



Country WA PHN Activity Work Plan

Primary Mental Health Care V2

**Summary View
2023/2024 – 2026/2027**

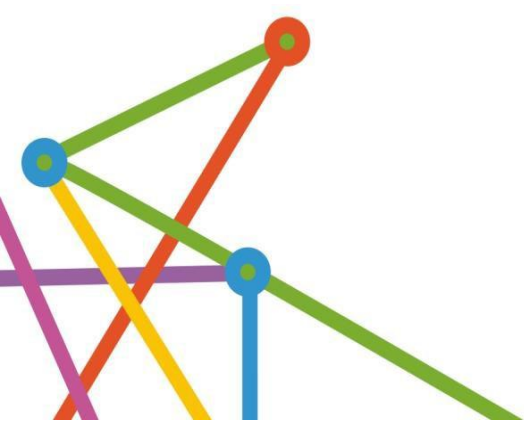


**WA Primary
Health Alliance**
Better health, together

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PERTH NORTH, PERTH SOUTH,
COUNTRY WA

An Australian Government Initiative





CHHP - 2000 - CHHP 2000 - headspace Wait Time Reduction Program



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

CHHP

Activity Number *

2000

Activity Title *

CHHP 2000 - headspace Wait Time Reduction Program

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

The aim of this Capital works Agreement for headspace Centre Expansion is to enhance the quality of experience for young people aged 12 to 25 years in accessing mental health services provided through headspace Albany.

In addition headspace Centres in Geraldton and Bunbury will receive funds for improvements which will enhance the quality of experience for young people aged 12 to 25 years in accessing mental health services provided through headspace Centres.

Description of Activity *

This activity will increase the efficiency and effectiveness of primary mental health services at the Geraldton and Bunbury headspace sites.

Geraldton headspace walk in clinic will be supported to:

- Recruit staff to introduce a single session stream
- Maintain clinical staff funded through previous demand management funding
- Undertake workforce engagement and training

Bunbury headspace site will be relocated

Capital works activity will fit out a new Bunbury headspace site that will improve access for young people in the Bunbury region to a fit for purpose and engaging environment

The Albany headspace Centre fit out was completed during this reporting period. The additional counselling rooms, flexible meeting and group spaces, and an expanded working areas have improved access to mental health services for youth in the Great Southern.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Improve access to mental health services in the Midwest.	56
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management. (Goldfields, Midwest, Wheatbelt, South West,)	15
Improve access to mental health services in the Great Southern.	29



Activity Demographics

Target Population Cohort

Improving access to safe and efficient services, appropriately managing service demand and improving the health outcomes of young people aged 12 to 25 with, or at risk of mental illness, and their families

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Bunbury	50102
Albany	50901
Mid West	51104



Activity Consultation and Collaboration

Consultation

Geraldton headspace, Albany headspace and Bunbury headspace centers and the respective lead agencies.
headspace youth reference groups

Collaboration

headspace National



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

29/06/2025

Service Delivery Start Date

01/11/2021

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Activity Work Plans - Due 30/04/24, 30/04/25
12-month performance report - Due 30/09/24, 30/09/25
Financial Acquittal Report - Due 30/09/24, 30/09/25
Final Report - Due 30/09/25



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
CHHP – headspace Wait Time Reduction Program	\$1,049,133.00	\$892,467.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
CHHP – headspace Wait Time Reduction Program	\$1,049,133.00	\$892,467.00	\$0.00	\$0.00	\$0.00	\$1,941,600.00
Total	\$1,049,133.00	\$892,467.00	\$0.00	\$0.00	\$0.00	\$1,941,600.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



CHHP-Op - 2000 - CHHP 2000 - Operational



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

CHHP-Op

Activity Number *

2000

Activity Title *

CHHP 2000 - Operational

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area ***Other Program Key Priority Area Description****Aim of Activity *****Description of Activity *****Needs Assessment Priorities *****Needs Assessment****Priorities**



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
CHHP - headspace Wait Time Reduction Operational	\$80,333.50	\$73,322.83	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
CHHP - headspace Wait Time Reduction Operational	\$80,333.50	\$73,322.83	\$0.00	\$0.00	\$0.00	\$153,656.33
Total	\$80,333.50	\$73,322.83	\$0.00	\$0.00	\$0.00	\$153,656.33

Funding From Other Sources - Financial Details

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Funding From Other Sources - Organisational Details

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



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

1020

Activity Title *

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

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Other Program Key Priority Area Description**Aim of Activity ***

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

Description of Activity *

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

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

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

- Delivering and evaluating Part 2 (face to face/ virtual) training and paying participating General Practitioners as per incentive payment schedule
- Communicating avenues to promote education and resources to the primary care workforce on the value and impact of IAR
- Promoting the Communication and Marketing Plan (June 2023), with Training to commence as per the project plan, in 2023
- Collect, collate, and summarise data for 12-month and other mandated reporting.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

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



Activity Demographics

Target Population Cohort

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

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consultation is planned to occur with:

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

Collaboration

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



Activity Milestone Details/Duration

Activity Start Date

03/02/2022

Activity End Date

29/06/2025

Service Delivery Start Date

01/06/2022

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Activity Work Plans - Due 30/04/24, 30/04/25
Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment - Due 15/11/24
12-month performance report - Due 30/09/24, 30/09/25
Financial Acquittal Report - Due, 30/09/24, 30/09/25
Final Report - Due 30/09/25



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): Yes

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$226,232.10	\$228,396.10	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$226,232.10	\$228,396.10	\$0.00	\$0.00	\$0.00	\$454,628.20
Total	\$226,232.10	\$228,396.10	\$0.00	\$0.00	\$0.00	\$454,628.20

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 2000 - MH 2000 - Low Intensity Services



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

2000

Activity Title *

MH 2000 - Low Intensity Services

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 1: Low intensity mental health services

Other Program Key Priority Area Description**Aim of Activity ***

The aim of this activity is to provide easily accessible low 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 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 through 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. Low intensity services can be accessed with or without a referral from a general practitioner.

To enable services to develop manualised low-intensity treatments suitable for their treatment populations, WAPHA

commissioned Prof. Peter McEvoy from Curtin University (one of the authors of the Oxford Handbook for low-intensity CBT) to produce a guidance manual that can be used to develop, standardise and validate low intensity treatment offerings (McEvoy, P., Landwehr, E., Percy, C., & Campbell, B. (2021). A clinician's guide to low intensity psychological interventions (LIPs) for anxiety and depression. Western Australian Primary Health Alliance). This is available under open-source licensing (hard copy and electronic versions).

In addition to the clinician's guide, WAPHA will be commissioning the development of low-intensity treatment workbooks to guide clinicians and patients through treatment. The workbooks are being developed in consultation with the PHN cooperative for use across the PHN network. The workbooks will be appropriate for patients with low reading ages (12 years), contain 4 – 6 modules with clear and concise content that can be used by healthcare workers (not necessarily psychologists) to guide patients through evidence-informed strategies for anxiety and depression, social anxiety, low self-esteem, sleep, parenting skills training and anger management.

The services will be delivered in a cost-efficient 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 suitably credentialed health professionals and/or suitably qualified, trained staff who are supervised by a suitably credentialed health professional.

The commissioned, low intensity treatment services include:

- Telephone and web-based services
- In person interventions offered as part of community treatment services
- Services funded from other streams including psychological treatment services in Residential Aged Care Facilities
- Services provided through headspace.

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.

Independent Community Living Australia Limited's (ICLA) eFriend Peer Support Intervention Service uses technology and innovative models of care to increase access to low intensity, early intervention mental health services for people with, or at risk of, mild mental illness, to prevent escalating acuity. The use of the two digital intervention sets in combination Peer Support Intervention (PSI) and Psychological Therapy (PT), to greatly increase the reach of peer support beyond traditional mental health settings as well as extend the evidence-base and treatment efficacy of MindSpot GP psychological treatment. The activity is being implemented across Country WA.

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 relevant stakeholders. 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.

Services will consistently demonstrate communication and engagement that is respectful of cultural differences and tailored to meet specific cultural needs and expectations. This may include nuanced approaches to enhancing access including culturally tailored entry points.

This activity will include a focus on strengthening the interface between general practice and commissioned service providers. WAPHA will continue to engage with general practice to increase awareness and knowledge of WAPHA's commissioned activities. WAPHA will also ensure commissioned service provider accountability re maintaining a collaborative approach with local general practices.

WAPHA has developed a Cultural Competency Framework, an LGBTIQ+ Equity and Inclusion Framework, a Multicultural Competency and Capability Framework and an Aboriginal Cultural Capability Framework, which encompasses cultural awareness, cultural competency and cultural safety. These frameworks will help identify opportunities to support the improvement of cultural competence and clinical safety of services. The PHN will reflect on current practice, identify and support areas that will improve cultural safety for communities, and develop cultural competence within WAPHA and external stakeholders including commissioned services, resulting in better health and wellbeing outcomes for Aboriginal, CALD and LGBTIQ+ communities.

