



Country WA PHN Activity Work Plan

Primary Mental Health Care

Summary View
2022/2023 – 2025/26

**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 & Referral Decision Support Tool

Activity Title

Training and support in the use of the Initial Assessment & Referral decision support Tool

Activity Number

1020

Activity Status

Modified

PHN Program Key Priority Area

Mental Health Priority Area 7: Stepped care approach

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 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.
- Promoting the Communication and Marketing Plan (June 2023), with Training to commence as per the project plan, early 2023.
- Collect, collate, and summarise data for 12-month and other mandated reporting.

Country WA PHN Needs Assessment

Priorities

Page reference

Improve access to mental health services in the Wheatbelt. This is across the whole lifespan.	101
Increase access to suicide prevention and mental health services and promote an integrated mental health system for the Wheatbelt.	101
Improve access to mental health services in the Midwest	56
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43
Improve access to mental health services for youth. (South West)	87
Improve access to mental health services in the Great Southern.	29

Target population cohort

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

Consultation

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

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

Coverage

Country WA PHN Region

Activity Duration

Activity Start Date

3 February 2022

Activity End Date

30 June 2025

Milestones

Launch Communication and Marketing Plan - June 2023

Commence Training - 1st Quarter 2023

Activity Work Plans due 30/04/23, 30/04/24, 30/04/25

Annual Mental Health & Suicide Prevention Activity and Indigenous Mental Health

Activity Needs Assessment due 25/11/23, 15/11/24

12-month performance report Due 30/09/23, 30/09/24, 30/09/25

Financial Acquittal Reports due 30/09/23, 30/09/24, 30/09/25

Final Report due 30/09/25

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Initial Assessment and Referral	\$346,800.00	\$86,700.00	\$86,700.00
Total	\$346,800.00	\$86,700.00	\$86,700.00

MH 1070 – Organisational Strengthening and Development Grants Program

Activity Title

Organisational Strengthening and Development Grants Program

Activity Number

1070

Activity Status

Modified

PHN Program Key Priority Area

Mental Health Priority Area 8: Regional mental health and suicide prevention plan

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 and Aged Care 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' principles 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.

Country WA PHN Needs Assessment

Priorities	Page reference
Develop and commission mental health services for young people especially in the age group 0-12 yrs. old where no service exists. (Pilbara)	71
Improve access to early intervention suicide prevention services. (Pilbara)	71
Improve access to mental health services in the Wheatbelt. This is across the whole lifespan.	101
Increase access to suicide prevention and mental health services and promote an integrated mental health system for the Wheatbelt.	

Improve access to mental health services in the Midwest.	56
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15
Ensure primary care services are available for people with chronic conditions that provide a holistic approach to management including improving self-management. (Kimberley)	43
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43
Improve access to mental health services for youth. (South West)	87
Improve access to mental health services in the Great Southern.	29

Target Population Cohort

General practitioners, Head to Health Services, 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.

Coverage

Country WA PHN Region

Activity Duration

Activity Start Date

1 July 2021

Activity End Date

30 June 2023

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$1,870,734.00	\$0.00	\$0.00
Total	\$1,870,734.00	\$0.00	\$0.00

MH 2000 – Low Intensity Services

Activity Title

Low Intensity Services

Activity Number

1030

Activity Status

Modified

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 and structured (manualised), that focus on 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. Low intensity services can be 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 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 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. This is available under open source licensing (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.

MindSpot GP (formerly the Practitioner Online Referral Treatment Service (PORTS), a state-wide GP referral option providing telephone and web-based assessment and evidence-based treatment, will play a central role in ensuring parity of equity across the Country WA PHN to low intensity services for all those who are in need and not able to access services in person. GP's across all 6 of the Country WA PHN sub-regions could not previously refer direct to MindSpot GP but instead did so via the PHN commissioned Integrated Primary Mental Health Care Services, however this single point of access to MindSpot GP ceased giving GP's the additional option of referring directly to MindSpot GP should they wish. GP's in the Kimberley have always had direct access to MindSpot GP.

The Integrated Primary Mental Health Care (IPMHC) Activity is the main activity in Country WA PHN given the geographical context and workforce availability and provides face-to-face, telephone and virtual (and facilitates access to web combined with telephone based) low intensity treatment offerings (MH 2000) structured psychological treatment services for people with, or at risk of, mental disorders (most commonly anxiety and depression) (MH 3000), and provides clinical care coordination for people with Severe Mental Illness (MH 4000).

The commissioned low intensity treatment services include:

- telephone and web-based services through MindSpot GP.
- in person interventions offered as part of community treatment services (Low and moderate intensity, Better Access equivalent services).
- psychological treatment services in Residential Aged Care Houses (does not include MindSpot GP).
- services provided through headspace (which may also include on-referrals to MindSpot GP).

Orygen Digital's Moderated Online Social Therapy (MOST) clinical and peer moderated web-platform is designed to supplement face-to-face clinical psychotherapies (including telehealth), or while waiting to access routine psychological treatments. Using persuasive technology, it provides young people access to social networking,

psychoeducational therapy units and a forum to talk about and crowdsource solutions to personal issues. WAPHA is examining options to progressively make MOST available at-scale in WA over the next three years, including from headspace centres.

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.

Country WA PHN will ensure that effective monitoring and evaluation systems and processes based on analysis of PMHC-MDS data in relation to the proportion of the regional population receiving commissioned low intensity services, clinical outcomes of these services, average cost of the low intensity interventions per service contact and episode of care, completion rates for the clinical outcome measures reported in the PMHC- MDS. 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 PHN recognises the impact COVID-19 had on the community, primary health care and commissioned service activity. With services having returned, monitoring and service impact assessment will continue, to ensure the PHN continues to meet the aims of the activity and the needs of the priority target groups.

