



Perth North 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 and Referral Decision Support Tool

Activity Title

Training and Support in the Use of the Initial Assessment and Referral decision Support Tool

Activity Number

1020

Activity Status

Modified

PHN Program Key Priority Area

Mental Health Priority Area 7: Stepped care approach

Aim of Activity

To support general practitioners 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) guides 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 general practitioners.
- Identifying and targeting training participants including general practitioners, 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.

Perth North PHN Needs Assessment

Priorities

Page reference

Ensure integrated and stepped care services are available for people experiencing mental health issues, including younger people.	18
Improve access to early intervention suicide prevention services.	18
Support the mental health of older people and assist primary care providers to identify older people who may need additional support or referrals to services.	18

Target Population Cohort

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

Consultation

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

Collaboration

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

Coverage

Perth North PHN region

Activity Duration

Activity Start Date

3 February 2022

Activity End Date

30 September 2025

Service Delivery Start Date

1 June 2022

Service Delivery End Date

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Initial Assessment and Referral	\$415,000.00	\$103,750.00	\$103,750.00
Total	\$415,000.00	\$103,750.00	\$103,750.00

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

Activity Title

Head to Health Intake and Assessment Phone Service

Activity Number

1030

Activity Status

Modified

PHN Program Key Priority Area

Mental Health Priority Area 1: Low intensity mental health services

Aim of Activity

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

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

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

Description of Activity

To work with general practitioners and their patients, carers and families and other relevant stakeholders to establish a virtual initial assessment and referral gateway for general practitioners, self-referral and other in-scope referrers to the service that will:

- Undertake or action an initial assessment.
- Provide treatment and support recommendations that enable individuals to choose from the full range of services options available to them based on their current needs and preferences.

- If requested, manage on-referrals and appointment bookings as indicated, to PHN commissioned services as well as other indicated services, including Better Access bulk-billing mental health providers.
- Over time, enable all Perth North PHN commissioned mental health treatment services to adopt assessment and referral practices based on the IAR.

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

The Head to Health Assessment and Referral Phone Service will operate under a single national Head to Health #1800 phonenumber (1800 595 212), centrally administered by North West Melbourne Primary Health Network (NWMPHN).

The local service will:

- i. Manage and maintain a telephony system to enable transfer of WA calls from the national phone line; and
- ii. Utilise the Head to Health Intake and Assessment Data Management System (Head to Health system - a secure web application <https://headtohealth.intake.org.au> developed and administered by NWMPHN), to manage Activities undertaken in the delivery of the Service relating to contact, assessment, referral, follow up, data capture and collection.

Individuals requiring more than information and advice, will be provided with an assessment using the Commonwealth Department of Health and Aged Care Initial Assessment and Referral Guidance for Mental Healthcare (IAR)-Decision Support Tool.

Where the need for further intervention is required, individuals are to be referred to the most appropriate mental health service to meet their identified need. This can include but is not limited to:

- i. General practitioners
- ii. Online self-directed resources
- iii. Head to Health Centres or satellites
- iv. PHN-Commissioned services
- v. Western Australian State Government operated and purchased services

If indicated, referral information to broader health related and social services should be offered.

In addition to assessed need, identifying the most appropriate service to meet an individuals need will consider, the cost of the service, wait list and eligibility criteria to minimise barriers to help seeking.

Individuals do not need a referral to access this service. However, if referred to the service by a general practitioner and/or referrer, feedback to the referring service is required within 7 days of initial assessment.

Sharing of information, on consent, with an individual's general practitioner is required for individuals self-referred to the service and assessed as having an IAR-Decision Support Tool (DST) assigned Level of Care 3 or above.

Individuals identified as needing urgent support are to be referred to crisis or emergency care under established policies and procedures.

General practitioners and other health professionals, carers and family members may also access this service to obtain information/advice or find additional supporting services for someone they care for or are supporting.

Follow up:

1. Any individuals who are assessed as having an IAR-DST assigned Level of Care 1-3 will be followed up by a staff member via SMS or email within 7 days of the initial call to encourage reconnection with the service if experiencing difficulty accessing referral services or deterioration in their current mental state; and
2. Any individuals who are assessed as having an IAR-DST assigned Level of Care 4-5, will be followed up by a staff member within 24 hours of the initial call to check on their mental health status and ability to access service recommendation(s). Individuals assessed as requiring:
 - a. Level 4 care will be followed up via SMS.
 - b. Level 5 care will be followed up via phone call.