Activities

- Plan for the provision of low intensity mental health services as part of a stepped care approach to joint regional mental health and suicide prevention planning

- Support appropriate intake, assessment and referral protocols, including self-referral, to target low intensity services to those who would benefit from them
- Promote low intensity services as an effective service choice to both professionals and to the community, including digital low intensity services available through Head to Health
- Commission evidence-based, accessible and efficient low intensity services adapted as needed to address the priority needs for each WA PHN
- Support appropriate intake, assessment and referral protocols, including self-referral, to target low intensity services to those who would benefit from them
- Promote low intensity services as an effective service choice to both professionals (with a particular emphasis on General Practices measured by referrals from this source) and to the community, including digital low intensity services available through Head to Health
- Review, evaluate and implement quality improvement initiatives regarding the effectiveness of existing integrated models, with an emphasis on enhancing the interface and referral pathways between commissioned services and general practice
- Develop ongoing capacity to house and manage Low Intensity therapist manuals, including their development and improvement
- Ensure services offer a culturally safe response to the needs of Aboriginal and Torres Strait Islander people, in line with the principles of the Gayaa Dhuwi (Proud Spirit) Declaration and the diverse needs of Culturally and Linguistically Diverse (CALD) and Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQ+) people
- Program direction and oversight processes developed and maintained
- Support continuous program improvement.

Priority Locations

Services will be commissioned in locations where there are existing building blocks, such as a defined minimum set of in-situ services, including general practice.

To help determine priority locations, a multiple criteria decision analysis, aligned to the PHN Commonwealth program guidance, will be implemented. WAPHA will utilise a socio-technical decision support and planning methodology, combining a data-driven technical value for money analysis with stakeholder engagement and discussion, to identify and rank priority locations and interventions for commissioning.

WAPHA's place based teams will provide information on existing local systems, collaboratives, and partnerships. Place-based decision making will also be informed by WAPHA's needs assessments, which will include population health analysis and consultation with clinicians, community, service providers and partner agencies. This will be complemented by the quantitative and qualitative data of partner agencies.

Due diligence and environmental scanning will be undertaken in consultation with State Government partners, to ensure a location is not overserved and/or services are not duplicated. WAPHA has partnership arrangements and well-established communication channels with the Health Service Providers, the Mental Health Commission, Department of Health, Aboriginal Health Council of WA and industry peaks, which will help enable this process.

Data collection

The 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 PHN-commissioned mental health services – Low Intensity Interventions.
- Enhanced clinical outcomes for people receiving PHN-commissioned mental health interventions.
- Average cost of low intensity interventions per service contact and episode of care.
- Completion rates for clinical outcome measures reported in the PMHC-MDS.
- Proportion of PHN annual flexible funding allocated to low intensity services.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15
Improve access to coordinated culturally	15

appropriate primary care for Aboriginal people. (Goldfields/Kimberley)	
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43



Activity Demographics

Target Population Cohort

Individuals aged 16 and above at risk of, or experiencing, mild mental ill-health; from an underserved population; unable to equitably access MBS treatments due to overlapping factors indicating disadvantage (e.g., low income or inability to access services during business hours, job insecurity, material disadvantage, limited personal resources, social isolation, poor health literacy, other social, economic, cultural and personal reasons); and/or experiencing locational disadvantage.

The principles of the Gayaa Dhuwi (Proud Spirit) Declaration will be embedded in low intensity service models and adhered to in the development and delivery of services.

Commissioned services will be expected to ensure cultural safety and equality of care for Aboriginal and Torres Strait Islander people (including Aboriginal Health Workers employed within these services).

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

WA Primary Health Alliance has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of Low Intensity services in the Country WA PHN region. 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.

Key stakeholders for this activity include:

- Consumers
- Commissioned service providers
- General practitioners and general practices

- Health Service Providers
- WA Mental Health Commission
- Local Mental Health and Social Service providers
- Orygen
- MQ Health (Macquarie University)
- Centre for Clinical Interventions (CCI)
- Curtin University.

In addition to those listed above, the Country WA PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:

- Australian Government Department of Health and Aged Care
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service
- Royal Australian College of General Practice
- 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 low intensity 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 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.



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans - Due 30/04/24, 30/04/26, 30/04/26

Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment - Due 15/11/24, 15/11/25, 15/11/26
12-month performance report - Due 30/09/24, 30/09/25, 30/09/26
Financial Acquittal Report - Due 30/09/24, 30/09/25, 30/09/26
Final Report - Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$4,493,173.35	\$3,898,467.00	\$4,047,991.94	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$4,493,173.35	\$3,898,467.00	\$4,047,991.94	\$0.00	\$0.00	\$12,439,632.29
Total	\$4,493,173.35	\$3,898,467.00	\$4,047,991.94	\$0.00	\$0.00	\$12,439,632.29

Funding From Other Sources - Financial Details

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Funding From Other Sources - Organisational Details

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MH - 2050 - MH 2050 - Mental Health multidisciplinary team into general practice



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

2050

Activity Title *

MH 2050 - Mental Health multidisciplinary team into general practice

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 1: Low intensity mental health services

Other Program Key Priority Area Description**Aim of Activity *****Background**

The National Health Reform Agreement (NHRA) aims to:

- Deliver safe, high-quality care in the right place at the right time
- To prioritise prevention and help people manage their health across their lifetime
- Drive best-practice and performance using data and research
- Improve efficiency and ensure financial sustainability.

Central to achieving these aims are General Practitioners (GP), typically a patient's first port of call when needing physical or mental health support. To ensure their patients have access to the care they need, some medical centres host different medical practitioners such as podiatrists, dieticians and social workers to service their patients at the medical centre while others provide a referral to external practitioners located nearby.

For patients with mental illness, the level of care and support can benefit (or require) the services of a social worker, clinical care coordinator, a mental health nurse /generalist nurse with mental health training and/or psychologist. While a GP can refer a patient to an organisation offering these services, they are rarely able to offer such services within their practice – often due to cost.

To achieve the NHRA aims, the Commonwealth is focused on providing support to GPs and, in response, WAPHA has been

commissioning services, such as clinical care coordination, non-prescribing pharmacists and social workers to support GPs. The aim of this activity is to further support GPs build a multidisciplinary team to support patients with mental illness and evaluate the service model's effectiveness, scalability and sustainability.

Description of Activity *

Country WA PHN will work to:

- i. Engage with general practitioners in Country WA locations identified by the needs analysis and priority populations to identify general practices that are willing and able to 'host' a mental health support resource.
- ii. Commission a workforce provider to provide mental health resources to identified GPs using a flexible multidisciplinary team that will be mobilised based on need to nominated general practices.

The activity will support:

- General practitioners managing individuals with severe mental illness who would benefit from additional support who can be appropriately supported in a primary care setting as part of a stepped care approach within their practice.
- Patient access to mental health support within their general practice
- Multidisciplinary team such as psychologist, social worker, mental health nurse, clinical care coordinator that will actively collaborate with the general practitioner and coordinate care improving patient care
- 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).

Data collection

Data will be collected for this activity. Country WA PHN will ensure that effective monitoring and evaluation systems and processes are in situ to obtain data regarding:

- Proportion of regional population receiving PHN-commissioned clinical care coordination for people with severe and complex mental illness.
- Average cost of PHN-commissioned clinical care coordination for people with severe and complex mental illness
- Proportion of PHN annual flexible funding allocated to low intensity services, psychological therapies and services for people with severe and complex mental illness.
- Enhanced clinical outcomes for people receiving PHN-commissioned mental health interventions.
- Average cost of low intensity interventions per service contact and episode of care.
- Completion rates for clinical outcome measures reported in the PMHC-MDS.
- Proportion of PHN annual flexible funding allocated to low intensity services.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43



Activity Demographics

Target Population Cohort

Individuals with severe mental illness who can most appropriately be managed in a primary care setting.

In Scope AOD Treatment Type ***Indigenous Specific ***

No

Indigenous Specific Comments**Coverage****Whole Region**

Yes

**Activity Consultation and Collaboration****Consultation**

The PHN has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of mental health services for people with severe and complex mental illness in the Country WA PHN. These have been conducted at both a national, state, 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.

Key stakeholders for this activity include:

- Consumers
- Commissioned service providers
- General practitioners and general practices
- Health Service Providers
- WA Mental Health Commission
- Local mental health and social service providers
- Orygen
- MQ Health (Macquarie University)
- Centre for Clinical Interventions
- Curtin University
- Australian Government Department of Health and Aged Care
- The Office of the Chief Psychiatrist
- Child and Adolescent Health Service
- Aboriginal Health Council of WA
- Aboriginal advisory groups
- District Health Advisory Councils
- 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 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 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.
- 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.



Activity Milestone Details/Duration

Activity Start Date

31/08/2024

Activity End Date

29/06/2026

Service Delivery Start Date

01/09/2024

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans - Due 30/04/24, 30/04/25, 30/04/2026

Annual Mental Health and Suicide Prevention Activity Needs Assessment - Due 15/11/24, 15/11/25

12-month performance report - Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report - Due 30/09/24, 30/09/25, 30/09/26

Final Report - Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: Yes

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$200,000.00	\$200,000.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$200,000.00	\$200,000.00	\$0.00	\$0.00	\$400,000.00
Total	\$0.00	\$200,000.00	\$200,000.00	\$0.00	\$0.00	\$400,000.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 3000 - MH 3000 - Psychological Therapies for Underserviced Groups



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

3000

Activity Title *

MH 3000 - Psychological Therapies for Underserviced Groups

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

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

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

The Country WA PHN will aim to:

- Integrate psychological therapy services into a stepped care approach including for residents of Residential Aged Care Facilities (RACF)
- Consolidate and strengthen linkages to other services
- Address service gaps and optimise equitable access to psychological therapies for underserviced groups
- Strengthen local regional mental health and suicide prevention planning
- Commission services that meet the needs of the target group and use innovative service delivery models
- Ensure clinical governance of commissioned services is in situ

- Promote partnerships with GPs, other stakeholders and consumers
- Foster linkages to local crisis services and pathways
- Promote evidence-based practice and the collection of data that demonstrates impact of interventions.

