



Perth North PHN Activity Work Plan

Primary Mental Health Care

Summary View
2021/2022 – 2024/25

**Presented to the Australian Government Department of Health
and Aged Care**

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MH 1020 – Training and support in the use of the Initial Assessment and Referral decision support tool

Activity Title

Training and support in the use of the Initial Assessment and Referral decision support tool

Activity Number

1020

Activity Status

New Activity

PHN Program Key Priority Area

Mental Health

Aim of Activity

To support general practitioners (GPs) and clinicians in the primary care setting, using the stepped care model to select the least intensive level of care, for a person presenting for mental health assistance by using the Initial Assessment and Referral (IAR) tool. This will contribute to achieving nationally consistent levels of care for people presenting with similar conditions.

Description of Activity

The Program Guidance for Primary Health Network Initial Assessment and Referral Training and Support Officers (Dec 2021) guide the activity.

An IAR Training & Support Officer (TSO) will lead the IAR stepped care model implementation by:

- Securing a platform to host required e-learning.
- Establish a central administration and payment process to manage training bookings and incentive payments to individual GPs.
- Identifying and targeting training participants in including GPs, Health to Head services, Aboriginal Community Controlled Health Organisations, related commissioned services and building relationships with all stakeholders.
- Developing a communication and marketing plan to promote training opportunities.
- Facilitating access to Part 1 (e-learning) training for training participants.

- Delivering and evaluating Part 2 (face to face/ virtual) training and paying participating General Practitioners as per incentive payment schedule.
- Communicating avenues to promote education and resources to the primary care workforce on the value and impact of IAR.

The PHN will collect the following activity outcomes:

- Times and dates of all training delivered and planned.
- Names of all training attendees.
- Records of all incentive payments (To whom, when etc).
- The number of GPs and other clinicians participating in training and the proportionate progress towards the overall target.
- The number of training activities facilitated for commissioned providers, GPs and Aboriginal Community Controlled Health Organisations.
- A summary of data relating to training satisfaction.
- Data and an overview of regional implementation progress relating to use of the IAR by the PHN, commissioned providers, GPs, and Aboriginal Community Controlled Health Organisations.
- An overview of any challenges encountered during implementation, and strategies developed to address and overcome these challenges.

Perth North PHN Needs Assessment

Priorities

Page reference

Ensure integrated and stepped care services are available for people experiencing mental health issues, including younger people.	18
Improve access to early intervention suicide prevention services.	18
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.	18

Coverage

Perth North PHN region

Target Population

General practitioners, Head to Health Services (to be established), relevant commissioned services and Aboriginal Community Controlled Health Organisations.

Consultation

Consultation is planned to occur with:

- WA Mental Health Commission
- WA Primary Health Alliance (WAPHA) contracted services providers.
- Aboriginal Community Controlled Health services
- Head to Health Services
- Royal Australian College of General Practitioners
- other mental health primary care providers

Collaboration

Collaboration will occur with general practice and Aboriginal Community Controlled Health Services.

Activity Start Date

1 June 2021

Activity End Date

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
Initial Assessment and Referral	\$207,500.00	\$207,500.00	\$103,750.00	\$103,750.00

MH-H2H 1030 – Head to Health – Intake and Assessment Phone Service

Activity Title

Head to Health - Intake and Assessment Phone Service

Activity Number

1030

Activity Status

New Activity

PHN 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)).

The Head to Health Initial Assessment and Referral Phone Service provides navigation to direct people to services to meet their mental health needs. The Service aims to promote a standardised assessment to identify individuals current needs and make a referral to community based and digital mental health services to enable:

- Clinician supported assessments and 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, affordable, and best match their needs, preferences and circumstances.

Description of Activity

To 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, self-referral and other in-scope referrers to the service 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 current needs and preferences.

- If requested, manage on-referrals and appointment bookings as indicated, to PHN commissioned services as well as other indicated services, including Better Access bulk-billing mental health providers.
- Over time, enable all Perth North 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 be provided back to the GP (and other referees) in this format.

