connectedness of older Australians who may be assessed by their primary health care professional, Regional Assessment Services assessor or other community/social support or health professional as experiencing or being at high risk of social isolation and/or loneliness.

The outcome that this activity is seeking to achieve is increase social capital and connections, while reducing isolation and loneliness in older persons by:

- implementing practical person-centred interventions that address social isolation and loneliness by identifying, assessing and responding to those at risk of or experiencing social isolation and loneliness.
  - create the right environments and conditions in the City of Mandurah to reduce social isolation and loneliness by enhancing community connections and assets.
  - develop networks of service providers and support them to integrate and effectively address social isolation and loneliness.
  - engage service providers to work together to address social isolation.
- 

## Description of Activity

General practitioners (GPs) and other health care providers may refer eligible patients for assessment to the service provider project officer.

The project officer will work with the client under the 'framework for action', based on the UK model to end loneliness.

The project officer will refer clients to services that:

- help prevent isolation and loneliness.
- strengthen existing connections and relationships.

- foster new connections and relationships.
- reach and identify lonely individuals and develop a personalised response.
- encourage group based and shared interest programs and services.

The project has two further elements to the 'framework for action' including:

1. Enhancing community connections and assets to create the right environments and conditions in the community to reduce isolation and loneliness. Activities to include:
  - work with GPs to determine a pathway to pilot the program,
  - work with HealthPathways to include a localised referral pathway,
  - provide a community assets map of service provision incorporating the City of Mandurah and My Community Directory and including points of help seeking,
  - establish a community reference group standing to support implementation of the pilot,
  - implementing age friendly initiatives in the community,
  - create awareness in the community about the challenges and risks of social isolation via different types of activities including traditional media and events/activities,
  - promotion of transport options, (including updates to My Community Directory, Mandurah Matters, and other media mediums where appropriate),
  - identify opportunities to find solutions for transport issues.
2. Engaging services to work together to address loneliness by developing networks of service providers and support them to collaborate more effectively. Activities to include:
  - work with Community Reference Group to apply principles of an aged friendly community within the city of Mandurah,
  - work with the City of Mandurah to implement activities for annual Neighborhood Day,
  - promote and provide training for community and stakeholders interacting with the elderly re social isolation and loneliness.

Work will occur with general practices to promote and provide education to practice staff via PHN's Primary Health Liaisons, in identifying loneliness/social isolation and help identify eligible clients for referral including analysing the use of over 75 MBS health assessments within selected general practices.

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. This activity end date will be extended to June 2021 due to the impact of COVID on the implementation.

## WAPHA Needs Assessment Priorities

Priorities	Page reference
PSMH2.10 Support the mental health of older people and assist primary care providers to identify older people who may need additional support or referrals to services	100
PSMH2.8 Build capacity with to recognise and support patients with mental health conditions and ensure General Practitioners are aware of appropriate clinical pathways and referral processes.	99

---

### Coverage

Mandurah

---

### Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2021

---

### Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Social Connectedness Trial	\$616,934.00	\$0.00	\$0.00	\$0.00	\$616,934.00
Total	\$616,934.00	\$0.00	\$0.00	\$0.00	\$616,934.00

---

# 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 Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups.

## 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 Perth South 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.
- foster linkages to local crisis services and pathways.

---

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

- 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.

---

## **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 Perth South PHN to psychological therapy services for all those who are in need and not able to access face-to-face services. A PORTS intake assessment is deemed equivalent to a GP Mental Health Treatment Plan for access to PHN commissioned psychological therapies.

Continuity of care for individuals receiving psychological services, will be assured by

---

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

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 Perth South 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.

---

## **WAPHA Needs Assessment Priorities**

<b>Priorities</b>	<b>Page reference</b>
PSMH2.4 Increase access to low cost- local mental health services in outer-suburbs and areas with limited-service availability but high demand.	97

---

## **Coverage**

The whole Perth South PHN region.

---

## **Activity Duration**

Activity Start Date 1 July 2019

Activity End Date 30 June 2022



---

**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 Funding	\$3,158,440.54	\$2,952,438.00	\$2,854,834.00	\$0.00	\$8,965,712.54
Total	\$3,158,440.54	\$2,952,438.00	\$2,854,834.00	\$0.00	\$8,965,712.54

---

# MH 4000 - Mental Health Services for People with Severe and Complex Mental Illness

## Activity Title

Mental Health Services for People with Severe and Complex Mental Illness

## Activity Number

4000

## 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.

---

## Aim of Activity

To improve the access, provision and coordination of treatment and support for individuals with severe mental illness particularly those individuals with concurrent physical illness including the physical health consequences of prescribed treatments who are most appropriately managed in primary care by general practitioners (GP) within specified locations.