Country WA PHN Needs Assessment

Priorities	Page reference
Improve access to mental health services in the Wheatbelt. This is across the whole lifespan.	101
Increase access to suicide prevention and mental health services and promote an integrated mental health system for the Wheatbelt.	101
Improve access to mental health services in the Midwest.	56
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	14
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43

Improve access to mental health services for youth. (South West)	87
Improve access to mental health services in the Great Southern.	29

Target Population Cohort

Individuals who are aged 16 and above and who have or are at risk of mild mental disorder (primarily anxiety and depression), and who do not require more resource intensive psychological services.

Consultation

The PHN has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of low intensity services in the WA Country PHN. These have been conducted at both a national, state, regional and local level, and are used to inform, strengthen, and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.

Country WA PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include the Australian Government Department of Health and Aged Care; the WA Mental Health Commission; WA Country Health Service; Women and Newborn Health Service; Child and Adolescent Health Service; Rural Health West; GPs; Royal Australian College of General Practice; WA Local Governments; Aboriginal Health Council of WA; Aboriginal Advisory Groups and consumer and carer peak bodies and consumer associations.

Consultation and engagement activities are conducted through a range of methods including face-to-face and group sessions, and online platforms.

Collaboration

Country WA PHN will continue to seek and share, information and expertise with stakeholders, networks, and the community to enhance collaboration, develop and consolidate partnerships, and implement low intensity service activities. This will ensure consistent and effective service reach and impact with a combination of skills, expertise, knowledge and evidence to assist in improving the health outcomes for those who have, or are at risk of, mild mental illness in the community, and to build capacity within the sector.

All collaborative activities are aimed at ensuring the commissioning of effective and sustainable low intensity face to face and virtual services (within the terms and definitions in the PHN guidance), building capacity and capability and integration across the sector, consolidating and strengthening care pathways within primary care,

as well as involving consumers and carers where possible.

The role of the key stakeholders in the implementation of this service will be:

- WA Mental Health Commission, Child and Adolescent Health Service, and WA Country Health Service who will support the building of capability and will promote integration across the sector.
- GPs who will support the development and strengthening of referral pathways across primary care, and to promote the Head to Health website. 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 services.
- PHN commissioned service providers who will strengthen partnerships and integration of services into the stepped care strata.

Coverage

Country WA PHN Region

Activity Duration

Activity Start Date

1 July 2019

Activity End Date

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$4,173,874.59	\$4,493,173.35	\$4,051,238.02
Total	\$4,173,874.59	\$4,493,173.35	\$4,051,238.02

MH 3000 – Psychological Therapy Services

Activity Title

Psychological Therapy Services

Activity Number

3000

Activity Status

Modified

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 low 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 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 treatment provided is evidence informed, planned, and involves a comprehensive clinical assessment and a process of shared-decision making with the client.

Country WA PHN will aim to:

- Consolidate and strengthen linkages to other services.
- Address service gaps and maximise equitable access to psychological therapies for underserved groups, whether this is individual, group, or family based service delivery.
- Strengthen local regional mental health and suicide prevention planning.

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 2018¹ systematic review of psychological interventions, 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) or for disadvantaged people unable to meet a gap payment for Better Access.

As per MH 2000 - Low Intensity Services, MindSpot GP (previously the Practitioner Online Referral Treatment Service (PORTS)), a state-wide GP referral option providing telephone and web-based assessment and clinician-supported evidence-based treatment, will play an important role in ensuring parity of equity across the Country WA PHN to psychological therapy services for all those who are in need and not able to access in-person services. A MindSpot GP intake assessment is deemed equivalent to a GP Mental Health Treatment Plan for access to PHN commissioned psychological therapies. This will assist in providing an integrated model of care and fidelity of the intervention, regardless of the location where an individual is accessing it. Similarly, the intake assessment of an Integrated Primary Mental Health Care Services portal provider is considered equivalent where this is linked to a GP auspiced referral.

The Integrated Primary Mental Health Care (IPMHC) Activity is the main activity in Country WA PHN given the geographical context and workforce availability and provides face-to-face, telephone and virtual (and facilitates access to web combined with telephone based) low intensity treatment offerings (MH 2000) structured psychological treatment services for people with, or at risk of, mental disorders (most

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

commonly anxiety and depression) (MH 3000), and provides clinical care coordination for people with Severe Mental Illness (MH 4000).

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

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

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.

The PHN recognises the impact COVID-19 had on the community, primary health care and commissioned service activity. With services having returned, monitoring and service impact assessment will continue, to ensure the PHN continues to meet the aims of the activity and the needs of the priority target groups.

Country WA PHN Needs Assessment

Priorities

Page reference

Improve access to mental health services in the Wheatbelt. This is across the whole lifespan.	101
Improve access to mental health services in the Wheatbelt. This is across the whole lifespan.	56

Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43
Improve access to mental health services for youth. (South West)	87
Improve access to mental health services in the Great Southern.	29

Target Population Cohort

Individuals 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.

Consultation

WA Primary Health Alliance has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of psychological therapy services in the Country WA PHN. These have been conducted at both a national, state, regional and local level, and are used to inform, strengthen, and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.

Country WA PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include the Australian Government Department of Health and Aged Care; the National Mental Health Commission; the WA Mental Health Commission; WA Country Health Services; Child and Adolescent Health Service; Women and Newborn Health Service; GPs; the Royal Australian College of General Practice; WA Local Governments, the Aboriginal Health Council of WA; Aboriginal Advisory Groups; the Australian Medical Association (WA) and consumer and carer peak bodies and consumer associations.

Ongoing consultation and engagement activities will be conducted through a range of methods including face-to-face and group sessions, and online platforms.