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

The Assessment and Referral Phone service development, procurement and implementation will be guided by the WAPHA Cultural Competency Framework. The Framework will facilitate opportunities to improve the cultural competence and clinical safety of services through continuous quality improvement and support programs. The framework 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.

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

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

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

Perth North PHN Needs Assessment

Priorities

Page reference

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

Target Population Cohort

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

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

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

Consultation

The PHN is committed to forming close partnerships with services to enable a supported integrated approach for people who may require a warm referral to an appropriate service.

Protocols will be developed for the interface between the Assessment and Referral

Phone Line service, local community services and emergency departments to enable seamless referrals of people when needed.

Priority stakeholders for facilitating smooth referrals will initially focus on WA-based PHN-funded services and key State providers:

- H2H Centres and satellites – Midland, Armadale, Balga, and Gosnells
- PHN Country Portal providers – across the seven country WA subregions
- headspace Centres (for callers up to 12 - 25 years of age)
- WA Health Service Providers (LHNs) / Mental Health Commission: to strengthen regional strategic partnerships and provide information and clarity regarding transition points into state based mental health and emergency services.

Collaboration

The PHN is committed to working supportively in partnership with providers and partner agencies in refining the service design during its first year of operation. To ensure service sustainability there is a critical need to understand the existing local service ecosystem. The design of the Assessment and Referral Phone Line service will best be influenced by feedback from local service provider networks, with a particular focus on those identified in the *Stakeholder Engagement* section, above.

Coverage

Statewide -Perth North PHN; Perth South PHN; Country WA PHN

Activity Duration

Activity Start Date

13 February 2022

Activity End Date

30 June 2023

Service Delivery Start Date

1 July 2022

Service Delivery End Date

30 June 2023

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

MH 1070 – Organisational Strengthening and Development Grants Program

Activity Title

Organisational Strengthening and Development Grants Program

Activity Number

1070

Activity Status

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.

Perth North PHN Needs Assessment

Priorities

Page reference

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

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

Perth North PHN region

Activity Duration

Activity Start Date

Activity End Date

1 July 2021

30 June 2023

Activity Planned Expenditure

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

MH 2000 – Low Intensity Services

Activity Title

Low Intensity Services

Activity Number

2000

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 such as found in the Australian Psychological Society's 2018 systematic review of psychological interventions.¹ Low intensity services can be accessed with or without a referral from a general practitioner.

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

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 (LPIs) for anxiety and depression. Western Australian Primary Health Alliance). 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.

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
- psychological treatment services in Residential Aged Care Facilities (does not include MindSpot GP)
- services provided through headspace (which may also include on-referrals to MindSpot GP).

MindSpot GP (formerly Practitioner Online Referral Treatment Service (PORTS)), a state-wide GP referral option providing telephone and web-based assessment and evidence-based treatment, will play a central role in ensuring parity of equity across the Perth North PHN to low intensity services for all those who are in need and not able to access in-person services, with general practitioners across the PHN having the option of referring directly to the service. This will assist in providing an integrated model of care and fidelity of the intervention, no matter the location of the individual who is accessing it.

The Residential Aged Care Facilities (RACF) service will provide in-reach psychological therapy targeted at individuals with a diagnosis of mental illness or assessed to be at risk of mental illness. This may be conducted either by individual 50-60 minute sessions or in group work. Individuals expected to be seen at this service include those:

- having significant transition issues/adjustment disorders
- with mild to moderate anxiety and/or depression
- experienced elder abuse or past/recent trauma

- in addition to their mental illness, have a level of comorbid cognitive decline and/or dementia.

Low intensity psychological interventions for RACF's will be delivered by organisations who have suitably credentialled health professionals and/or suitably qualified, trained staff who are supervised by a suitably credentialled health professional. All organisations will need to be accredited.

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. WA Primary Health Alliance (WAPHA) is examining options to progressively make MOST available at-scale in WA over the next three years, including from headspace Centres.