The service 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 Assessment and Referral Phone service development, procurement and implementation will be guided by the WAPHA Cultural Competency Framework.

The PHN will ensure that effective monitoring and evaluation processes are in place to obtain data regarding intake and referral activity.

The data collection requirements will be stipulated in the contract, specifically stating that the Provider is required to input intake related activity data into the primary mental health care - minimum data set (PMHC-MDS) as required by the Commonwealth Department of Health and specified in the PMHC-MDS Data Specifications. Further detail and information on the PMHC-MDS and the requirements that must be followed will be provided in due course. The contractor must also comply with future updates to the PMHC-MDS.

This activity will be delivered across Western Australia – statewide activity funded from Perth North PHN.

Perth North PHN Needs Assessment

Priorities

Page reference

Increase access to low cost- local mental health services in outer-suburbs and areas with limited-service availability but high demand.	18
Ensure integrated and stepped care services are available for people experiencing mental health issues, including younger people.	18

Improve access to early intervention suicide prevention services.	18
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.	18
Improve coordinated and integrated care for people experiencing complex and severe mental health who can be managed in within primary care settings.	18

Coverage

Perth North PHN region

Target Population

Initially people aged 18-64 years can be referred or call in directly to receive an initial assessment using the IAR decision support tool by an appropriately qualified person. This will assist in the consumer to be referred to a service that will be matched to their current level of care needs.

Please note that additional IAR decision support tools will be approved for future use targeting those 5-17 and, 65 plus years of age, as well as Aboriginal and Torres Strait Islander persons specifically.

Until these additional decision support tools are made available, any consumers outside of the 18-64-year age range will be offered advice and information regarding cultural and age-appropriate service providers in their area.

Consultation

Consultation will be undertaken to inform the design and establishment of the Head to Health service, ensuring orientation, cultural fit and relevance to place.

Consultation will include but not be limited to General Practitioners with representation from the pilot regions, Peak Bodies including:

- Health Consumers Council
- Consumers of Mental Health WA
- WA Association for Mental Health
- WA Network of Alcohol and other Drug Agencies
- Aboriginal Health Council of WA
- Royal Australian College of General Practice
- consumer groups
- Hospital Service Providers

- WA Mental Health Commission

Collaboration

WAPHA is committed to working supportively in partnership with providers and partner agencies in designing this service, and to refine service design during its first year of operation. Resourcing of the Assessment and Referral Phone Line service will consider the time required for thorough service design and partnership building.

To ensure service sustainability there is a critical need to understand the existing local service ecosystem. The design of the Assessment and Referral Phone Line service will best be influenced by feedback from local service provider networks.

Close partnerships will be formed with services to enable a supported integrated approach for people who may require a warm transfer to an appropriate service.

Protocols will be developed for the interface between the Assessment and Referral Phone Line service, local community services and emergency departments to enable a seamless transfer of people when needed.

Activity Start Date

1 July 2019

Activity End Date

30 June 2023

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
H2H Intake and Assessment Phone Service	\$0.00	\$2,341,000.00	\$0.00	\$0.00

MH 1070 – Organisational Strengthening and Development Grants Program

Activity Title

Organisational Strengthening and Development Grants Program

Activity Number

1070

Activity Status

Existing Activity

PHN Program Key Priority Area

Mental Health

Aim of Activity

To undertake the Primary Health Sector – Organisational Strengthening and Development Grants 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 WAPHA'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: LGBTQIA+

This stream will focus on activities that improve the delivery of safe and effective care for LGBTQIA+ 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 was developed following initial consultation under the development of the WA Primary Health Alliances 'Better Health Together' principle 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.

Perth North PHN Needs Assessment

Priorities	Page reference
Ensure integrated and stepped care services are available for people experiencing mental health issues, including younger people.	18
Improve coordinated and integrated care for people experiencing complex and severe mental health who can be managed in within primary care settings.	18

Coverage

Perth North PHN region

Target Population

General practitioners, Head to Health Services (to be established), relevant commissioned services and Aboriginal Community Controlled Health Organisations.