Description of Activity *

Background:

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 a GP Mental Health Plan (or equivalent) or referral from a psychiatrist or paediatrician, where the treatment plan is primarily based around the delivery of psychological therapy by one or more health professionals.

Psychological therapy services are to be protocol based supported by evidence as found in the Australian Psychological Society's 2018 systematic review of psychological interventions (Australian Psychological Society Evidence-based psychological interventions in the treatment of mental disorders: A review of the literature. 2018), and delivered by suitably qualified mental health professionals as part of a team approach (involving the patient's GP) to primary mental health care.

Services will be delivered by:

- clinical psychologists
- mental health competent registered psychologists, registered nurses, occupational therapists and social workers
- 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 provide a level of service intensity that is commensurate with the clinical needs of the individual.

MindSpot GP, a state-wide GP referral option providing telephone and web-based assessment and evidence-based treatment, will play an important role in ensuring parity of equity across the Country WA PHN to psychological therapy services for all those who are in need and not able to access face-to-face services. A MindSpot GP intake assessment is deemed equivalent to a GP Mental Health Care Plan for access to PHN commissioned psychological therapies. This will assist in providing an integrated model of care and fidelity of the intervention, regardless of the location where an individual is accessing it.

It is proposed that the following will continue to be commissioned:

- Face to face interventions offered as part of community treatment services
- Telephone and web-based services through the MindSpot GP service
- Psychological therapy services for residents of RACFs.

Commissioned service provision will be person centred, trauma informed and include an emphasis on the holistic treatment of physical and mental health issues.

Services will consistently demonstrate communication and engagement that is respectful of cultural differences and tailored to meet specific cultural needs and expectations. This may include nuanced approaches to enhancing access including culturally tailored entry points.

Activities

- Plan services to meet the needs of underserved groups in each PHN region for psychological therapies
- Commission services to deliver evidence based psychological therapies to underserved groups in a way which complements MBS based psychological interventions, and where possible adapts to the needs of these groups
- Promote partnerships with GPs, consumers and other key stakeholders to support addressing the needs of underserved groups, including establishing appropriate referral pathways
- Ensure quality and efficiency of commissioned services
- Review and monitor service delivery and collect data on provision of psychological therapy services
- Ensure services offer a culturally safe response to the needs of Aboriginal and Torres Strait Islander people, in line with the principles of the Gayaa Dhuwi (Proud Spirit) Declaration and the diverse needs of Culturally and Linguistically Diverse (CALD) and Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQ+) people
- Program direction and oversight processes developed and maintained
- Support continuous program improvement.

Data collection

The 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. The target is a 5% growth on the previous financial year.
- demonstrated clinical improvement as measured by outcomes for people receiving PHN-commissioned mental health interventions.
- 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.
- proportion of PHN annual flexible funding allocated to psychological therapies.
- proportion of people referred to PHN commissioned services due to a recent suicide attempt or because they were at risk of suicide, followed up within 7 days of referral. (Target 100%).
- proportion of mental health care episodes with valid clinical outcome measures recorded at the episode start and end. The target for this is 70%

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43



Activity Demographics

Target Population Cohort

The psychological therapy services will be targeted at people who are:

- Diagnosed with mild to moderate mental illness and who are not clinically suited to lower intensity services requiring self-referral.
- At low risk of suicide.
- Living with a severe mental illness and who may benefit from short term, focused psychological intervention
- From an underserved population.
- Unable to equitably access MBS treatments due to overlapping factors indicating disadvantage, including:
 - o low income or inability to access services during business hours
 - o job insecurity
 - o material disadvantage
 - o limited personal resources
 - o social isolation
 - o poor health literacy
 - o other social, economic, cultural and personal reasons
- Living in a rural and remote area or experiencing locational disadvantage.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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

The Country WA PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:

- Australian Government Department of Health
- National Mental Health Commission
- WA Mental Health Commission
- WA Country Health Service
- Child and Adolescent Health Service
- Women and Newborn Health Service
- GPs
- Royal Australian College of General Practice
- 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:

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



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans - Due 30/04/24, 30/04/25, 30/05/26

Annual Mental Health & Suicide Prevention Activity & Indigenous Mental Health Activity Needs Assessment - Due 15/11/24, 15/11/25, 15/11/26

12-month performance report - Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report - Due 30/09/24, 30/09/25, 30/09/26

Final Report - Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

Yes

**Activity Planned Expenditure****Planned Expenditure**

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$4,384,034.71	\$4,493,597.85	\$4,582,651.06	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$4,384,034.71	\$4,493,597.85	\$4,582,651.06	\$0.00	\$0.00	\$13,460,283.62
Total	\$4,384,034.71	\$4,493,597.85	\$4,582,651.06	\$0.00	\$0.00	\$13,460,283.62

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 3010 - MH 3010 - Psychological Therapies - Residential Aged Care



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

3010

Activity Title *

MH 3010 - Psychological Therapies - Residential Aged Care

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description

Aim of Activity *

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

The outcomes that this Activity is seeking to achieve are:

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

Description of Activity *

The Activity targets the mental health needs of people living in residential aged care facilities (RACFs). The service provides residents with mental illness access to evidence-based psychological therapies that are person-centred and tailored to meet the particular needs of RACF residents against a stepped care framework. The service provides in-reach psychological therapy to residents with a diagnosis of mental illness or assessed to be at risk of mental illness. Service provision builds on already existing relationships and arrangements for commissioning psychological services. Guidance for intervention is provided by the National Institute of Clinical Excellence and Beyond Blue's 'What works to promote emotional wellbeing in older people'.

The services target residents with mild to moderate symptoms of common mental illness. However, residents with severe mental illness, who are not more appropriately managed by a State Government older persons mental health service, and who would benefit from psychological therapy are not excluded from the service. A medical diagnosis of mental illness by a General Practitioner or psychiatrist is required 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. For this activity, the definition of mental illness is consistent with that applied to MBS Better Access items. People with dementia are included if they also have a comorbid mental illness such as anxiety or depression.

There are several priority sub-groups of residents who may have particular needs;

1. Residents with significant transition issues beyond normal sadness and/or transition issues. These residents will be identified as experiencing adjustment disorders or abnormal symptoms of grief and loss, for whom early treatment may avert descent into a more serious mood disorder
2. Residents with mild to moderate anxiety and/or depression
3. Residents receiving treatment for mental illness prior to being admitted, which could not continue within the facility, and ensuring patient history is understood to support continuity of care
4. Residents who may have experienced elder abuse or past or recent trauma
5. Residents who, in addition to their mental illness, have a level of comorbid cognitive decline and/or dementia
6. Residents from diverse and priority communities, including Lesbian, Gay, Bisexual, Transgender, Intersex, Queer (LBGTIQ), or Culturally and linguistically Diverse (CALD) groups, Aboriginal for whom there may be additional barriers to diagnosis and care.

Service delivery coverage

Due to country RACFs being stand alone and dispersed over wide regions, the nature of referrals can impact viability of service delivery in some areas.

Data collection

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

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Increase access to suicide prevention and mental health services and promote an integrated mental health system for the Wheatbelt.	101
Improve access to mental health services in the Great Southern.	29
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43



Activity Demographics

Target Population Cohort

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

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments**Coverage****Whole Region**

Yes

**Activity Consultation and Collaboration****Consultation**

WA Primary Health Alliance has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of psychological therapy services in RACFs in the Country WA PHN. These have been conducted at both a national, state, regional and local level, and are used to inform, strengthen, and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services. The Country WA PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include the Australian Government Department of Health and Aged Care; the National Mental Health Commission; the WA Mental Health Commission; WA Country Health Services; Child and Adolescent Health Service; Women and Newborn Health Service; General Practitioners; the Royal Australian College of General Practice; WA Local Governments, the Aboriginal Health Council of WA; Aboriginal advisory groups; the Australian Medical Association (WA) and consumer and carer peak bodies and consumer associations.

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

Collaboration

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

**Activity Milestone Details/Duration****Activity Start Date**

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans - Due 30/04/24, 30/04/25, 30/04/26

Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment - Due 15/11/23, 15/11/24, 15/11/25, 15/11/26

12-month performance report - Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report - Due 30/09/24, 30/09/25, 30/09/26

Final Report - Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$582,929.00	\$606,986.00	\$618,902.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$582,929.00	\$606,986.00	\$618,902.00	\$0.00	\$0.00	\$1,808,817.00
Total	\$582,929.00	\$606,986.00	\$618,902.00	\$0.00	\$0.00	\$1,808,817.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 3050 - MH-SRP 3050 - Supporting Recovery FDSV Pilot - Local Care Team



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

3050

Activity Title *

MH-SRP 3050 - Supporting Recovery FDSV Pilot - Local Care Team

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

Country WA PHN will commission a multi-disciplinary Local Care Team (LCT) of 2 FTE to support intake, assessment, case management and care coordination for victim-survivors of family, domestic and/or sexual violence (FDSV) including child sexual abuse. The service aims to increase access to recovery-oriented, trauma-informed mental health services for those seeking to recover from the impact of FDSV (including sexual abuse).