Collaboration

All collaborative activities are aimed at ensuring the commissioning of effective and sustainable face to face and virtual psychological therapy services, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving consumers and carers where possible. The role of the key stakeholders in the implementation of the psychological therapy service will be:

- GPs will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
- PHN commissioned service providers will strengthen working relationships to enhance service delivery and clinical governance.
- Aboriginal Health Council of WA and Aboriginal Medical Services will promote and strengthen culturally appropriate and accessible primary mental health care services.
- WA Mental Health Commission, the Child and Adolescent Health Service, Women and Newborn Health Service, and the WA Country Health Service will build capability and promote integration across the sector.

Coverage

Country WA PHN Region

Activity Duration

Activity Start Date

1 July 2019

Activity End Date

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$4,715,189.00	\$4,259,289.79	\$4,327,438.43
Total	\$4,715,189.00	\$4,259,289.79	\$4,327,438.43

MH 3010 – Psychological Therapies in Residential Aged Care Facilities

Activity Title

Psychological Therapies into Residential Aged Care Facilities

Activity Number

3010

Activity Status

Modified

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

The Activity aims to target the mental health needs of people living in residential aged care facilities (RACFs).

The Outcomes that this Activity seeks to achieve are:

1. To promote better mental health outcomes for RACF residents.
2. Offer significant benefits to RACF staff associated with the mental health and wellbeing of residents.

Description of Activity

The Activity targets the mental health needs of people living in residential aged care facilities (RACFs). Using evidence-based psychological therapies these services are intended to enable residents with mental illness to access needed mental health services similar to those other primary mental health care programs available in the community and commissioned against a stepped care framework. The service will provide In-reach psychological therapy targeted at residents with a diagnosis of mental illness or assessed to be at risk of mental illness. Service provision may build on already existing relationships and arrangements for commissioning psychological services. Guidance for intervention is provided by NICE and Beyond Blue's What works to promote emotional wellbeing In Older People.

The services are expected to primarily target residents with mild to moderate symptoms of common mental illness. However, residents with severe mental illness

who are not more appropriately managed by a State or Territory Government Older Persons Mental Health Service, and who would benefit from psychological therapy are not excluded from the service.

For this initiative, the definition of mental illness is consistent with that applied to MBS Better Access items. People with dementia are not excluded from treatment if they also have a comorbid mental illness such as anxiety or depression. Delirium may present with symptoms similar to those associated with a mental illness although it will not respond to psychological therapies and requires urgent medical assessment. A medical diagnosis of mental illness by a GP or psychiatrist is important to ensure that symptoms of cognitive decline, dementia or delirium are not mistaken for mental illness, and to ensure that physical illness, and medication needs are considered in the overall care plan of the individual.

There are several sub-groups of residents who have particular needs that services are likely to encounter. This includes:

1. Residents who are having significant transition issues and experiencing adjustment disorders or abnormal symptoms of grief and loss, for whom early treatment may avert descent into a more serious mood disorder. This group does need to be differentiated from residents who are exhibiting normal sadness and/or transition issues.
2. Residents with mild to moderate anxiety and/or depression - as above, this is expected to be the largest group requiring services through the measure.
3. Residents with past history of mental illness for which they received services before being admitted which could not be continued - particular issues of continuity of care and understanding patient history apply.
4. Residents who may have experienced elder abuse or past or recent trauma.
5. Residents who, in addition to their mental illness, have a level of comorbid cognitive decline and/or dementia. The AIHW reported that 40% of residents with dementia were likely to have a comorbid mental health (or behavioural) problems.
6. Residents from diverse and vulnerable communities, including Lesbian, Gay, Bisexual, Transgender, Intersex, Queer (LBGTIQ), or Culturally and Linguistically Diverse (CALD) groups, for whom there may be additional barriers to diagnosis and care.

To note: Coverage - though this activity is planned to be delivered across the Country WA PHN region - subject to the ongoing challenges of many RACF's dispersed over wide regions, are stand alone and adhoc nature of referrals can impact service delivery across all regions which potentially leads to service delivery not being viable at all times through the course of this activity period

Country WA PHN Needs Assessment

Priorities

Page reference

Improve access to mental health services in the Midwest.	56
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43
Improve access to mental health services in the Great Southern.	29

Target Population Cohort

Primarily target residents of aged care facilities with symptoms of common mental illness, however residents with severe mental illness who are not more appropriately managed by a State or Territory Government Older Persons Mental Health Service, and who would benefit from psychological therapy are not excluded from the service.

Consultation

As this activity is very boutique with limited partners, the below is an overarching statement on the intent of stakeholder engagement.

WA Primary Health Alliance has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of psychological therapy services in the Country WA PHN. These have been conducted at both a national, state, regional and local level, and are used to inform, strengthen, and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.

The Country WA PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include the Australian Government Department of Health and Aged Care; the National Mental Health Commission; the WA Mental Health Commission; WA Country Health Services; Child and Adolescent Health Service; Women and Newborn Health Service; GPs; the Royal Australian College of General Practice; WA Local Governments, the Aboriginal Health Council of WA; Aboriginal Advisory Groups; the Australian Medical Association (WA) and consumer and carer peak bodies and consumer associations.

Ongoing consultation and engagement activities will be conducted through a range of methods including face-to-face and group sessions, and online platforms.

Collaboration

All collaborative activities are aimed at ensuring the commissioning of effective and sustainable face to face and virtual psychological therapy services, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving consumers and carers where possible.