Indigenous specific comments

Stream 2 will have a specific focus on Aboriginal and Torres Strait Islander Cultural Safety capability support for primary health care service providers.

Activity Start Date

1 July 2021

Activity End Date

30 June 2023

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$935,711.45	\$1,532,232.88	\$0.00	\$0.00

MH 2000 – Low Intensity Services

Activity Title

Low Intensity Services

Activity Number

2000

Activity Status

Existing Activity

PHN 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 interventions¹ 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, WAPHA has commissioned Prof. Peter McEvoy from

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

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 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 Perth North 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 North 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. The approach taken by the PHN to capture this data includes formally training new commissioned service providers in the collection and submission of data to the PMHC-MDS, in accordance with the PMHC-MDS Specifications and Data Definitions and directing the service providers to the suite of support resources available.

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 (WAPHA) 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.

Perth North PHN Needs Assessment

Priorities	Page reference
Support Aboriginal people to navigate the primary care system and access appropriate services.	34
Increase access to low cost- local mental health services in outer-suburbs and areas with limited-service availability but high demand.	18
Ensure integrated and stepped care services are available for people experiencing mental health issues, including younger people.	18

Coverage

Perth North PHN region

Activity Start Date

1 July 2019

Activity End Date

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$2,023,936.84	\$2,082,381.81	\$2,282,131.13	\$2,314,299.15

MH 3000 – Psychological Therapy Services

Activity Title

Psychological Therapy Services for rural and remote, under-serviced and/or hard to reach groups.

Activity Number

3000

Activity Status

Existing Activity

PHN 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 risk of, suicide and self-harm and who require follow-up within seven days of referral (i.e., low risk and at a 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 under-serviced 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 North PHN will aim to:

- Integrate psychological therapy services into a stepped care approach including for residents of Residential Aged Care Facilities.
- Consolidate and strengthen linkages to other services.
- Address service gaps and maximise equitable access to psychological therapies for under-serviced 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.
- Promote evidence-based practice and the collection of data that demonstrates impact of interventions.

For residents of Residential Aged Care Facilities services will, in addition:

- Be planned and implemented in a way which considers the role, responsibilities and operational requirements of Residential Aged Care Facilities.
- Use an older adult evidence-base and be responsive to the needs of older people.
- Improve the identification of those at heighten 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 paediatrician, 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 interventions² 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).

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

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

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 Perth North 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 PMHC MDS. The approach taken by the PHN to capture this data includes formally training new commissioned service providers in the collection and submission of data to the PMHC-MDS, in accordance with the PMHC-MDS Specifications and Data Definitions and directing the service providers to the suite of support resources available.

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, WAPHA 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.

Perth North PHN Needs Assessment

Priorities

Page reference

Increase access to low cost- local mental health services in outer-suburbs and areas with limited-service availability but high demand.	18
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Ensure integrated and stepped care services are available for people experiencing mental health issues, including younger people.	18
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Coverage

Perth North PHN region

Activity Start Date

1 July 2019

Activity End Date

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$2,922,703.78	\$2,892,245.00	\$2,282,131.13	\$2,314,299.15

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

Activity Status

Existing Activity

PHN 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 North 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 multi-agency 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 support services.
- 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 actions are a priority consideration for the Joint Regional Plan for Integrated Mental Health and Suicide Prevention Services.

Description of Activity

The Perth North PHN will work with 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 there expectation that the same nurse will provide the nursing care requirements to the extent possible for any individual.
2. WA Primary Health Alliance (WAPHA) 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.

The Perth North PHN will ensure that effective monitoring and evaluation systems and processes are in situ to obtain data regarding the proportion of 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). The approach taken by the PHN to capture this data includes formally training new commissioned service providers in the collection and submission of data to the PMHC-MDS, in accordance with the PMHC-MDS Specifications and Data Definitions and directing the service providers to the suite of support resources available.