The Perth North PHN will ensure that effective monitoring and evaluation systems and processes based on analysis of Primary Mental Health Care-Minimum Data Set (PMHC-MDS) data in relation to the proportion of the regional population receiving commissioned low intensity services, clinical outcomes of these services, average cost of the low intensity interventions per service contact and episode of care, completion rates for the clinical outcome measures reported in the PMHC-MDS. The approach taken by the PHN to capture this data includes formally training new commissioned service providers in the collection and submission of data to the PMHC-MDS, in accordance with the PMHC-MDS Specifications and Data Definitions and directing the service providers to the suite of support resources available.

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

Perth North PHN Needs Assessment

Priorities

Page reference

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

Support Aboriginal people to navigate the primary care system and access appropriate services.	34
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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 Perth North PHN. These have been conducted at both a national, state, 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 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 local level. These include the:

- Department of Health and Aged Care
- WA Mental Health Commission
- Women and Newborn Health Service
- Child and Adolescent Health Service
- General practitioners
- Royal Australian College of General Practitioners
- WA local governments
- Aboriginal Health Council of WA
- Aboriginal advisory groups
- 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

The 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 and Child and Adolescent Health Service, who will support the building of capability and will promote integration across the sector.
- General practitioners 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

Perth North PHN region

Activity Duration

Activity Start Date

1 July 2018

Activity End Date

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$2,044,553.96	\$2,286,695.72	\$1,788,937.00
Total	\$2,044,553.96	\$2,286,695.72	\$1,788,937.00

MH 3000 – Psychological Therapy Services for rural and remote, under serviced and/or hard to reach groups

Activity Title

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

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 risk of, suicide and self-harm and who require follow-up within seven days of referral (i.e., low risk and at a level deemed acceptable for primary care-based intervention).

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

This activity aims to ensure that the treatment provided is evidence informed, planned and involves a comprehensive clinical assessment and a process of shared decision making with the client.

Perth North PHN will aim to:

- Consolidate and strengthen linkages to other services.
- Address service gaps and maximise equitable access to psychological therapies for under-serviced groups, whether this is individual, group, or family based service delivery.
- Strengthen local regional mental health and suicide prevention planning.
- Commission services that meet the needs of the target group.

- Ensure clinical governance of commissioned services is in situ.
- Promote partnerships with general practitioners, other stakeholders, and consumers.
- Foster linkages to local crisis services and pathways.
- Promote evidence-based practice and the collection of data that demonstrates impact of interventions.

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 general practitioners 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 2018² systematic review of psychological interventions, and delivered by suitably qualified mental health professionals as part of a team approach (involving the patient's general practitioner) 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 individuals unable to meet a gap payment for Better Access.

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

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

treatment services and telephone and web-based services through MindSpot GP. The Perth North PHN will ensure that effective monitoring and evaluation systems and processes are in situ to obtain data regarding the proportion of the regional population receiving commissioned psychological therapies delivered by mental health professionals; clinical outcomes of these services; average cost of the psychological therapy interventions per service contacts and episode of care; completion rates for the clinical outcome measures reported in the Primary Mental Health Care-Minimum Data Set (PMHC MDS). The approach taken by the PHN to capture this data includes formally training new commissioned service providers in the collection and submission of data to the PMHC-MDS, in accordance with the PMHC-MDS Specifications and Data Definitions and directing the service providers to the suite of support resources available.

As further guidance and information is released, the activities 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.

Perth North PHN Needs Assessment

Priorities

Page reference

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

Target Population Cohort

Individuals with a diagnosable mild or moderate mental illness or for people who have attempted, or are at risk of, suicide and self-harm and who require follow-up within seven days of referral.

Coverage

Perth North PHN region

Consultation

PHN has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of psychological therapy services in the Perth North PHN. These have been conducted at both a national, state, 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.

Perth North 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 local level. These include the

- Australian Government Department of Health and Aged Care
- National Mental Health Commission
- WA Mental Health Commission
- Child and Adolescent Health Service
- Women and Newborn Health Services
- General practitioners
- Royal Australian College of General Practitioners
- WA local governments
- 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

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:

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

integration across the sector.