Coverage

Country WA PHN Region

Activity Duration

Activity Start Date

1 July 2019

Activity End Date

30 June 2023

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$595,994.00	\$0.00	\$0.00
Total	\$595,994.00	\$0.00	\$0.00

MH 4000 – Mental Health Services for People with Severe and Complex Mental Illness-Clinical Care Coordination

Activity Title

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

Activity Number

4000

Activity Status

Modified

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

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

The Country WA PHN will aim to:

- Support general practitioners and their patients with severe mental illness who can most appropriately be managed in primary care settings (i.e., individuals who do not require more specialised and intensive service delivery within the state and territory managed specialised mental health system).
- Integrate mental health services for people with severe and complex mental illness into a stepped care approach.
- Work collaboratively with all related service providers to improve the integration and coordination of care.
- Consolidate and strengthen relationships and linkages with providers of

healthcare, social and other related services including alcohol and other drugs.

- Promote the use of 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 general practitioners.
- Establish linkages between clinical services and psychosocial supports.
- Develop clear assessment and referral pathways with state-based mental health services.
- Make best use of available workforce.

Description of Activity

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

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

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

The Integrated Primary Mental Health Care (IPMHC) activity is the main activity in Country WA PHN given the geographical context and workforce availability and provides face-to-face, telephone and virtual (and facilitates access to web combined with telephone based) low intensity treatment offerings (MH 2000) structured psychological treatment services for people with, or at risk of, mental disorders (most commonly anxiety and depression) (MH 3000), and provides clinical care coordination for people with Severe Mental Illness (MH 4000).

A central access point provided by the IPMHC portal will be used to assess and refer to the most suitable service that is commensurate with the individual's clinical needs. This will include clear referral pathways to and from both state mental health services

and private psychiatrists. Both in-person and telepsychiatry services will also be promoted through the establishment of a central referral point to improve access to clinical services, particularly in rural and remote areas.

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

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

Country WA PHN will ensure that effective monitoring and evaluation systems and processes use: analysis of PMHC MDS data in relation to proportion of the regional population receiving commissioned clinical care coordination services for people with severe and complex mental illness; average cost of PHN commissioned clinical care coordination services for people with severe mental illness; and completion rates for the clinical outcome measures reported in the PMHC MDS. 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 clinical care coordination services and psychological therapies, where indicated, as part of community treatment services (refer to MH 3000 - Psychological Therapy services) will be commissioned.

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

The PHN recognises the impact COVID-19 had on the community, primary health care and commissioned service activity. With services having returned, monitoring and service impact assessment will continue, to ensure the PHN continues to meet the aims of the activity and the needs of the priority target groups.

Country WA PHN Needs Assessment

Priorities

Page reference

Increase access to suicide prevention and mental health services and promote an integrated mental health system for the Wheatbelt.	101
Improve access to mental health services in the Wheatbelt. This is across the whole lifespan.	101
Improve access to mental health services in the Midwest.	56
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15
Improve access to mental health services for youth. (South West)	87
Improve access to mental health services in the Great Southern.	29

Target Population Cohort

Individuals with severe and complex mental illness, particularly those individuals with concurrent physical illness who can most appropriately be managed in primary care setting.

Consultation

The PHN has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of mental health services for people with severe and complex mental illness in the Country WA PHN. These have been conducted at both a national, state, regional and local level, and are used to inform, strengthen and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.

Country WA PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These have included primary health care providers, acute health, emergency services, rehabilitation and support services and other agencies that have some level of responsibility for the individual's clinical outcomes and wellbeing. This includes the Australian Government Department of Health and Aged Care; the WA Mental Health

Commission; WA Country Health Service; the Office of the Chief Psychiatrist; Child and Adolescent Health Service; The National Centre of Excellence in Youth Mental Health (Orygen); the Aboriginal Health Council of WA; GPs; Aboriginal Advisory Groups; District Health Advisory Councils and Consumer and carer peak bodies and consumer associations

Collaboration

All collaborative activities are aimed at ensuring the commissioning of effective and sustainable mental health services for people with severe and complex issues, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving consumers and carers where possible.

The role of key stakeholders in the implementation of this service will be:

- WA Mental Health Commission, Child and Adolescent Health Service and WA Country Health Service will assist to build capacity and to promote integration across the sector, particularly in relation to follow up and postvention care.
- GPs will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
- Aboriginal Health Council of WA and Aboriginal Medical Services will assist to promote and strengthen culturally appropriate and accessible primary mental health care services.
- PHN commissioned service provider will work to improve clinical systems and processes where indicated to ensure quality service provision.

Coverage

Country WA PHN Region

Activity Duration

Activity Start Date

1 July 2019

Activity End Date

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$2,268,106.00	\$2,281,715.00	\$2,318,222.44
Total	\$2,268,106.00	\$2,281,715.00	\$2,318,222.44

MH 4030 – GP Psychiatry Support Line Pilot

Activity Title

GP Psychiatry Support Line Pilot

Activity Number

4030

Activity Status

Modified

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

A project that enables general practitioners to obtain advice from a psychiatrist about patients under their care, when they need it.

The activity is a jointly funded collaboration between WA Country Health Service and the Country WA Primary Health Network (PHN) to provide a General Practitioner (GP) Psychiatry Support Line (0800 – 1800hrs Monday to Friday) staffed by consultant psychiatrists that reside in and know the Great Southern health region of Country WA.

Description of Activity

This activity will establish a Consultant Psychiatrist telephone advice service so that GPs can seek timely, free, evidence-based advice and support in managing patients with mental health and alcohol and other drug conditions that present to them. The service provides advice to GPs concerning risk, treatment and referral options.

The Consultant Psychiatrist telephone service will cease in December 2023 to allow the Australian Government Department of Health and Aged Care to establish a new service - Linking General Practices with Psychiatrists and effective transition from this service to occur.

Data collection: This activity is not in scope for data collection via the PMHC MDS as the service uses a consultant psychiatrist to support and build capacity within the GP workforce.

Country WA PHN Needs Assessment

Priorities

Page reference

Improve access to mental health services in the Great Southern.	29
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Target Population Cohort

General Practitioners in the Great Southern Region

Consultation

WAPHA has engaged the WA Country Health Service and will provide ongoing updates in relation to the future of this service in light of the developments being undertaken by the Department of Health and Aged Care.