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, WAPHA 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.

Perth North PHN Needs Assessment

Priorities

Page reference

Improve coordinated and integrated care for people experiencing complex and severe mental health who can be managed in within primary care settings.	18
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Coverage

Perth North PHN region

Activity Start Date

Activity End Date

1 July 2019

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$1,087,214.81	\$1,872,268.00	\$2,137,972.78	\$2,168,108.80

MH 5010 – Community Based Suicide Prevention

Activity Title

Community Based Suicide Prevention

Activity Number

5010

Activity Status

Existing Activity

PHN 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 North 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.

Description of Activity

Perth North 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 North 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.

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

The Perth North PHN will also work with local communities to improve the integration of care utilising the Alliance Against Depression (AAD) framework. The AAD strategy is programmatic and comprises a four-part community-based intervention focused on improving care and optimising treatment for individuals with depressive disorders and preventing suicidal behaviour. Key activities require engaging with general practitioners and community allied health practitioners (e.g., psychologists in private practice), health service providers and relevant agencies (such as headspace), public relation activities that destigmatise depression and talking about suicide, facilitating co-operation with domain-relevant stakeholders, and, developing support pathways for high-risk individuals and their relatives, including after-care and post-vention services.

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 also assist in building the breadth of capability of local providers in suicide prevention. The Perth North 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. The approach taken by the PHN to capture this data includes formally training new commissioned service providers in the collection and submission of data to the Primary Mental Health Care-Minimum Data Set (PMHC-MDS), in accordance with

the PMHC-MDS Specifications and Data Definitions and directing the service providers to the suite of support resources available.

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.

Peth North PHN Needs Assessment

Priorities

Page reference

Improve access to mental health services in the Great Southern.	18
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Coverage

Perth North PHN region

Activity Start Date

1 July 2019

Activity End Date

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$1,070,106.53	\$1,186,158.13	\$655,657.15	\$664,899.18

MH 6000 – Indigenous Mental Health

Activity Title

Indigenous Mental Health

Activity Number

6000

Activity Status

Existing Activity

PHN 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 is 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 North 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 WAPHA 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]³

Our focus is empowering Aboriginal Community Controlled Health Organisations (ACCHOs) to develop and deliver services. The WAPHA 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 ACCHSs 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

³ <https://pmc.gov.au/resource-centre/indigenous-affairs/national-strategic-framework-mental-health-social-emotional-wellbeing-2017-23>.

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 (WAPHA) 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. WAPHA is cognisant that for many Aboriginal peoples, connection to land, culture, spirituality, family, and community have significant impacts on their health and wellbeing. WAPHA 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 North 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 regional population receiving commissioned mental health services that were culturally appropriate.

The approach taken by the PHN to capture this data includes formally training new commissioned service providers in the collection and submission of data to the PMHC-MDS, in accordance with the PMHC-MDS Specifications and Data Definitions and directing the service providers to the suite of support resources available.

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 WAPHA 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, WAPHA 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 WAPHA 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.

Perth North PHN Needs Assessment

Priorities

Page reference

Support Aboriginal people to navigate the primary care system and access appropriate services.	34
There is a need for culturally appropriate mental health services for Aboriginal populations.	34

Coverage

Perth North PHN region

Target Population

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 to ensure they are appropriate for Aboriginal and Torres Strait Islander people:

- 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.

Activity Start Date

1 July 2019

Activity End Date

30 June 2024

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
Indigenous Mental Health	\$651,765.99	\$920,353.29	\$871,078.50	\$0.00

MH 7000 – Child and Youth Mental Health Primary Care Services

Activity Title

Child and Youth Mental Health Primary Care Services

Activity Number

7000

Activity Status

Existing Activity

PHN 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 North 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 North 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 Health⁴, 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 North 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.