The activity is to support:

- GPs managing individuals with severe mental illness who would benefit from additional clinical support and needs-based care planning and coordination - who can be appropriately supported in a primary care setting as part of a stepped care approach.
- the implementation of the primary care relevant actions of the Equally Well National Consensus Statement for improving the physical health and wellbeing of people living with mental illness in Australia (National Mental Health Commission (NMHC), Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia, Sydney NMHC, 2016).

The Perth South PHN will:

- support GPs and their patients with severe mental illness within specified locations 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) including:
  - work collaboratively with all related service providers to improve the integration and local 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.
- work with GPs and their patients, carers, and families to design and implement Equally Well care pathways within specific locations including:
  - requiring all in-scope commissioned mental health providers to screen for physical health conditions that people with mental illness are at higher risk of developing,
  - requiring all in-scope commissioned mental health incorporate pathways to refer to other services that provide prevention and lifestyle interventions, including interventions aimed at improving diet and increasing physical activity,
  - ensuring GPs and other in scope professionals in commissioned services have access to the training and support they need to provide person-centred, effective, and coordinated care to people with comorbidities,
  - ensuring people with mental illness and their carers have access to information on physical health problems, managing medications and their side-effects, and the range of care and treatment options available to them,
  - ensuring the Equally Well Consensus Statement action are a priority consideration for the Joint Regional Plan for Integrated Mental Health and Suicide Prevention Services.

## **Description of Activity**

The Perth South PHN will work with general practitioners (GPs) to develop approaches that increase the efficiency and effectiveness of medical care for individuals with severe mental illness particularly those individuals with concurrent physical illness who can most appropriately be managed in primary care settings, including individual taking Clozapine. This involves two related activities.

1. Funding the provision of clinical care coordination within specified locations.
  - clinical care coordination will be premised upon a GP-led model using a single, standardised multi-provider/agency GP Mental Health Treatment Plan, be nurse-led, and premised on meeting the individual's needs and preferences. Services will be personalised and recovery focused.
  - this activity includes initial and ongoing assessment; coordination of treatment and support services that address mental and physical health issues, including the mental and physical consequences of psychoactive substance use, particularly alcohol; liaison with an individual's support network; monitoring progress and treatment compliance (including undertaking routine mental state and physical health checks); tracking and reporting progress and outcomes; it will also involve the proactive management of clinical deterioration including the involvement of family and carers.
  - clinical care coordination services for people with complex and severe mental illness will be delivered by a suitably skilled and qualified registered nurses working within the scope of their practice and their expectation that the same nurse will provide all of the nursing care requirements to the extent possible for any individual.

2. WA Primary Health Alliance will fund work with GPs to develop localised approaches that increase the efficiency and effectiveness of medical care for individuals with severe mental illness and concurrent physical health conditions who can most appropriately be managed in primary care settings, including individual taking Clozapine. This includes:
- working with GPs and their patients, carers, and families to design and implement Equally Well care pathways within specific locations,
  - requiring all in-scope commissioned mental health providers to screen for physical health conditions that people with mental illness are at higher risk of developing,
  - requiring all in-scope commissioned mental health incorporate pathways to refer to other services that provide prevention and lifestyle interventions, including interventions aimed at improving diet and increasing physical activity,
  - ensuring GPs and other in scope professionals in commissioned services have access to the training and support they need to provide person-centred, effective, and coordinated care to people with comorbidities,
  - ensuring people with mental illness and their carers have access to information on physical health problems, managing medications and their side-effects, and the range of care and treatment options available to them,
  - ensuring the Equally Well Consensus Statement action are a priority consideration for the Joint Regional Plan for Integrated Mental Health and Suicide Prevention Services.