Coverage

Albany within the Country WA PHN Region

Activity Duration

Activity Start Date

19 January 2021

Activity End Date

31 December 2023

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$206,652.00	\$82,043.00	\$0.00
Total	\$206,652.00	\$82,043.00	\$0.00

MH 5010– Community Based Suicide Prevention

Activity Title

Community Based Suicide Prevention

Activity Number

5010

Activity Status

Modified

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 Country WA PHN will aim to:

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

Description of Activity

Country WA PHN will work locally to:

- i. Improve the capacity and capability of routine community gateways into healthcare, especially GPs and PHN commissioned providers, to recognise and

respond to suicide risk and suicidality that is evidence-based, culturally capable, available when help is needed, and connected to services individuals value. This will include the development of aftercare for those who have attempted suicide, with active pathways to GP-connected care and psychosocial supports.

- ii. Identify high-risk groups within localities.
- iii. Develop integrated community-based pathways into care.

Community based suicide prevention activities will be delivered by commissioned services across the Country WA PHN using an integrated and systems-based approach, in partnership with Local Health Networks (to be referred to as Health Service Providers herein) and other local organisations. Evidence-informed activities will focus on improving follow up support for those who have had a recent suicide attempt or clinically significant suicidal ideation, who present to primary or secondary care services.

Country WA 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.

Country WA PHN will also work with local communities to improve the integration of care utilising the European Alliance Against Depression (EAAD) framework. The EAAD 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.

Country WA PHN will ensure that effective monitoring and evaluation systems and processes are in situ to obtain data regarding the proportion of people who were referred to a commissioned service due to a recent suicide attempt or were at risk of suicide and who were followed up within seven days of referral. 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 recognises the impact COVID-19 had on the community, primary health care and commissioned service activity. With services having returned, monitoring and service impact assessment will continue, to ensure the PHN continues to meet the aims of the activity and the needs of the priority target groups.

Country WA PHN Needs Assessment

Priorities

Page reference

Develop and commission mental health services for young people especially in the age group 0-12 yrs. old where no service exists. (Pilbara)	71
Improve access to mental health services in the Wheatbelt. This is across the whole lifespan.	101
Improve access to mental health services in the Midwest.	56
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15
Improve access to mental health services for youth. (South West)	87
Improve access to mental health services in the Great Southern.	29

Target Population Cohort

Individuals with high prevalence disorders (mostly anxiety and depression) who are at greater risk of suicide.

Consultation

A wide range of stakeholder consultation and engagement activities are undertaken to support the provision of community-based suicide prevention in the Country WA PHN. These have been conducted to inform, strengthen and build capacity and capability in

the community, commissioned services, and the sector and to ensure that the best use is made of the available resources and investment in mental health services.

Country WA PHN consults and engages a variety of stakeholders to ensure that all suicide prevention activities complement and add value to the impact and contribution of other state, national and regional activities. These include the Australian Government Department of Health and Aged Care, National Mental Health Commission, the WA Mental Health Commission, WA Country Health Service, Child and Adolescent Health Service, Women and Newborn Health Service, GPs, WA Local Governments, the Aboriginal Health Council of WA, Aboriginal Advisory Groups, Telethon Kids Institute, The National Centre of Excellence in Youth Mental Health (Orygen), Metropolitan Clinical Councils, WA Network of Alcohol and other Drug Agencies and Consumer and Carer Peak Bodies and Consumer Associations.

Collaboration

All collaborative activities are aimed at ensuring the commissioning of effective and sustainable community-based suicide prevention activities, building capacity, capability and integration across the sector, consolidating and strengthening referral pathways within primary care, and involving consumers, carers and the community where possible.

The role of the key stakeholders in the design and implementation of the community-based suicide prevention activities will be:

- GPs who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
- Aboriginal Health Council of WA and Aboriginal Medical Services who will assist to promote and strengthen culturally appropriate and accessible primary mental health care services.
- WA Mental Health Commission and Health Service Providers who will assist to improve and inform best practice, develop strategic partnerships, support regional planning, provide leadership and engagement in the sector, build capability and promote integration across the sector.

Coverage

Country WA PHN Region

Activity Duration

Activity Start Date

Activity End Date

1 July 2019

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$1,232,171.38	\$1,239,564.00	\$1,259,398.00
Total	\$1,232,171.38	\$1,239,564.00	\$1,259,398.00

MH-TRISP 5020 – Targeted Regional Initiative for Suicide Prevention

Activity Title

Targeted Regional Initiatives for Suicide Prevention

Activity Number

5020

Activity Status

New Activity

PHN Program Key Priority Area

Mental Health Priority Area 5: Community based suicide prevention activities

Aim of Activity

Apply the European Alliance Against Depression (EAAD) systems-based approach to suicide prevention targeting communities of high need and populations identified at-risk of suicide or suicidal distress. This approach targets the primary mental health care sector, and in particular general practice, with GP-led depression management at the core of the strategy.

The PHNs primary objective will be to engage the primary care and mental health care workforce to improve their capacity and capability to identify and treat depression and prevent suicidal behaviour. This activity aligns directly to pillar 1 of the EAAD framework (Primary care and mental health care). Secondary to this, the PHN will collaborate with other National, State and local community stakeholders within regions to identify existing suicide prevention plans and activities and look to commission activities that align across the EAAD framework, particularly where gaps are identified.

Description of Activity

Country WA PHN will recruit a Suicide Prevention Lead (SPL) to coordinate implementation of the following activities:

- Identification of communities of need and the at-risk populations within those communities, informed by data and consultation with stakeholders such as the WA Mental Health Commission.
- Map existing services/programs within these identified communities against the European Alliance Against Depression (EAAD) 4 pillar intervention framework to identify gaps and options to value add to existing activity.