Activity Duration

Activity Start Date

Activity End Date

1 July 20218

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$1,998,511.00	\$2,489,533.00	\$2,467,166.00
Total	\$1,998,511.00	\$2,489,533.00	\$2,467,166.00

MH 3010 – Psychological Therapies into 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 or 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 Residential Aged Care Facilities (RACFs).

The outcomes that this activity seeks to achieve are:

1. To promote better mental health outcomes for residential aged care facility residents.
2. Offer significant benefits to residential aged care facility 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. Using evidence-based psychological therapies these services are intended to enable residents with mental illness to access needed mental health services similar to 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 people³.

The services are expected to primarily target residents with mild to moderate

³ https://www.beyondblue.org.au/docs/default-source/resources/329885_0616_bl1263_small_v5.pdf

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 general practitioner 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:

- Residents who have 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.
- Residents with mild to moderate anxiety and/or depression - as above, this is expected to be the largest group requiring services through the measure.
- 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.
- Residents who may have experienced elder abuse or past or recent trauma.
- 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.
- Residents from diverse and vulnerable communities, including Lesbian, Gay, Bisexual, Transgender, Intersex, Queer (LGBTIQ), or Culturally and linguistically Diverse (CALD) groups, for whom there may be additional barriers to diagnosis and care.

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

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

Perth North PHN Needs Assessment

Priorities

Page reference

Improve coordinated and integrated care for people experiencing complex and severe mental health who can be managed within primary care settings.	18
Support the mental health of older people and assist primary care providers to identify older people who may need additional support or referrals to services.	18
People living at home or in RACFs need support to manage conditions to prevent escalating acuity.	41
Increase utilisation of the GP aged care MBS items to provide GP care to aged care residents.	41

Target Population Cohort

Primarily target residents of Aged Care facilities with mild to moderate symptoms of common mental illness.

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 will not be excluded.

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 Perth North 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 Perth North 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
- North and East Metropolitan Health Service
- Child and Adolescent Health Service
- Women and Newborn Health Service
- General practitioners
- Royal Australian College of General Practitioners
- WA local governments
- 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

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

Perth North PHN Region

Activity Duration

Activity Start Date

1 July 2018

Activity End Date

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$893,734.00	\$985,312.00	\$1,001,007.00
Total	\$893,734.00	\$985,312.00	\$1,001,007.00

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

The activity is to support:

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

Perth North PHN will:

- Support general practitioners and their patients with severe mental illness within specified locations who can most appropriately be managed in primary care settings (i.e., individuals who do not require more specialised and

intensive service delivery within the state and territory managed specialised mental health system) including:

- Work collaboratively with all related service providers to improve the integration and local coordination of care.
 - Consolidate and strengthen relationships and linkages with providers of healthcare, social and other related services including alcohol and other drugs.
 - Promote the use of multi-agency care plans.
 - Plan for the provision and support of services for people across the lifespan, including youth (from 18 years).
 - Promote referral pathways for the physical health needs of people with severe mental illness, particularly via general practitioners.
 - Establish linkages between clinical services and psychosocial support services.
- Work with general practitioners and their patients, carers, and families to design and implement Equally Well care pathways within specific locations including:
 - Requiring all in-scope commissioned mental health providers to screen for physical health conditions that people with mental illness are at higher risk of developing.
 - Requiring all in-scope commissioned mental health incorporate pathways to refer to other services that provide prevention and lifestyle interventions, including interventions aimed at improving diet and increasing physical activity.
 - Ensuring general practitioners and other in scope professionals in commissioned services have access to the training and support they need to provide person-centred, effective, and coordinated care to people with comorbidities.
 - Ensuring people with mental illness and their carers have access to information on physical health problems, managing medications and their side-effects, and the range of care and treatment options available to them.
 - Ensuring the Equally Well Consensus Statement actions are a priority consideration for the Joint Regional Plan for Integrated Mental Health and Suicide Prevention Services.