Description of Activity *

Country WA PHN will commission a Local Care Team (LCT) to support victim-survivors of family, domestic and sexual violence (FDSV) using the Supporting Recovery draft service model as a guide. In order to maximise the outcomes of the pilot, the PHN will:

- Invest in a thorough understanding of the need, service supply, delivery opportunities and risks across Country WA's seven health regions in relation to FDSV (including child sexual abuse)
- Select a region from Country WA for implementation of the pilot that is most likely to deliver greatest benefits. This assessment will take into account prevalence and need, existing service supply, feasibility, workforce, market for delivery and appropriateness of the service delivery model for the local population as well as availability of complementary services for the Care Team to refer to (eg housing, legal, children's services)
- Work closely with internal and external stakeholders to foster understanding of the National Plan to End Violence Against Women and Children, the associated Aboriginal and Torres Strait Islander Action Plan, the emerging role of Primary Health Networks and the purpose of the Supporting Recovery pilot

- Refine the scope and requirements of the LCT, within boundaries of the draft service model, using input from key state government agencies and local stakeholders
- Procure a service that addresses the practical, social and emotional needs of people engaging with, or seeking to engage with, the Supporting Recovery trauma-informed mental health services
- Procure a service that is easily accessible and adopts a ‘no wrong door’ approach so that all victim-survivors (including children and young people directly and/or indirectly affected by FDSV) are supported to engage with appropriate services for their needs
- Work with the preferred service provider to ensure successful establishment and integration, using the PHN’s regional expertise, partnerships and infrastructure to embed the service within the local ecosystem.

Data collection

The PHN has mature mechanisms for PMHC-MDS data collection and utilises this platform for both contract management and continuous improvement processes with organisations delivering services under our mental health funding. The PHN’s existing training, onboarding process and support for new providers will be utilized as required. In addition to this, the PHN is currently contributing to development of the Supporting Recovery national evaluation plan and associated data matrix, via the national Supporting Recovery PHN Community of Practice.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15
Improve access to coordinated culturally appropriate primary care for Aboriginal people. (Goldfields/Kimberley)	15
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43



Activity Demographics

Target Population Cohort

Victim-survivors of family, domestic and/or sexual violence (including child sexual abuse), with a focus on priority populations – Aboriginal people, LGBTIQ+ communities, culturally and linguistically diverse communities and people experiencing homelessness.

Whether or not Aboriginal people are a specific target of the Pilot will depend on the region selected – currently not confirmed. Aboriginal people are over-represented in prevalence statistics relating to this activity; hence the activity will ensure culturally safe service delivery and cultural expertise in the design, commissioning and evaluation process regardless of whether Aboriginal people are the specific target group.

The PHN’s Memorandum of Understanding with the Aboriginal Health Council of Western Australia, WAPHA’s Aboriginal Cultural Competency and Capability Framework, existing partnerships with Aboriginal Community Controlled Health Organisations (ACCHO) in the selected region and the new partnerships established with the statewide Aboriginal Family Legal Service will support ongoing cultural oversight of the commissioning process.

In Scope AOD Treatment Type ***Indigenous Specific ***

No

Indigenous Specific Comments**Coverage****Whole Region**

No

SA3 Name	SA3 Code
Mid West	51104

**Activity Consultation and Collaboration****Consultation**

The PHN is committed to forming close partnerships with services to enable a supported integrated approach for victims-survivors of FDSV. This includes referrals into the Supporting Recovery trauma-informed mental health services as well as warm referrals out for those who may not be ready to engage in psychological therapies and/or require complementary support services. Strong partnerships will also be essential to ensure a safe response to those experiencing current or imminent risk, particularly children. A well-attended stakeholder briefing was conducted on 20th October 2023 and 24th October 2023 for key stakeholders in the not-for-profit sector including Aboriginal Family Legal Service, Aboriginal Community-Controlled Services, Anglicare WA, Mission Australia, Desert Blue Connect, Mackillop Family Services, Relationships Australia, women's health services and local family support organisations. A public-facing project webpage has been established as a key source of information for stakeholders and an avenue for contact. The PHN will ensure this webpage is kept updated throughout the pilot project.

During the establishment of the service, protocols will be developed to enhance integration between the LCTs and other services, to enable seamless referrals and reduce the need for victim-survivors to repeat their story. Protocols will be developed with the trauma-informed mental health service, local community services and emergency departments.

Extensive consultation has been undertaken with the following state government stakeholders and the relevant peak body, and this will continue throughout the commissioning and establishment process:

- Department of Communities (Child Protection and Family Support) - Office for Prevention of Family and Domestic Violence (WA)
- Sexual Assault Resource Centre
- Women and Newborn Health Service - Women's Strategy and Programs Unit (North Metro Health Service – statewide unit)
- WA Country Health Service
- WA Police Family Domestic Violence unit
- Aboriginal Health Council of WA
- Centre for Women's Safety and Wellbeing

Collaboration

The PHN is committed to working closely with providers and partner agencies to refine the service design, during its first year of operation. Collaborative relationships have been established with the following state government and peak body stakeholders, to inform regional selection, embedding of services into the region and further development of the service model to successfully integrate in the local ecosystem:

- Department of Communities (Child Protection and Family Support) - Office for Prevention of Family and Domestic Violence (WA)

- Centre for Women's Safety and Wellbeing
- Women and Newborn Health Service -Women's Strategy and Programs Unit (North Metro Health Service – statewide unit)
- WA Country Health Service
- Sexual Assault Resource Centre
- WA Police Family Domestic Violence unit
- Aboriginal Health Council of WA



Activity Milestone Details/Duration

Activity Start Date

08/10/2023

Activity End Date

29/06/2026

Service Delivery Start Date

01/08/2024

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Preferred service provider identified - Due by 31/03/2025

Service commencement - Due by Early April 2025

Multi-year Activity Work Plans - Due 30/04/24, 30/04/25, 30/04/26

Annual Needs Assessment - Due 15/11/24, 15/11/25

12-month Performance Report - Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report - Due 30/09/24, 30/09/25, 30/09/26

Final performance Report - Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$1,202,333.00	\$537,431.00	\$555,645.20	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$1,202,333.00	\$537,431.00	\$555,645.20	\$0.00	\$0.00	\$2,295,409.20
Total	\$1,202,333.00	\$537,431.00	\$555,645.20	\$0.00	\$0.00	\$2,295,409.20

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 3055 - MH-SRP 3055 - Supporting Recovery FDSV Pilot - Mental Health Services Commissioning



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

3055

Activity Title *

MH-SRP 3055 - Supporting Recovery FDSV Pilot - Mental Health Services Commissioning

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

The PHN will commission trauma-informed mental health services for victim-survivors of Family, Domestic and/or Sexual Violence (FDSV) including child sexual abuse.

Description of Activity *

The Greater Geraldton area in the Mid West region was identified as the location to deliver the activity. Deliberation included taking into account prevalence indicators, feasibility, workforce, market for delivery and appropriateness of the service delivery model for the local population as well as availability of complementary services for the Care Team to refer to (e.g. housing, legal, children's services).

WAPHA engaging stakeholders, sought expert advice, assessed risks and explored additional data sources, to ascertain the region with the most capacity to benefit from the pilot during the funding period. The procurement approach and locally customised service model will be confirmed early in 2025, enabling service delivery to commence by 1 April 2025.

Country WA PHN will commission trauma-informed mental health services to support recovery from family, domestic and sexual violence (FDSV) using the Supporting Recovery draft service model as a guide. In order to maximise the outcomes of the pilot, the PHN will:

- Invest in a thorough understanding of the need, service supply, delivery opportunities and risks across Country WA's seven

health regions in relation to FDSV (including child sexual abuse)

- Select a region from Country WA for implementation of the pilot that is most likely to deliver greatest benefits. This assessment will take into account prevalence and need, existing service supply, feasibility, workforce, market for delivery and appropriateness of the service delivery model for the local population as well as availability of complementary services for the Care Team to refer to (e.g. housing, legal, children's services)
- Work closely with internal and external stakeholders to foster understanding of the National Plan to End Violence Against Women and Children, the associated Aboriginal and Torres Strait Islander Action Plan, the emerging role of Primary Health Networks and the purpose of the Supporting Recovery pilot
- Refine the scope and requirements of the trauma-informed mental health service, within boundaries of the draft service model, using input from key state government agencies and local stakeholders
- Determine workforce requirements, incentives, and training to be funded, depending on the local workforce challenges and opportunities. Opportunities to leverage funds to increase a culturally diverse and gender-diverse workforce will be considered, along with consideration for people with lived experience of FDSV to contribute to both service management and delivery
- Procure a service that addresses the practical, social, and emotional needs of people engaging with, or seeking to engage with, the Supporting Recovery trauma-informed mental health services
- Procure a service that is easily accessible and adopts a 'no wrong door' approach so that all victim-survivors (including children and young people directly and/or indirectly affected by FDSV) are supported into appropriate services for their needs
- Work with the preferred service provider to ensure successful establishment and integration, using the PHN's regional expertise, partnerships and infrastructure to embed the service within the local ecosystem.

A range of delivery options for the trauma-informed mental health services is currently being considered.