- Identification and commissioning of time-limited community capacity building activities to fulfill above objectives, using evidence-based recommendations. Activities chosen will align with one of the four pillars of the EAAD framework.
- Collaborate with the WA Mental Health Commission to identify existing activity and opportunities to value-add within communities where Mental Health Commission Suicide Prevention Coordinators are located. This will reduce duplication of activities and enhance the working relationship between the two organisations.
- Collaboration with the Black Dog Institute to support and identify a community within the PHN that will benefit from a Capacity Building Workshop.
- Participate in the Department of Health and Aged Care Suicide Prevention Lead Communities of Practice.
- Participate in the Black Dog Institutes Suicide Prevention Communities of Practice.
- Identify, connect with and recruit appropriate activities from The National Suicide Prevention Leadership and Support Program to support implementation within selected PHN communities.
- Kimberley region specific activities will be identified and implemented using the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) systems-based model in collaboration with the Aboriginal Regional Governance Group (ARGG).

Concurrent to this activity, WA Primary Health Alliance recently developed an LGBTIQ+ Equity and Inclusion Framework committed to the development of a Cultural Competency Framework and an Aboriginal Cultural Capability Framework, which encompasses cultural awareness, cultural competency and cultural safety. A third Framework, focusing on multicultural cultural competency, is in development, and will be launched in mid-2023. These frameworks will facilitate opportunities to improve the cultural competence and clinical safety of services through continuous quality improvement and support programs. The frameworks will assist the PHN 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 LGBTIQ+ communities.

Coverage: This activity is planned to be delivered in the Kimberley region. Other regions due to be decided.

Country WA PHN Needs Assessment

Priorities

Page reference

Improve access to mental health services in the Great Southern.	29
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Improve access to early intervention suicide prevention services. (Pilbara)	71
Increase access to suicide prevention and mental health services and promote an integrated mental health system for the Wheatbelt.	101
Improve access to mental health services in the Wheatbelt. This is across the whole lifespan.	101
Improve access to mental health services in the Midwest.	56
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15
Improve access to mental health services for youth. (South West)	87

Target Population Cohort

This activity will be targeted to:

- Children & Youth
- People living in rural and remote communities
- Residents of Residential Aged Care Facilities
- Aboriginal and Torres Strait Islander people

Indigenous Specific Comments

Kimberley-specific activities will be identified and implemented using the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) systems-based model in collaboration with the Aboriginal Regional Governance Group (ARG).

Consultation

Consultation will be undertaken with the following stakeholders:

- WA Mental Health Commission – to reduce system fragmentation through improved integration between Commonwealth and State funded services
- Mental Health Commission WA Primary Health Alliance Suicide Prevention Working Group
- Mental Health Commission WA Primary Health Alliance Aftercare Working Group
- Culture Care Connect Coordinators
- WA Country Health Service

- National Aboriginal Community Controlled Health Organisation
- Aboriginal Regional Governance Group – Kimberley specific
- StandBy Regional Coordinators
- Wesley Lifeforce Suicide Prevention Coordinators
- Aboriginal Health Council of Western Australia

Collaboration

The PHN is committed to working purposefully in partnership with the following stakeholders:

- Mental Health Commission – Suicide Prevention Coordinators and Community Liaison Officers
- Culture Care Connect Program – Coordinators
- 31 organisations listed in the 40 Commonwealth funded projects included in The National Suicide Prevention Leadership and Support Program, such as the Black Dog Institute
- WA Local Government Association
- Royal Australian College of GPs
- WA Country Health Service
- Existing Mental Health/Suicide Prevention Collaboratives – e.g., Initial Assessment and Referral Training and Support Officers
- Aboriginal Regional Governance Group – Kimberley specific.

Coverage

Kimberley with Country WA PHN Region

Activity Duration

Activity Start Date

10 January 2023

Activity End Date

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$1,200,000.00	\$1,148,504.95	\$294,265.65
Total	\$1,200,000.00	\$1,148,504.95	\$294,265.65

MH 6000 – Indigenous Mental Health

Activity Title

Indigenous Mental Health

Activity Number

6000

Activity Status

Modified

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 Country WA 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.
- 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, via the Joint Service Planning and Governance Committee, as part of the WA BILATERAL SCHEDULE ON MENTAL HEALTH AND SUICIDE PREVENTION.
- 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]²

Our focus is on empowering Aboriginal Community Controlled Health Organisations (ACCHOs) to develop and deliver services. The WA Foundational Plan for Mental Health, Alcohol and Other Drug Services, and Suicide Prevention commits us to work with the WA Mental Health Commission and Health Service Providers:

- 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 providing Aboriginal people with improved access to services and to enable continuity of care at transition points across the healthcare system.

² <https://pmc.gov.au/resource-centre/indigenous-affairs/national-strategic-framework-mental-health-social-emotional-wellbeing-2017-23>

The PHN 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.

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
- 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 the PHN will consider the most appropriate commissioning method and approach the market to support or find another suitable service provider.

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 facilitate opportunities to improve the cultural competence and clinical safety of services through continuous quality improvement and support programs. The frameworks will assist the PHN 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 LGBTQIA+ communities.

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

The PHN recognises the impact COVID-19 had on the community, primary health care and commissioned service activity. With services having returned, monitoring and service impact assessment will continue, to ensure the PHN continues to meet the aims of the activity and the needs of the priority target groups.

Country WA PHN Needs Assessment

Priorities	Page reference
Develop and commission mental health services for young people especially in the age group 0-12 yrs. old where no service exists. (Pilbara)	71
Increase access to suicide prevention and mental health services and promote an integrated mental health system for the Wheatbelt.	101
Improve access to mental health services in the Wheatbelt. This is across the whole lifespan.	101
Improve access to mental health services in the Midwest.	56

Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15
Improve access to mental health services for youth. (South West)	87
Improve access to mental health services in the Great Southern.	29

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 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 WA Country 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.