Description of Activity

Perth North PHN will work with general practitioners to develop approaches that increase the efficiency and effectiveness of medical care for individuals with severe mental illness particularly those individuals with concurrent physical illness who can

most appropriately be managed in primary care settings, including individual taking Clozapine. This involves two related activities:

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

2. WA Primary Health Alliance (WAPHA) will fund work with general practitioners to develop localised approaches that increase the efficiency and effectiveness of medical care for individuals with severe mental illness and concurrent physical health conditions who can most appropriately be managed in primary care settings, including individual taking Clozapine. This includes:
 - Working with general practitioners and their patients, carers, and families to design and implement Equally Well care pathways within specific locations.
 - Requiring all in-scope commissioned mental health providers to screen for physical health conditions that people with mental illness are at higher risk of developing.
 - Requiring all in-scope commissioned mental health incorporate pathways to refer to other services that provide prevention and lifestyle interventions, including interventions aimed at improving diet and increasing physical activity.
 - Ensuring general practitioners and other in scope professionals in commissioned services have access to the training and support they need to provide person-centred, effective, and coordinated care to people with comorbidities.
 - Ensuring people with mental illness and their carers have access to

information on physical health problems, managing medications and their side-effects, and the range of care and treatment options available to them.

- Ensuring the Equally Well Consensus Statement action are a priority consideration for the Joint Regional Plan for Integrated Mental Health and Suicide Prevention Services.

Data will be collected for this activity. Perth North PHN will ensure that effective monitoring and evaluation systems and processes are in situ to obtain data regarding the proportion of population receiving commissioned psychological therapies delivered by mental health professionals; clinical outcomes of these services; average cost of the psychological therapy interventions per service contacts and episode of care; completion rates for the clinical outcome measures reported in the Primary Mental Health Care – Minimum Data Set (PMHC MDS). The approach taken by the PHN to capture this data includes formally training new commissioned service providers in the collection and submission of data to the PMHC-MDS, in accordance with the PMHC-MDS Specifications and Data Definitions and directing the service providers to the suite of support resources available.

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

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.

Perth North PHN Needs Assessment

Priorities

Page reference

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

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

Coverage

Perth North PHN Region

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 Perth North PHN. These have been conducted at both a national, state, 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.

Perth North 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 local 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
- WA Mental Health Commission
- The Office of the Chief Psychiatrist
- Child and Adolescent Health Service
- The National Centre of Excellence in Youth Mental Health (Orygen)
- Aboriginal Health Council of WA
- General practitioners
- Aboriginal advisory groups
- District Health Advisory Councils
- 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 and Child and Adolescent Health Service who will assist to build capacity and to promote integration across the sector, particularly in relation to follow up and postvention care.
- General practitioners, 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.
- PHN commissioned service provider who will work to improve clinical systems and processes where indicated to ensure quality service provision.

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	\$1,872,268.00	\$1,883,502.00	\$1,843,478.00
Total	\$1,872,268.00	\$1,883,502.00	\$1,843,478.98

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.

Perth North PHN will aim to:

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

Description of Activity

Perth North PHN will work locally to:

- i. Improve the capacity and capability of routine community gateways into healthcare, especially general practitioners and PHN commissioned providers, to recognise and respond to suicide risk and suicidality that is evidence-based,

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

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

Community based suicide prevention activities will be delivered by commissioned services across the Perth North PHN using an integrated and systems-based approach, in partnership with Local Health Networks (to be referred to as Health Service Providers herein) and other local organisations.

Evidence-informed activities will focus on improving follow up support for those who have had a recent suicide attempt or clinically significant suicidal ideation, who present to primary or secondary care services.

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

Perth North 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 assist in building the breadth of capability of local providers in suicide prevention.

Data will be collected for this activity. Perth North PHN will ensure that effective monitoring and evaluation systems and processes are in situ to obtain data regarding the proportion of people who were referred to a commissioned service due to a recent suicide attempt or were at risk of suicide and who were followed up within seven days of referral. The approach taken by the PHN to capture this data includes formally

training new commissioned service providers in the collection and submission of data to the Primary Mental Health Care-Minimum Data Set (PMHC-MDS), in accordance with the PMHC-MDS Specifications and Data Definitions and directing the service providers to the suite of support resources available.

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.