Data collection

The PHN has mature mechanisms for PMHC-MDS data collection and utilises this platform for both contract management and continuous improvement processes with organisations delivering services under our mental health funding. The PHN's existing training, onboarding process and support for new providers will be utilized as required. In addition to this, the PHN is currently contributing to development of the Supporting Recovery national evaluation plan and associated data matrix, via the national Supporting Recovery PHN Community of Practice.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15
Improve access to coordinated culturally appropriate primary care for Aboriginal people. (Goldfields/Kimberley)	15
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43



Activity Demographics

Target Population Cohort

Adult survivors and mature minors (from 16 years) of family, domestic and/or sexual violence (including child sexual abuse) who would like mental health support for recovery. The service will have a particular focus on those who are not targeted by any other recovery-focused service (e.g. Redress / regional sexual assault services). Services for children and young people under 16 may be included in the service model where an adult parent/guardian is accessing the service, however services will not be provided to children as primary clients in the first year of the pilot. The opportunities for delivering services to children as part of an integrated, evidence-based, multidisciplinary child-focused care environment, will be explored during the first year of service delivery.

Whether or not Aboriginal people are a specific target will depend on the region selected – currently not confirmed. Aboriginal people are over-represented in prevalence statistics relating to this activity; hence the activity will ensure culturally safe service delivery and cultural expertise in the design and evaluation process regardless of whether Aboriginal people are the primary focus.

Culturally safe commissioning and service delivery will be supported by the PHN's Aboriginal Cultural Competency and Capability Framework, Memorandum of Understanding with the Aboriginal Health Council of Western Australia, existing partnerships with ACCHOs in the selected region and new partnerships currently being forged with the statewide Aboriginal Family Legal Service. In addition, learnings from the Supporting Primary Care pilot in Perth South PHN regarding culturally appropriate responses to FDSV will inform the ongoing development of the Supporting Recovery service offerings as the pilot progresses.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Mid West	51104



Activity Consultation and Collaboration

Consultation

The PHN is committed to forming close partnerships with services to enable a supported integrated approach for victims-survivors of FDSV. This includes referrals into the Supporting Recovery trauma-informed mental health services as well as warm referrals out for those who may not be ready to engage in psychological therapies and/or require complementary support services. Strong partnerships will also be essential to ensure a safe response to those experiencing current or imminent risk, particularly children.

A well-attended stakeholder briefing was conducted on 20 October 2023 and 24 October 2023 for key stakeholders in the not-for-profit sector – attendees included Aboriginal Family Legal Service, Aboriginal Community-Controlled Services, Anglicare WA, Allambee Mission Australia, Desert Blue Connect, Mackillop Family Services, Relationships Australia, women's health services and local family support organisations. A mailing list for updates and a public-facing webpage have been established and will be used to update stakeholders regarding the progress of the pilot and advise of opportunities for consultation or collaboration.

During the establishment of commissioned service, protocols will be developed for the interface between the care teams and the

commissioned trauma-informed mental health services, state government mental health services, local community services and emergency departments.

Extensive consultation has been undertaken with the following state government stakeholders and the relevant peak body, and this will continue throughout the commissioning and establishment process:

- Department of Communities (Child Protection and Family Support) - Office for Prevention of Family and Domestic Violence (WA)
- Sexual Assault Resource Centre
- Women and Newborn Health Service - Women's Strategy and Programs Unit (North Metro Health Service – statewide unit)
- WA Country Health Service
- WA Police Family Domestic Violence unit
- Aboriginal Health Council of WA
- Centre for Women's Safety and Wellbeing.

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. Advisory relationships have been established with the following state government and peak body stakeholders, to inform regional selection, embedding of services into the region and enrichment of the service model to successfully integrate in the local ecosystem:

- Department of Communities (Child Protection and Family Support) - Office for Prevention of Family and Domestic Violence (WA)
- Centre for Women's Safety and Wellbeing
- Women and Newborn Health Service - Women's Strategy and Programs Unit (North Metro Health Service – statewide unit)
- WA Country Health Service
- Sexual Assault Resource Centre.



Activity Milestone Details/Duration

Activity Start Date

08/10/2023

Activity End Date

29/06/2026

Service Delivery Start Date

01/08/2024

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Preferred service provider identified - Due by 31/03/25
Service commencement - Due by 01/04/25
Multi-year Activity Work Plans - Due 30/04/24, 30/04/25, 30/04/26
Annual Needs Assessment - Due 15/11/24, 15/11/25
12-month Performance Report - Due 30/09/24, 30/09/25, 30/09/26
Financial Acquittal Report - Due 30/09/24, 30/09/25, 30/09/26
Final performance Report - Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): Yes
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$3,072,500.00	\$2,206,556.00	\$2,280,413.80	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$3,072,500.00	\$2,206,556.00	\$2,280,413.80	\$0.00	\$0.00	\$7,559,469.80
Total	\$3,072,500.00	\$2,206,556.00	\$2,280,413.80	\$0.00	\$0.00	\$7,559,469.80

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



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



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

4000

Activity Title *

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

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description

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)

The PHN will:

- Support general practitioners and their patients with severe mental illness within specified locations whose needs can most appropriately be met 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). This includes:
 - o Working collaboratively with all related service providers to improve the integration and local coordination of care.

- o Consolidating and strengthening relationships and linkages with providers of healthcare, social and other related services including alcohol and other drugs services.
- o Promoting the use of multi-agency care plans.
- o Planning for the provision and support of services for people across the lifespan, including youth (from 18 years).
- o Promoting referral pathways for the physical health needs of people with severe mental illness, particularly via general practitioners.
- o Establishing 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.
- o Requiring all in-scope commissioned mental health services incorporate pathways to refer to other services that provide prevention and lifestyle interventions, including interventions aimed at improving diet and increasing physical activity.
- o Ensuring general practitioners and other in scope professionals in commissioned services have access to the training and support they need to provide person-centered, effective, and coordinated care to people with comorbidities.
- o Ensuring people with severe mental illness and their carers have access to / are empowered to use information on physical health problems, managing medications and their side-effects, and the range of care and treatment options available to them.
- o Ensuring the Equally Well Consensus Statement actions are a priority consideration for inclusion in joint regional mental health and suicide prevention plans.

Description of Activity *

Background

Approximately 3.1% of the adult population are estimated to have severe mental illness. The Fifth National Mental Health and Suicide Prevention Plan highlights the need for greater coordination and support of people with severe mental illness and complex needs at a regional level. There is an increasing focus on the importance of ensuring the physical health needs of people with severe mental illness are identified and addressed. Compared to the general population, people with a severe mental illness are: six times more likely to have a dental health issue; six times more likely to die of cardiovascular disease; four times more likely to die of respiratory disease; two to four times more likely to die of infectious diseases; likely to die 20 years earlier.

Country WA 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 whose needs can most appropriately be met in primary care settings, including individuals 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-agency GP Mental Health Treatment Plan and premised on meeting the individual's needs and preferences. Services will be personalised and recovery focused. This will include:
 - o initial and ongoing assessment
 - o 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
 - o liaison with an individual's support network
 - o monitoring progress and treatment compliance (including undertaking routine mental state and physical health checks)
 - o tracking and reporting progress and outcomes
 - o providing health literacy and education to individuals, family and carers as appropriate
 - o proactive management of clinical deterioration including the involvement of family and carers.

Clinical care coordination services for people with severe mental illness will be delivered by mental health competent, suitably skilled and qualified registered nurses working within the scope of their practice and the 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 whose needs can most appropriately be met in primary care settings, including individuals taking Clozapine. This will include:

- o Requiring all in-scope commissioned services incorporate pathways to refer to other services that provide prevention and lifestyle interventions, including interventions aimed at improving diet and increasing physical activity
- o 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

- o Ensuring people with mental illness and their carers have access to / are empowered to use information on physical health problems, managing medications and their side-effects, and the range of care and treatment options available to them
- o Ensuring the Equally Well Consensus Statement action are a priority consideration for the Joint Regional Plan for Integrated Mental Health and Suicide Prevention Services.

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

Activities

- Plan for the integrated provision of services for people with severe mental illness in the region, including children and young people.
- Commission clinical care coordination for people with severe mental illness
- Commission high intensity primary mental health services to address service gaps for people with severe mental illness who need them
- Support 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
- Co-lead the development of joint regional Mental Health and Suicide Prevention Plans with state government partners and other key stakeholders
- Work with general practice and state government partners to reduce stigma and establish collaborative care mechanisms between specialist mental health services, general practice and community services – to support the early detection and treatment of physical illness, prevention of chronic disease and promotion of a healthy lifestyle for people experiencing severe mental illness
- Establish links between clinical services and psychosocial support for people with severe mental illness
- Coordinate services for people with severe mental illness who are supported in primary health care, particularly those with complex needs
- Promote the use of single multiagency care plans
- Supplement psychological services available through the MBS
- Ensure pathways for severe mental illness include assessment, treatment, and referral advice concerning co-occurring physical illness, lifestyle factors (diet/exercise/smoking), alcohol and drug use, and associated medication effects in HealthPathways
- Ensure services offer a culturally safe response to the needs of Aboriginal and Torres Strait Islander people, in line with the principles of the Gayaa Dhuwi (Proud Spirit) Declaration and the diverse needs of Culturally and Linguistically Diverse (CALD) and Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQ+) people
- Program direction and oversight processes developed and maintained
- Support continuous program improvement
- Review, evaluate and implement quality improvement initiatives regarding the effectiveness of existing integrated models, with an emphasis on enhancing the interface and referral pathways between commissioned services and general practice.