Consultation

The PHN will be updating and working with all Indigenous Mental Health commissioned service providers over the coming 2023/24 financial year in light of the anticipated commissioning changes for this funding source.

Collaboration

The PHN will be updating and working with all Indigenous Mental Health commissioned service providers over the coming 2023/24 financial year in light of the anticipated commissioning changes for this funding source.

Coverage

Country WA PHN Region

Activity Duration

Activity Start Date

1 July 2019

Activity End Date

30 June 2024

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$2,250,589.00	\$2,404,703.16	\$0.00
Total	\$2,250,589.00	\$2,404,703.16	\$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

Modified

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 young people, starting at as young an age as practicable. Where indicated, this will comprise of low intensity and psychological therapy services, youth early psychosis services and clinical care coordination activities.

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

The Country WA PHN will aim to:

- Integrate 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.
- Identify and target young people in selected location who may be at risk of ongoing mental illness.

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. A region specific, cross sectoral approach will be implemented for children and young people with, or at risk of, mental illness that is integrated, equitable, person-centred, and optimistic.

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

All PHN commissioned services will be supported to provide evidence-based clinical best practice models, such as those described by the National Centre of Excellence in Youth Mental Health, 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. Services will be face to face low intensity, psychological therapy, and clinical care coordination offered as part of community treatment services.

Orygen Digital's Moderated Online Social Therapy (MOST) clinical and peer moderated web-platform is designed to supplement face-to-face clinical psychotherapies (including telehealth), or while waiting to access routine psychological treatments. Using persuasive technology, it provides young people access to social networking, psychoeducational therapy units and a forum to talk about and crowdsource solutions to personal issues. WAPHA is examining options to progressively make MOST available at-scale in WA over the next three years, including from headspace centres.

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 the PHN will consider the most appropriate commissioning method and approach to the market to support or find another suitable service provider.

PHN recognises the impact COVID-19 had on the community, primary health care and commissioned service activity. With services having returned, monitoring and service impact assessment will continue, to ensure the PHN continues to meet the aims of the activity and the needs of the priority target groups.

Country WA PHN Needs Assessment

Priorities	Page reference
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Improve access to early intervention suicide prevention services. (Pilbara)	71
Improve access to mental health services in the Wheatbelt. This is across the whole lifespan.	101
Improve access to mental health services in the Midwest.	56
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15
Improve access to mental health services in the Great Southern.	29

Target Population Cohort

Young people aged 12 –25 with, or at risk of, mild to moderate mental illness

Consultation

The PHN has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of services for children and young people in the Country WA PHN. These have been conducted at both a national, state, regional and local level, and are used to inform, strengthen and build capacity and capability in the services that have been commissioned to ensure the best use of the available resources and investment in mental health services.

The Country WA PHN consults and engages a variety of stakeholders to ensure that all

commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include the:

- Australian Government Department of Health and Aged Care
- National Mental Health Commission; WA Mental Health Commission
- WA Country Health Services; Women and Newborn Health Service; Child and Adolescent Health Service
- General practitioners
- The National Centre of Excellence in Youth Mental Health (Orygen)
- WA Local Governments
- The Aboriginal Health Council of WA
- Aboriginal advisory groups
- Australian Medical Association (WA)
- Consumer and carer peak bodies and consumer associations.

Ongoing consultation and engagement activities will be conducted through a range of methods including face-to-face and group sessions, and online platforms.

Collaboration

The Country WA PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for children and young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving children, young people and their families, where possible.

The role of the key stakeholders in the implementation of this service will be:

- GPs who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
- State-based Health Service Providers (LHNs) will assist to strengthen partnerships, regional planning and clarify transition points into state-based services.
- Aboriginal Health Council of WA and Aboriginal Medical Services who will support and inform to promote and strengthen culturally appropriate and accessible primary mental health care services.

Coverage

Country WA PHN Region

Activity Duration

Activity Start Date

1 July 2019

Activity End Date

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$2,031,782.00	\$2,064,093.00	\$2,097,118.00
headspace	\$12,063,824.89	\$10,907,329.00	\$11,104,438.00
Total	\$14,095,606.89	\$12,971,422.00	\$13,201,556.00

MH 9000 – Integrated Health Precincts

Activity Title

Integrated Health Precincts

Activity Number

9000

Activity Status

Modified

PHN Program Key Priority Area

Mental Health Priority Area 8. Regional mental health and suicide prevention planning.
Population Health

Aim of Activity

Implementation, at scale, of an Integrated Healthcare Precinct (Precinct) in Bunbury (specific location within the Bunbury Statistical Area Level 3, to be determined), with the aim of achieving a more integrated health system.

The Precincts approach will involve several healthcare organisations including general practice, in a specific location, working together in an intentional, coordinated way to maximise health outcomes, cost efficiencies and improve the experience of individuals accessing services and clinicians providing them.

The Precincts will aim to optimise care for people with mental health issues and other multiple long term health conditions.

The approach is aligned to the objectives of the Quintuple Aim in Healthcare and with Priority actions of WA Primary Health Alliance's Population:

Health Strategy: Create a culture and mechanisms that promote safe, coordinated, person-centred and high-quality integrated care.

Mental Health Strategy: Support integration between general practice, local mental health services, specialist treatment services and social services through promotion of information sharing, transparent referral mechanisms and care pathways.

It will also be consistent with the aims of the Equally Well National Consensus Statement and maintain a focus on improving the physical health of people who experience mental illness and other long term health conditions.