The approach taken by the PHN to capture this data includes formally training new commissioned service providers in the collection and submission of data to the PMHC-MDS, in accordance with the PMHC-MDS Specifications and Data Definitions

⁴ The National Centre of Excellence in Youth Mental Health 2018. Youth mental health service models and approaches: Considerations for primary care. Victoria.

and directing the service providers to the suite of support resources available. 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.

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.

Perth North PHN Needs Assessment

Priorities	Page reference
Increase access to low cost- local mental health services in outer-suburbs and areas with limited-service availability but high demand.	18
Ensure integrated and stepped care services are available for people experiencing mental health issues, including younger people.	18
Improve access to early intervention suicide prevention services	18
Improve coordinated and integrated care for people experiencing complex and severe mental health who can be managed in within primary care settings.	18

Coverage

Perth North PHN region

Activity Start Date

1 July 2019

Activity End Date

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$2,178,236.00	\$2,210,909.22	\$2,083,400.33	\$2,112,766.25
Early Psychosis Youth Services	\$9,938,534.28	\$10,391,896.31	\$9,824,517.00	\$9,971,847.00
headspace	\$2,877,362.88	\$3,159,583.63	\$2,973,990.00	\$3,021,574.00
Total	\$14,994,133.16	\$15,762,389.16	\$14,881,907.33	\$15,106,187.25

MH-AMHCT 8000 – Head to Health Adult Centre and Satellites

Activity Title

Head to Health Adult Centre and Satellites

Activity Number

8000

Activity Status

Existing Activity

PHN Program Key Priority Area

Mental Health

Aim of Activity

The Adult Mental Health Centre will provide a low stigma, soft entry point to engagement and assessment for people who may be experiencing distress or crisis, including people with conditions too complex for many current primary care services but who are not eligible for or awaiting care from state or territory public community mental health and to offer immediate, short-and medium-term episodes of care and service navigation to warmly connect people to ongoing services.

The Centres are intended to complement, not replace or duplicate, mental health services already provided in the community. They are not designed to offer longer term care but will be based on an episode of care model, delivering packages of evidence-based care and family support to cover the short to medium term, which could last from a few weeks to several months.

Description of Activity

Commissioning activity to trial an Adult Mental Health Centre in Midland and establish a satellite in Balga/Mirrabooka.

The service aims to address patients who are too complex for many current primary care services but who are not eligible for (i.e., the missing middle) or awaiting care from WA state public community mental health and improving service navigation pathways.

- People requiring support in the area, or those attending the Centre, will recognise the Centre as an accessible entry point to the mental health care system for the services and information they need.

- People will be supported to connect to pathways of care through integration with existing community services, WAPHA Commissioned Services, general practice and WA state funded services, as required.
- People will receive immediate advice and care which will reduce their level of mental and emotional distress.
- Individuals experiencing high levels of psychological distress or in crisis will receive the care they need from the Centre, resulting in a reduction in the number of non-urgent presentations to local hospital emergency departments.
- Individuals will experience reduced waiting times through a no wrong door approach leading to an improved care experience.

The model of service will seek to address key gaps in the system by:

- Providing a highly visible and accessible entry point to services for people experiencing psychological distress, where all feel safe and welcome.
- Offering assessment to match people to the services they need.
- Providing on the spot support, treatment, and advice without prior appointments or out of pocket cost. Every interaction should be with the intention of therapeutic benefit.
- Offering an episode of care model based on short to medium term multidisciplinary care, aimed at stabilising symptoms for people with moderate to high levels of mental health need, whose needs are not being met through other services.
- Operating under extended opening hours, thereby providing an alternative to emergency departments.

Head to Health service development, procurement and implementation will be guided by the WAPHA Cultural Competency Framework.

The PHN will ensure that effective monitoring and evaluation systems and processes are in situ to obtain data regarding the proportion of the 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).

The approach taken by the PHN to capture this data includes formally training new commissioned service providers in the collection and submission of data to the PMHC-MDS, in accordance with the PMHC-MDS Specifications and Data Definitions and directing the service providers to the suite of support resources available. In addition, the provider must use the Adult Mental Health reserved data elements, as required.