Priority Locations

Services will be commissioned in locations where there are existing building blocks, such as a defined minimum set of in-situ services, including general practice.

To help determine priority locations, a multiple criteria decision analysis, aligned to the PHN Commonwealth program guidance, will be implemented. WAPHA will utilise a socio-technical decision support and planning methodology, combining a data-driven technical value for money analysis with stakeholder engagement and discussion, to identify and rank priority locations and interventions for commissioning.

WAPHA's placed based teams will provide information on existing local systems, collaboratives, and partnerships. Place-based decision making will also be informed by WAPHA's needs assessments, which will include population health analysis and consultation with clinicians, community, service providers and partner agencies. This will be complemented by the quantitative and qualitative data of partner agencies. Information and data regarding general practices (including previous involvement with commissioned services, accreditation, registration with MyMedicare etc) will be taken into consideration.

Due diligence and environmental scanning will be undertaken in consultation with State Government partners, to ensure a location is not overserved and/or services are not duplicated. WAPHA has partnership arrangements and well-established communication channels with the Health Service Providers, the Mental Health Commission, Department of Health, Aboriginal Health Council of WA and industry peaks, which will help enable this process.

Data collection

Country WA PHN will ensure that effective monitoring and evaluation systems and processes use analysis of PMHC MDS data in relation to proportion of the regional population receiving commissioned clinical care coordination services for people with severe and complex mental illness; average cost of PHN commissioned clinical care coordination services for people with severe mental illness; and completion rates for the clinical outcome measures reported in the PMHC MDS. The approach taken by the PHN to capture this data includes formally training new commissioned service providers in the collection and submission of data to the PMHC-MDS, in accordance with the PMHC-MDS Specifications and Data Definitions and directing the service providers to the suite of support resources available.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Improve access to mental health services in the Midwest.	56
Improve access to coordinated culturally appropriate primary care for Aboriginal people. (Goldfields/Kimberley)	15
Improve access to mental health services in the Great Southern.	29
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43



Activity Demographics

Target Population Cohort

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

The principles of the Gayaa Dhuwi (Proud Spirit) Declaration will be embedded in service models and adhered to in the development and delivery of services.

Commissioned services will be expected to ensure cultural safety and equality of care for Aboriginal and Torres Strait Islander people (including Aboriginal Health Workers employed within these services).

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The PHN has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of mental health services for people with severe and complex mental illness in the Country WA PHN region. 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.

Key stakeholders for this activity include:

- Consumers
- Commissioned service providers
- GPs and general practices
- Health Service Providers
- WA Country Health Service
- WA Mental Health Commission
- Local MH and Social Service providers
- Orygen
- MQ Health (Macquarie University)
- Centre for Clinical Interventions (CCI)
- Curtin University
- Australian Government Department of Health and Aged Care
- The Office of the Chief Psychiatrist
- Child and Adolescent Health Service
- Aboriginal Health Council of WA
- General practitioners
- Aboriginal advisory groups
- District Health Advisory Councils
- 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 care coordination 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 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.
- 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.



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans - Due 30/04/24, 30/04/25, 30/04/26

Mental Health & Suicide Prevention Activity & Indigenous Mental Health Activity Needs Assessment - Due 15/11/23, 15/11/24, 15/11/25

12-month performance report - Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report - Due 30/09/24, 30/09/25, 30/09/26

Final Report - Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?**Co-design or co-commissioning comments****Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

Yes

**Activity Planned Expenditure****Planned Expenditure**

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$2,281,715.00	\$2,430,281.00	\$2,374,426.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$2,281,715.00	\$2,430,281.00	\$2,374,426.00	\$0.00	\$0.00	\$7,086,422.00
Total	\$2,281,715.00	\$2,430,281.00	\$2,374,426.00	\$0.00	\$0.00	\$7,086,422.00

Funding From Other Sources - Financial Details

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Funding From Other Sources - Organisational Details

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MH - 4030 - MH 4030 – GP Psychiatry Support Line Pilot



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

4030

Activity Title *

MH 4030 – GP Psychiatry Support Line Pilot

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description

Aim of Activity *

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

Description of Activity *

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

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

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Improve access to mental health services in the Great Southern.	29



Activity Demographics

Target Population Cohort

General Practitioners in the Great Southern Region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Albany	50901



Activity Consultation and Collaboration

Consultation

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

Collaboration



Activity Milestone Details/Duration

Activity Start Date

19/01/2021

Activity End Date

30/12/2023

Service Delivery Start Date

20/01/2021

Service Delivery End Date

31/12/2023

Other Relevant Milestones

Activity Work Plans Due 30/04/24

12-month performance report Due 30/09/24

Financial Acquittal Report Due 30/09/24

Final Report Due 30/09/24



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$163,359.00	\$0.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$163,359.00	\$0.00	\$0.00	\$0.00	\$0.00	\$163,359.00
Total	\$163,359.00	\$0.00	\$0.00	\$0.00	\$0.00	\$163,359.00

Funding From Other Sources - Financial Details

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Funding From Other Sources - Organisational Details

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MH - 5010 - MH 5010 - Community Based Suicide Prevention



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

5010

Activity Title *

MH 5010 - Community Based Suicide Prevention

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

Other Program Key Priority Area Description**Aim of Activity ***

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

The Country WA PHN will aim to:

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

Description of Activity *

Country WA PHN will work locally to:

- i. Improve the capacity and capability of routine community gateways into healthcare, especially general practitioners and PHN

commissioned service providers, to recognise and respond to suicide risk and suicidality that is evidence-based, culturally appropriate, available when help is needed, and connected to services based on an individual's needs. 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 parts of Country WA PHN using an integrated and systems-based approach, in partnership with Local Health Networks (to be referred to as Health Service Providers herein) and other local organisations. Evidence-informed activities will focus on improving follow up support for those who have recently attempted suicide or clinically significant suicidal ideation, who present to primary or secondary care services.

The Country WA PHN will lead the co-creation of agreements with general practice, regional health service providers, including state-based services, that detail aftercare to individuals who have attempted suicide, and ensure that there is clarity regarding the responsibility for provision of this care.

The Country WA PHN will also work with local communities to improve the integration of care, utilising the 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 aftercare and postvention 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 help build the capability of local providers in suicide prevention. A community-based suicide prevention activity is being commissioned to support and provide service coordination for youth at risk of suicide with a focus on youth post self-harm. The activity being commissioned in Country PHN regions, identified through the Needs Analysis, will be housed within selected headspace centres, but operate independently of the headspace service.

WAPHA has developed a Cultural Competency Framework, an LGBTIQ+ Equity and Inclusion Framework, a Multicultural Competency and Capability Framework and an Aboriginal Cultural Capability Framework, which encompasses cultural awareness, cultural competency and cultural safety. These frameworks will help identify opportunities to support the improvement of cultural competence and clinical safety of services. The PHN will reflect on current practice, identify and support areas that will improve cultural safety for communities, and develop cultural competence within WAPHA and external stakeholders including commissioned services, resulting in better health and wellbeing outcomes for Aboriginal, CALD and LGBTIQ+ communities.

The PHN recognises the impact COVID-19 has 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.

Data collection

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

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

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



Activity Demographics

Target Population Cohort

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

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

A wide range of stakeholder consultation and engagement activities are undertaken to support the provision of community-based suicide prevention in the Country WA PHN. These have been conducted to inform, strengthen and build capacity and capability in the community, commissioned services, and the sector and to ensure that the best use is made of the available resources and investment in mental health services.

Country WA PHN consults and engages a variety of stakeholders to ensure that all suicide prevention activities complement and add value to the impact and contribution of other state, national and regional activities. These include the Australian Government Department of Health and Aged Care, National Mental Health Commission, the WA Mental Health Commission, WA Country Health Service, Child and Adolescent Health Service, Women and Newborn Health Service, general practitioners, WA Local Governments, the Aboriginal Health Council of WA, Aboriginal advisory groups, Telethon Kids Institute, The National Centre of Excellence in Youth Mental Health (Orygen), headspace National, Metropolitan Clinical Councils, WA Network of Alcohol and other Drug Agencies and consumer and carer peak bodies and consumer associations.

Collaboration

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

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

- 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 Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans - Due 30/04/24, 30/04/25, 30/04/26

Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment - Due 15/11/24, 15/11/25

12-month performance report - Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report - Due 30/09/24, 30/09/25, 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$1,069,730.00	\$997,426.00	\$1,011,749.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$1,069,730.00	\$997,426.00	\$1,011,749.00	\$0.00	\$0.00	\$3,078,905.00
Total	\$1,069,730.00	\$997,426.00	\$1,011,749.00	\$0.00	\$0.00	\$3,078,905.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 5020 - MH-TRISP 5020 - Targeted Regional Initiatives for Suicide Prevention



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

5020

Activity Title *

MH-TRISP 5020 - Targeted Regional Initiatives for Suicide Prevention

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

Other Program Key Priority Area Description**Aim of Activity ***

Implement a systems-based approach to reduce the incidence and impact of suicidality.

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

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

- Identification and commissioning of time-limited community capacity building activities to fulfill above objectives, using evidence-based recommendations. Activities chosen will align with one of the four pillars of the EAAD framework
- Collaborate with the WA Mental Health Commission to identify existing activity and opportunities to value-add within communities where 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 a 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.