Perth North PHN Needs Assessment

Priorities

Page reference

Ensure integrated and stepped care services are available for people experiencing mental health issues, including younger people.	18
Increase access to low cost- local mental health services in outer-suburbs and areas with limited-service availability but high demand.	18
Improve access to early intervention suicide prevention services	18
Support the mental health of older people and assist primary care providers to identify older people who may need additional support or referrals to services.	18

Target Population Cohort

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

Coverage

Perth North PHN region

Consultation

A wide range of stakeholder consultation and engagement activities are undertaken to support the provision of community-based suicide prevention in Perth North 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.

Perth North 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
- WA Mental Health Commission
- North Metropolitan Health Service and East Metropolitan Health Service
- Child and Adolescent Health Service
- Women and Newborn Health Service
- General practitioners
- WA Local Governments
- 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
- 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:

- General practitioners 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.

Activity Duration

Activity Start Date

Activity End Date

1 July 2018

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$923,985.98	\$1,092,674.00	\$937,333.75
Total	\$923,985.98	\$1,092,674.00	\$937,333.75

MH-TRISP 5020 – Targeted Regional Initiatives 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

The Perth North 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 Mental Health Commission.
- Map of existing of services/programs within 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 MHC 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 Capacity Building Workshop.
- Participate in the Department of Health and Aged Care SPL 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.

Perth North PHN Needs Assessment

Priorities

Page reference

Improve coordinated and integrated care for people experiencing complex and severe mental health who can be managed in within primary care settings.	18
Increase access to low cost- local mental health services in outer-suburbs and areas with limited-service availability but high demand.	18
Improve access to early intervention suicide prevention services.	18
Support the mental health of older people and assist primary care providers to identify older people who may need additional support or referrals to services.	18

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

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.

Coverage

Perth North PHN Region

Consultation

Consultation will continue to occur with the following key stakeholders:

- Mental Health Commission – to identify duplication of activity and specify roles of Suicide Prevention Coordinators and Community Liaison Officers.
- Mental Health Commission WAPHA Suicide Prevention Working Group
- Mental Health Commission WAPHA Aftercare Working Group Culture Care Connect Coordinators
- 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:

- WA Mental Health Commission – Suicide Prevention 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 General Practitioners
- Existing Mental Health/Suicide Prevention Collaborative within the PHN e.g., IAR Training and Support Officers.

Activity Duration

Activity Start Date

Activity End Date

9 January 2023

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health Flexible	\$585,000.00	\$594,360.00	\$0.00
Total	\$585,000.00	\$594,360.00	\$0.00

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 are integrated within a stepped care approach to meet individual and local needs.

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

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

The Perth North PHN will aim to:

- Integrate Aboriginal and Torres Strait Islander mental health services into a stepped care approach.
- Engage local Aboriginal and Torres Strait Islander people and communities, where possible, in the co-designing of locally driven regional plans and service delivery.
- Improve referral pathways between general practitioners, Aboriginal Community Controlled Health Services, social and emotional wellbeing, alcohol and other drug, and mental health services.
- Maintain clear collaborative structures to optimise partnerships to enhance the penetration, quality, integration, and effectiveness of services. The PHN will

utilise the WAPHA and Aboriginal Health Council of WA Memorandum of Understanding to inform delivery of culturally appropriate mental health treatment and treatment supports in the Aboriginal controlled sector and mainstream sectors.

- Recognise and promote Aboriginal and Torres Strait Islander leadership by supporting Gayaa Dhuwi (Proud Spirit) Declaration implementation.
- Continue to implement the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) principles in the Kimberley Suicide Prevention Trial site as a guide to ensuring services are culturally appropriate.
- Promote the sharing of information between agencies using informed consent as an enabler of clinical care coordination and service integration.
- Develop strategic joint regional planning for mental health and suicide prevention services with Health Service Providers and the WA Mental Health Commission, 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]⁴.

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 Aboriginal Community Controlled

⁴ <https://pmc.gov.au/resource-centre/indigenous-affairs/national-strategic-framework-mental-health-social-emotional-wellbeing-2017-23>

Health Services 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.

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. The PHN 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 focussed 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 workers
- Aboriginal peer support workers

This activity will ensure that commissioned mental health treatment services (as per 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.

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.