Perth North PHN Needs Assessment

Priorities	Page reference
Ensure integrated and stepped care services are available for people experiencing mental health across the spectrum.	43
Increase access to low cost- local mental health services in outer-suburbs and areas with limited-service availability but high demand.	18
Improve coordinated and integrated care for people experiencing complex and severe mental health who can be managed in within primary care settings.	18

Coverage

Stirling in the Perth North PHN region

Target Population

Adults aged 18 and above seeking information and/or support in times of crisis/distress or as needs emerge, including vulnerable populations who are disconnected from mainstream mental and other health care options, who need immediate or short to medium term mental health support or assistance with navigating appropriate available services.

Consultation

Consultation will be undertaken to inform the design and establishment of the Head to Health service, ensuring orientation, cultural fit, and relevance to place.

Consultation will include but not be limited to general practitioners with representation from the pilot regions, Peak Bodies including:

- Health Consumers Council
- Consumers of Mental Health WA
- WA Association for Mental Health
- Aboriginal Health Council of WA
- Royal Australian College of General Practitioners
- consumer groups
- Hospital Service Providers
- WA Mental Health Commission

Collaboration

WAPHA is committed to working supportively in partnership with providers and partner agencies in designing this service, and to refine service design during its first year of operation. Resourcing of the Head to Health service will consider the time required for thorough service design and partnership building.

To ensure service sustainability there is a critical need to understand the existing local service ecosystem. The design of the Head to Health service will best be influenced by feedback from local service provider networks.

Close partnerships will be formed with services to enable a supported integrated approach for people who may require a warm transfer from one agency to the other.

Protocols will be developed for the interface between the Head to Health service, local community services and emergency departments to enable a seamless transfer of people when needed.

Activity Start Date

5 September 2021

Activity End Date

31 December 2025

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
H2H Adult Mental Health Services	\$4,398,133.96	\$5,694,840.04	\$4,855,899.00	\$4,926,607.00

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

Activity Title

Emergency Mental Health Support to Older Australians

Activity Number

1000

Activity Status

Existing Activity

PHN Program Key Priority Area

Mental Health Priority Area 1: Low intensity mental health services

Aim of Activity

To 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).
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Perth North PHN Needs Assessment

Priorities

Page reference

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.	18
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Coverage

Perth North PHN region

Activity Start Date

Activity End Date

1 July 2020

30 June 2022

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
COVID-19	\$537,829.00	\$0.00	\$0.00	\$0.00

MH-CV19 2000 – Emergency Mental Health Support to CALD communities

Activity Title

Emergency Mental Health Support to CALD communities

Activity Number

2000

Activity Status

Existing Activity

PHN 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 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 to:

- 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.

Perth North PHN Needs Assessment

Priorities

Page reference

Ensure integrated and stepped care services are available for people who experiencing mental health issues, including young people.	18
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Coverage

Perth North PHN region

Activity Start Date

Activity End Date

1 July 2020

30 June 2022

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
COVID-19	\$33,355.00	\$0.00	\$0.00	\$0.00

MH-CV19 3000 – Emergency Mental Health Support to Indigenous communities

Activity Title

Emergency Mental Health Support to Indigenous communities

Activity Number

3000

Activity Status

Existing Activity

PHN 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, to:

- 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-19 cases, particularly in the form of agreed escalation pathways between primary care /Aboriginal Medical Services / Practitioner Online Referral Treatment Service (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).

Perth North PHN Needs Assessment

Priorities

Page reference

Support Aboriginal people to navigate the primary care systems and access appropriate services.	34
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Indigenous Specific Comments

Yes – there is a specific component of the COVID -19 Emergency Mental Health Support funding for enhanced Mental Health Services For Aboriginal and Torres Strait Islander People impacted by the pandemic.

Coverage

Perth North PHN region

Activity Start Date

Activity End Date

1 July 2020

31 December 2022

Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	FY 24 25
COVID-19	\$75,576.00	\$0.00	\$0.00	\$0.00

END