Activities

- Review existing suicide prevention funded activity and develop a plan for the commissioning of integrated suicide prevention aftercare activities in primary care
- Coordinate early intervention and suicide prevention activities and lead the development of an overarching implementation plan – guiding the approach to community engagement, governance and commissioning
- Undertake data analysis and research using the Suicide and Self Harm Monitoring System and data from the state/territory government to identify communities – whether that be priority populations or geographic communities - with the highest need for suicide prevention supports and services
- Engage with the Department of Health and Aged Care and state/territory government to support integration of suicide prevention initiatives
- Support the implementation and co-design of the measures under the National Mental Health and Suicide Prevention Agreement, specifically the rollout of universal aftercare
- Engage with the National Aboriginal Community Controlled Health Organisation Culture Care Connect Program.
- Identify and promote peer support and mentorship programs for people with lived experience of suicide
- Participate in the Community of Practice to develop processes for and coordinate regional reporting and evaluation of the targeted suicide prevention initiatives
- Collaborate with other PHN Regional Suicide Prevention coordinators to contribute to national implementation priorities and resources
- Ensure services offer a culturally safe response to the needs of Aboriginal and Torres Strait Islander people, in line with the principles of the Gayaa Dhuwi (Proud Spirit) Declaration and the diverse needs of Culturally and Linguistically Diverse (CALD) and Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQ+) people
- Program direction and oversight processes developed and maintained
- Support continuous program improvement
- Collaborate with the WA MHC to identify existing activity and opportunities to value-add within communities where MHC Suicide Prevention Coordinators are located
- Collaborate with MHC, to implement gatekeeper and community mental health and suicide awareness training
- Work in partnership with community and people with lived experience to develop and implement activities to meet the needs of identified priority population groups or communities and prevent suicidal distress
- Facilitate inclusive governance structures with community members and lived experience representatives, to establish and manage expectations
- Strengthen regional planning and address gaps in services, building community capability to prevent and respond to suicidal distress
- Lead knowledge and information sharing about suicide prevention program delivery in Australia – using evidence to improve the effectiveness, efficiency and appropriateness of systems-based approaches to suicide prevention.

Priority Locations

Activities will be commissioned in locations where there are existing building blocks, such as a defined minimum set of in-situ services, including general practice.

To help determine priority locations, a multiple criteria decision analysis, aligned to the PHN Commonwealth program guidance, will continue to be implemented. WAPHA utilises a socio-technical decision support and planning methodology, combining a data-driven technical value for money analysis with stakeholder engagement and discussion, to identify and rank priority locations and interventions for commissioning.

WAPHA's place based teams will continue to provide information on existing local systems, collaboratives, and partnerships. Place-based decision making will also be informed by WAPHA's needs assessments, which will include population health analysis

and consultation with clinicians, community, service providers and partner agencies. This will be complemented by the quantitative and qualitative data of partner agencies.

Due diligence and environmental scanning will be undertaken in consultation with State Government partners, to ensure a location is not overserved and/or services are not duplicated. WAPHA has partnership arrangements and well-established communication channels with the Health Service Providers, the Mental Health Commission, Department of Health, Aboriginal Health Council of WA and industry peaks, which will help enable this process.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Improve access to early intervention suicide prevention services. (Pilbara)	71
Improve access to early intervention suicide prevention services. (Metro)	18



Activity Demographics

Target Population Cohort

This activity will be targeted to people at risk of suicide ideation, attempted suicide or who are bereaved by suicide; children and youth: people living in rural and remote communities: residents of residential aged care facilities: Aboriginal and Torres Strait Islander people, LGBTIQ+ community, CALD community members.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The principles of the Gayaa Dhuwi (Proud Spirit) Declaration will be embedded in low intensity service models and adhered to in the development and delivery of services.

Commissioned services will be expected to ensure cultural safety and equality of care for Aboriginal and Torres Strait Islander people (including Aboriginal health workers employed within these services).

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.

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

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Kimberley	51001



Activity Consultation and Collaboration

Consultation

WA Primary Health Alliance has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of suicide prevention services in the Country WA PHN region. 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.

- WA Mental Health Commission (MHC) (to identify duplication of activity and specify roles of Suicide Prevention Coordinators and Community Liaison Officers)
- MHC WAPHA Suicide Prevention Working Group
- MHC WAPHA Aftercare Working Group
- StandBy Regional Coordinators
- Wesley Lifeforce Suicide Prevention Coordinators
- Aboriginal Health Council of Western Australia
- Black Dog Institute.

Collaboration

The PHN is committed to ongoing collaboration with the following key stakeholders:

- Consumers
- Carers and family members
- Commissioned service providers
- General practitioners and general practices
- Health Service Providers
- WA MHC
- WA MHC Suicide Prevention and Community Liaison Officers
- Local mental health and social service providers
- 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
- MHC- WAPHA Suicide Prevention Working Group
- MHC- WAPHA Aftercare Working Group
- StandBy Regional Coordinators
- Wesley Lifeforce Suicide Prevention Coordinators
- Aboriginal Health Council of Western Australia
- Rural Health West
- Australian Practice Managers Association
- Culture Care Connect Coordinators
- All collaborative activities are aimed at ensuring the commissioning of effective and sustainable face to face and virtual low intensity services, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving consumers and carers where possible.



Activity Milestone Details/Duration

Activity Start Date

09/01/2023

Activity End Date

29/06/2026

Service Delivery Start Date

10/01/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans Due 30/04/24, 30/04/25, 30/04/26

Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment Due 15/11/24, 15/11/25

12-month performance report Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report Due 30/09/24, 30/09/25, 30/09/26

Final Report Due 30/09/26

**Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$1,548,504.95	\$1,240,473.28	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$1,548,504.95	\$1,240,473.28	\$0.00	\$0.00	\$0.00	\$2,788,978.23
Total	\$1,548,504.95	\$1,240,473.28	\$0.00	\$0.00	\$0.00	\$2,788,978.23

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details





MH - 6000 - MH 6000 - Indigenous Mental Health



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

6000

Activity Title *

MH 6000 - Indigenous Mental Health

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

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

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

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

The Country WA PHN will aim to:

- Integrate Aboriginal and Torres Strait Islander mental health services into a stepped care approach.
- Engage local Aboriginal and Torres Strait Islander people and communities, where possible, in the co-designing of locally driven regional plans and service delivery.
- Improve referral pathways between GPs, Aboriginal Community Controlled Health Services, social and emotional wellbeing,

alcohol and other drug, and mental health services.

- Maintain clear collaborative structures to optimise partnerships to enhance the penetration, quality, integration and effectiveness of services. The PHN will utilise the WAPHA and Aboriginal Health Council of WA Memorandum of Understanding to inform delivery of culturally appropriate mental health treatment and treatment supports in the Aboriginal controlled sector and mainstream sectors.
- Recognise and promote Aboriginal and Torres Strait Islander leadership by supporting Gayaa Dhuwi (Proud Spirit) Declaration implementation.
- Promote the sharing of information between agencies using informed consent as an enabler of clinical care coordination and service integration.
- Develop strategic joint regional planning for mental health and suicide prevention services with Health Service Providers and the WA Mental Health Commission, via the Joint Service Planning and Governance Committee, as part of the WA BILATERAL SCHEDULE ON MENTAL HEALTH AND SUICIDE PREVENTION.
- Ensure clinical and cultural competency of the workforce.
- Strengthen linkages between primary care services and other services provided by state, national and non-government organisations.
- Strengthen both intra- and cross-regional service partnerships.

Description of Activity *

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

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

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

The PHN will work in partnership with Aboriginal stakeholders and consumers to ensure new and existing service models operate within a social and emotional wellbeing framework. Services will be culturally appropriate and recognise the social, emotional, spiritual, and cultural wellbeing of a person. WAPHA is cognisant that for many Aboriginal peoples, connection to land, culture, spirituality, family, and community have significant impacts on their health and wellbeing. WAPHA will support commissioned providers to deliver culturally appropriate services, recognising the importance and inter-relationship between physical health, mental health, spiritual needs and social and emotional wellbeing. Services will be holistic, tailored to meet local needs, and focused on recovery and trauma informed practice. Interdisciplinary approaches using partnerships with the Aboriginal community-controlled sector, alcohol and other drug, and other community support services will be supported to integrate locally driven regional planning and service delivery. This will improve access to high quality, evidence-based services using culturally appropriate models of care that have both culturally informed mental health clinical care, and social and emotional wellbeing services.

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

- General practitioners
- Clinical psychologists
- Mental health competent registered psychologists, occupational therapists, and social workers
- Mental health competent Aboriginal health practitioners
- Aboriginal peer support workers.

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

It is proposed that the following will be commissioned:

- In person interventions offered as part of community treatment services
- Clinical care coordination services
- Suicide prevention services
- Aboriginal and Torres Strait Islander specific mental health services.

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

WAPHA has developed a Cultural Competency Framework, an LGBTIQ+ Equity and Inclusion Framework, a Multicultural Competency and Capability Framework and an Aboriginal Cultural Capability Framework, which encompasses cultural awareness, cultural competency and cultural safety. These frameworks will help identify opportunities to support the improvement of cultural competence and clinical safety of services. The PHN will reflect on current practice, identify and support areas that will improve cultural safety for communities, and develop cultural competence within WAPHA and external stakeholders including commissioned services, resulting in better health and wellbeing outcomes for Aboriginal, CALD and LGBTIQ+ communities.