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

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

Perth North PHN Needs Assessment

Priorities

Page reference

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

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:

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

Coverage

Perth North PHN region

Consultation

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

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.

Activity Duration

Activity Start Date

1 July 2018

Activity End Date

30 June 2024

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Indigenous Mental Health	\$920,353.29	\$933,030.97	\$0.00
Total	\$920,353.29	\$933,030.97	\$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 children and young people, starting at as young an age as practicable. Where indicated, this will comprise of low intensity and psychological therapy services, and clinical care coordination activities.

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

The Perth North PHN will aim to:

- Integrate 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 Perth North PHN will work in partnership, where indicated, with Health Service Providers, Child and Adolescent Health Services, Family Support Service providers, Aboriginal Medical Services and other local services to consolidate and foster local regional planning and integration.

All PHN commissioned services will be supported to provide evidence-based clinical best practice models, such as those described by the National Centre of Excellence in Youth Mental Health⁵, that are culturally sensitive.

The range of services delivered under this activity are:

- headspace services
- youth enhanced services
- youth early psychosis (headspace based)

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 workers. Services will be face to face low intensity, psychological therapy, and clinical care coordination offered as part of community treatment services

The Perth North PHN will ensure that effective monitoring and evaluation systems and

⁵ The National Centre of Excellence in Youth Mental Health 2018. Youth mental health service models and approaches: Considerations for primary care. Victoria.

processes use analysis of Primary Mental Health Care–Minimum Data Set (PMHC MDS) data in relation to:

- the proportion of the youth regional population receiving youth specific commissioned mental health services, including headspace and early psychosis youth service
- 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.

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 WAPHA will consider the most appropriate commissioning method and approach to 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.

Perth North PHN Needs Assessment

Priorities

Page reference

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

Target Population Cohort

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

Coverage

Perth North PHN Region

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 Perth North PHN. These have been conducted at both a national, state, 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 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
- 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
- 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 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:

- General practitioners, 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.

Activity Duration

Activity Start Date

Activity End Date

1 July 2018

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
Mental Health	\$2,210,909.22	\$1,850,904.00	\$1,536,449.79
EPYS	\$10,420,499.31	\$9,853,570.00	\$10,001,305.00
headspace	\$2,989,022.34	\$3,144,551.29	\$3,021,574.00
Total	\$15,620,430.87	\$14,849,025.29	\$14,559,328.79

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

Activity Title

Head to Health Adult Centre and Satellites

Activity Number

8000

Activity Status

Modified

PHN Program Key Priority Area

Other - Mental Health, Therapeutic benefit; Multidisciplinary care

Aim of Activity

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

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

Description of Activity

The PHN established the Adult Mental Health Centre trial site in Midland and will further establish a satellite in Balga/Mirrabooka.

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

- People requiring support in the area, or those attending the Centre, will

recognise the Centre as an accessible entry point to the mental health care system for the services and information they need.

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

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

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

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

The PHN will ensure that effective monitoring and evaluation systems and processes are in situ to obtain data regarding:

- the proportion of the population receiving commissioned psychological therapies delivered by mental health professionals.
- clinical outcomes of these services.
- average cost of the psychological therapy interventions per service contacts and episode of care.
- completion rates for the clinical outcome measures reported in the Primary Mental Health Care – Minimum Data Set (PMHC MDS).

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

Perth North PHN Needs Assessment

Priorities

Page reference

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

Target Population Cohort

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

Coverage

Local government areas of Swan and Stirling within Perth North PHN

Consultation

The PHN will continue to engage and collaborate with key stakeholders in the ongoing development of services at a local level.

Collaboration

The PHN is committed to working supportively in partnership with providers and partner agencies to develop protocols for the interface between the Head to Health service, local community services and emergency departments to enable a seamless transfer of people when needed.

Activity Duration

Activity Start Date

5 September 2021

Activity End Date

30 June 2025

Service Delivery Start Date

5 September 2021

Service Delivery End Date

30 June 2025

Activity Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25
H2H Adult Mental Health Services	\$5,694,840.04	\$5,024,293.86	\$4,926,607.00
Total	\$5,694,840.04	\$5,024,293.96	\$4,926,607.00

END