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
PSMH2.2 Provide medium intensity services to assist in care coordination and management for people with moderate to severe mental health conditions managed by general practice.	96

---

## Coverage

The whole Perth South 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 Funding	\$1,884,944.00	\$1,807,201.00	\$1,875,484.00	\$0.00	\$5,567,629.00
Total	\$1,884,944.00	\$1,807,201.00	\$1,875,484.00	\$0.00	\$5,567,629.00

---

# 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

---

## 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 Perth South 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

Perth South 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 Perth South 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 Perth South 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 Perth South 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 Perth South 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.

---

<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.

---

### WAPHA Needs Assessment Priorities

Priorities	Page reference
PSMH2.7 Encourage and promote a regional approach to suicide prevention including community-based activities.	98

---

### Coverage

The whole Perth South 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 Funding	\$582,494.00	\$975,375.00	\$787,923.00	\$0.00	\$2,345,792.00
Total	\$582,494.00	\$975,375.00	\$787,923.00	\$0.00	\$2,345,792.00



# 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

---

## 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 Perth South 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.

---

## 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,

---

<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 Perth South 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.

---

### WAPHA Needs Assessment Priorities

Priority	Page reference
PSA4.2 Increase access to Aboriginal specific services with an Aboriginal approach to cultural wellbeing, healing, and community empowerment.	107

---

### 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 South 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.

---

### Coverage

The whole Perth South 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
Indigenous Mental Health Funding	\$819,419.62	\$832,266.62	\$828,025.00	\$0.00	\$2,479,711.21
Total	\$819,419.62	\$832,266.62	\$828,025.00	\$0.00	\$2,479,711.24

---

# MH 7010 – Child and Youth Mental Health Primary Care Services

## Activity Title

Child and Youth Mental Health Primary Care Services

## Activity Number

7010

## Existing, Modified or New Activity

Existing

## Program Key Priority Area

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

---

## 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 Perth South 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.
-

## 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 Perth South 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 Perth South 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 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.

---

<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.

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
PNMH2.3 Increase access to early intervention services to prevent escalating acuity and reduce the burden on acute and emergency department services.	95
PNMH2.3 Increase access to low cost- local mental health services in outer-suburbs and areas with limited-service availability but high demand.	95
PNMH2.9 Increase access to mental health services for youth experiencing moderate to severe mental health conditions.	98

### Coverage

The whole Perth South 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	\$2,126,719.51	\$2,216,374.00	\$2,049,619.00	\$0.00	\$6,392,712.51
headspace	\$5,532,109.57	\$5,605,438.56	\$5,041,373.00	\$0.00	\$16,178,921.13
Total	\$7,658,829.08	\$7,821,812.56	\$7,090,992.00	\$0.00	\$22,571,633.64



# 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

---

## 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.

---

## 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 providers currently delivering Psychological Treatment in Residential Aged Care Facilities (RACF) - noting that these providers will utilise the funding to provide outreach services for Older Australians experiencing or at risk of mental health issues, living outside of RACFs (as those in RACFs are already covered through the RACF Psychological Therapies service).

---

## 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 Perth South PHN region

---

## Activity Duration

Activity Start Date 1 July 2020

Activity End Date 31 December 2021

---

## Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
COVID-19	\$550,320.00	\$0.00	\$0.00	\$0.00	\$550,320.00
Total	\$550,320.00	\$0.00	\$0.00	\$0.00	\$550,320.00

---

# 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

---

## 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.
- 

## 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.
  - support the uptake of translating and interpreting services.
  - support commissioned service providers to engage with consumers from CALD backgrounds to develop materials to promote and increase engagement with appropriate services.
-

## 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 future pandemics.	15

---

### Coverage

The whole Perth South PHN region.

---

### Activity Duration

Activity Start Date 1 July 2020

Activity End Date 31 December 2021

---

### 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

---

## 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 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.)
-

## WAPHA Needs Assessment Priorities

Priority	Page reference
PSA4.2 Increase access to Aboriginal specific services with an Aboriginal approach to cultural wellbeing, healing, and community empowerment.	107
C19 Develop mechanisms to increase safe and easy access to GPs and Commissioned Services during a COVID-19 lockdown and encourage patients to continue consulting their General Practitioner.	15

---

### Coverage

The whole Perth South PHN region.

---

### Activity Duration

Activity Start Date 1 July 2020

Activity End Date 31 December 2021

---

### Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
COVID-19	\$90,146.00	\$0.00	\$0.00	\$0.00	\$90,146.00
Total	\$90,146.00	\$0.00	\$0.0	\$0.00	\$90,146.00