Description of Activity

To foster an Integrated Healthcare Precinct, WAPHA will:

- Commission coordination activities to support integration at a local level.
- Work with local stakeholders to support the development of a shared vision, joint governance and leadership, planning, and funding to provide a mechanism to address fragmentation of services, duplication, and inefficiencies in service provision.
- Identify and build on assets existing in the local community and work together with the community to address gaps.
- Provide support to safeguard the ongoing involvement of a local General Practice, which is invested in the principles of the approach and has commitment, capacity and clinical and business capability, to be part of the Precinct.
- Work with local stakeholders to develop a realistic, staged implementation plan, a detailed change management plan and a communication strategy.

WAPHA's role and level of engagement in supporting the Precinct in Bunbury will also be informed by the commensurate location specific demand and supply characteristics.

Country WA PHN Needs Assessment

Priorities

Page reference

Support primary health care providers to manage chronic disease populations and build capacity for patient self-management. (Goldfields, Midwest, Wheatbelt, South West,)	15
Improve access to mental health services for youth. (South West)	87

Target Population Cohort

People experiencing mental health issues and other multiple long term health conditions

Consultation

Consultation is planned to occur with:

- WAPHA member organisations
- Mental Health Commission
- Health Service Providers
- WAPHA commissioned service providers
- Other locally based primary care providers

- Aboriginal Community Controlled Health services
- General practices

Collaboration

The PHN plans to collaborate with:

- General Practices
- Mental Health Commission
- Local Government Authorities
- Aboriginal Health Services
- WAPHA commissioned service providers
- Other locally based primary care providers

Coverage

Bunbury region within Country WA PHN

Activity Duration

Activity Start Date

Activity End Date

1 July 2019

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$70,000.00	\$225,000.00	\$225,000.00
Total	\$70,000.00	\$225,000.00	\$225,000.00

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

Activity Title

Emergency Mental Health Support to Older Australians

Activity Number

1000

Activity Status

Modified

PHN 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.

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 and who are having difficulty accessing services due to the impact of the pandemic.

Low intensity services 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.

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 and as able to be delivered during the pandemic response.

The services are premised on being short-term and structured (manualised), evidence-based early intervention, which 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. The low intensity services are also highly focused and easily accessed with or without a referral from a general practitioner (GP).

The PHN 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. In Country WA, the funding will be directed to the Integrated Primary Mental Health Care Services portal providers.

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

Country WA PHN Needs Assessment

Priorities	Page reference
Increase access to suicide prevention and mental health services and promote an integrated mental health system for the Wheatbelt.	101
Improve access to mental health services in the Wheatbelt. This is across the whole lifespan.	101
Improve access to mental health services in the Midwest.	56
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15
Improve access to mental health services in the Great Southern.	29

Target Population Cohort

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.

Collaboration

WAPHA is committed to working supportively in partnership with providers and partner agencies in designing this service.

Coverage

Country WA PHN

Activity Duration

Activity Start Date

1 July 2020

Activity End Date

31 December 2022

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
COVID-19	\$83,749.00	\$0.00	\$0.00
Total	\$83,749.00	\$0.00	\$0.00

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

Activity Title

Emergency Mental Health Support to Culturally & Linguistically Diverse Communities

Activity Number

2000

Activity Status

Modified

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 promote the availability of mental health services and supports associated with the mental health response to the pandemic to CALD groups in the South West and Great Southern and connect communities with available services.

Description of Activity

Targeted community groups and service providers with established relationships with people from CALD communities, will be engaged to connect with, promote and assist with increasing access to available mental health services via a range of activities, such as community presentations with mental health service representatives and the development of resources.

Country WA PHN Needs Assessment

Priorities

Page reference

Ensure integrated and stepped care services are available for people who experience mental health across the spectrum.	43
Improve access to mental health services in the Great Southern.	29

Target Population Cohort

Culturally and Linguistically Diverse people who may be impacted by physical distancing or are having difficulty accessing services or information as a result of the pandemic.

Collaboration

WAPHA is committed to working supportively in partnership with providers and partner agencies in designing this service.

Coverage

Albany, Bunbury, August-Margaret River-Busselton, Manjimup regions within Country WA PHN

Activity Duration

Activity Start Date

1 July 2020

Activity End Date

31 December 2022

Activity Planned Expenditure

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

Modified

PHN Program Key Priority Area

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

Aim of Activity

To promote access to mental health services to Aboriginal people who may be impacted by physical distancing or who are having difficulty accessing services or information as result of the pandemic.

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 where these circumstances may be impacted by the pandemic.

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, suicide prevention, social and emotional wellbeing, and other community support services. This activity will also aim to ensure connection with broader Aboriginal Community Controlled Health Organisations (ACCHO) services being administered in line with the pandemic response.

Description of Activity

The PHN will engage service providers and community groups to promote available mental health services, including how to access services to Aboriginal people who may be impacted by physical distancing or who are having difficulty accessing services or information as a result of the pandemic.

Country WA PHN Needs Assessment

Priorities	Page reference
Increase access to suicide prevention and mental health services and promote an integrated mental health system for the Wheatbelt.	101
Develop and commission mental health services for young people especially in the age group 0-12 yrs. old where no service exists. (Pilbara)	71
Improve access to mental health services in the Wheatbelt. This is across the whole lifespan.	101
Improve access to mental health services in the Midwest.	56
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15
Improve access to mental health services for youth. (South West)	87
Improve access to mental health services in the Great Southern.	29

Target Population Cohort

Aboriginal and Torres Strait Islander people who may be impacted by physical distancing or are having difficulty accessing services or information as a result of the pandemic.

Indigenous Specific Comments

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

Country WA PHN

Activity Duration

Activity Start Date

1 July 2020

Activity End Date

31 December 2022

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
COVID-19	\$124,680.72	\$0.00	\$0.00
Total	\$124,680.72	\$0.00	\$0.00

END