The Country WA PHN will ensure that effective monitoring and evaluation systems and processes use analysis of primary mental health care – minimum data set (PMHC MDS) data in relation to the proportion of the regional population receiving commissioned mental health services that were culturally appropriate.

Data collection

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

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

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

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Improve access to mental health services in the Wheatbelt. This is across the whole lifespan.	101
Increase access to suicide prevention and mental health services and promote an integrated mental health system for the Wheatbelt.	101
Develop and commission mental health services for young people especially in the age group 0-12 yrs. old where no service exists. (Pilbara)	71
Improve access to mental health services for youth. (South West)	87

Improve access to mental health services in the Midwest.	56
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15
Improve access to mental health services in the Great Southern.	29
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43



Activity Demographics

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:
 - o low income
 - o job insecurity
 - o material disadvantage
 - o limited personal resources.
 - o social isolation
 - o poor health literacy
 - o other social, economic, cultural, and personal reasons
- experiencing locational disadvantage.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The following key stakeholders will have a role in the design and implementation of these services to ensure they are appropriate for Aboriginal and Torres Strait Islander people:

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

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The PHN will be updating and working with all Indigenous Mental Health commissioned service providers over the coming 2022/25 financial year in light of the anticipated commissioning changes for this funding source.

Collaboration

The PHN will be updating and working with all Indigenous Mental Health commissioned service providers over the coming 2024/25 financial year in light of the anticipated commissioning changes for this funding source.



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Work Plans Due 30/04/24, 30/04/25

Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment Due 15/11/24

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

Financial Acquittal Report Due 30/09/24, 30/09/25

Final Report Due 30/09/25



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$2,553,960.45	\$2,368,959.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$2,553,960.45	\$2,368,959.00	\$0.00	\$0.00	\$0.00	\$4,922,919.45
Total	\$2,553,960.45	\$2,368,959.00	\$0.00	\$0.00	\$0.00	\$4,922,919.45

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 7000 - MH 7000 - Child and Youth Mental Health Primary Care Services



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

7000

Activity Title *

MH 7000 - Child and Youth Mental Health Primary Care Services

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

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

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

The Country WA PHN will aim to:

- Integrate youth services into a stepped care approach.
- Consolidate and strengthen linkages and referral pathways between headspace Centres with primary care services, educational and vocational providers, and other local community support services.
- Strengthen local regional planning for mental health services and suicide prevention for children and young people.
- Promote locally driven regional partnerships between primary care providers and:
 - o state government funded clinical services

- o non-government services
- o private practitioners
- o other services, such as alcohol and other drug services, and
- o educational/social providers.

- Promote evidence-based practice and the collection of data that demonstrates the impact of interventions.
- Address service gaps and support sustainable primary mental health care provision for children and young people.
- Monitor the quality and integrity of the services being commissioned, including workforce capability.
- Identify and target young people in selected location who may be at risk of ongoing mental illness.

Description of Activity *

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

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

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

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

Activities

- Work collaboratively with the Australian Government Department of Health and Aged Care, Orygen, and other key stakeholders on the design, implementation and evaluation of Early Psychosis Youth Services (EPYS) and Youth Enhanced Services (YES) in WA.
- Implement the WAPHA headspace strategy, including enhanced digital access to services (including MOST – Moderated Online Social Therapy).
- Commence the development and delivery of evidence-based early intervention services for young people with, or at risk of, severe mental illness (being managed in primary care).
- Deliver training to build relationships and provide ongoing support to General Practitioners and clinicians in Kids Head to Health Centres as the IAR is adapted for specific cohorts.
- Work with Health Service Providers, Child and Adolescent Health Services, Aboriginal Medical Services, Aboriginal Mental Health Services, Family Support Services and other regional organisations to ensure appropriate pathways for referral and support are available for children and young people with or at risk of mental illness in the context of implementation of regional mental health and suicide prevention plans.
- Promote resources for clinical and non-clinical professionals available under Orygen – the National Centre of Excellence for Youth Mental Health.
- Support the WA Mental Health Commission (MHC) and relevant state departments to determine the commissioning approach as well as the establishment and operation of the Midland Kids H2H service in line with the Head to Health Kids National Service Model.
- Ensure services offer a culturally safe response to the needs of Aboriginal and Torres Strait Islander people, in line with the principles of the Gayaa Dhuwi (Proud Spirit) Declaration and the diverse needs of culturally and linguistically diverse and lesbian, gay, bisexual, trans, intersex and queer (LGBTIQ+) people.
- Program direction and oversight processes developed and maintained.
- Support continuous program improvement.

Priority Locations

Services will be commissioned in locations where there are existing building blocks, such as a defined minimum set of in-situ services, including general practice.

To help determine priority locations, a multiple criteria decision analysis, aligned to the PHN Commonwealth program guidance, will be implemented. WAPHA will utilise a socio-technical decision support and planning methodology, combining a data-driven technical value for money analysis with stakeholder engagement and discussion, to identify and rank priority locations and interventions for commissioning.

WAPHA's place-based teams will provide information on existing local systems, collaboratives, and partnerships. Place-based decision making will also be informed by WAPHA's needs assessments, which will include population health analysis and consultation with clinicians, community, service providers and partner agencies. This will be complemented by the quantitative and qualitative data of partner agencies.

Due diligence and environmental scanning will be undertaken in consultation with State Government partners, to ensure a location is not overserved and/or services are not duplicated. WAPHA has partnership arrangements and well-established communication channels with the Health Service Providers, the Mental Health Commission, Department of Health, Aboriginal Health Council of WA and industry peaks, which will help enable this process.

Data collection

The Country WA PHN will ensure that effective monitoring and evaluation systems and processes use analysis of Primary Mental Health Care–Minimum Data Set (PMHC MDS) data in relation to:

- Proportion of regional youth population receiving PHN commissioned youth-specific mental health services.
- Enhanced clinical outcomes for young people receiving PHN-commissioned mental health interventions.
- Average cost of child and youth-specific mental health interventions per service contact and episode of care.
- Completion rates for clinical outcome measures reported in the PMHC-MDS for this cohort.
- Proportion of PHN annual flexible funding allocated to child and youth mental health services.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

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



Activity Demographics

Target Population Cohort

The primary focus will be on young people aged 12-25 years, as a significant proportion of PHN funding for this cohort is attached to the Federal Government's flagship youth mental health service – headspace. As with WAPHA's general approach to mental health, services will look to target young people at risk of, or experiencing mental ill-health from an underserved population; unable to equitably access Medicare Benefits Scheme treatments due to overlapping factors indicating disadvantage (e.g. low income or inability to access services during business hours, job insecurity, material disadvantage, limited personal resources, social isolation, poor health literacy, other social, economic, cultural and personal reasons); and/or experiencing locational disadvantage.

Whilst this activity is not Indigenous specific, the PHN support the the principles of the Gayaa Dhuwi (Proud Spirit) Declaration, which will be embedded in low intensity service models and adhered to in the development and delivery of services.

Commissioned services will ensure cultural safety and equality of care for Aboriginal and Torres Strait Islander people (including Aboriginal Health Workers employed within these services).

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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

Key stakeholders for this activity include:

- Children and young people.
- Parents, family members and carers.
- Commissioned service providers.
- General Practitioners and general practices.
- Health Service Providers.
- WA Mental Health Commission.
- WA Department of Education.
- Local mental health and social service providers.
- Orygen.
- Family Support Services.

In addition to those listed above, the Country WA PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:

- Australian Government Department of Health and Aged Care.
- Women and Newborn Health Service.
- Child and Adolescent Health Service.
- Royal Australian College of General Practice.
- 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 (Local Health Networks) 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 Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Work Plans Due 30/04/24, 30/04/25, 30/04/26

Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment Due 15/11/24, 15/11/25

12-month performance report Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report Due 30/09/24, 30/09/25, 30/09/26

Final Report Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$12,345,669.00	\$12,570,568.41	\$12,644,836.00	\$0.00	\$0.00
Mental Health Flexible	\$2,518,131.97	\$2,776,413.23	\$2,193,626.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$12,345,669.00	\$12,570,568.41	\$12,644,836.00	\$0.00	\$0.00	\$37,561,073.41
Mental Health Flexible	\$2,518,131.97	\$2,776,413.23	\$2,193,626.00	\$0.00	\$0.00	\$7,488,171.20
Total	\$14,863,800.97	\$15,346,981.64	\$14,838,462.00	\$0.00	\$0.00	\$45,049,244.61

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 7020 - MH-hE 7020 headspace Enhancement Albany



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

7020

Activity Title *

MH-hE 7020 headspace Enhancement Albany

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.

Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people, as well as to improve workforce attraction and retention.

The headspace activity aims to:

- provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness;
- facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues;
- promote early help seeking;
- contribute to an increase in the mental health literacy of young people;
- enable better access to primary care services, including allied health and general practitioner services for young people;
- support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues;
- consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and

other local community support services.

Description of Activity *

Over many years, WA Primary Health Alliance has utilised PHN Mental Health and Suicide Prevention flexible funding to supplement the headspace specific funding of headspace Albany. The enhancement funds are therefore being utilised to augment and support resources already in place at this service. The activities described in this section need to be considered in this context. The Mental Health and Suicide Prevention flexible funding has been withdrawn at this headspace site, and has been utilised to commission additional mental health activity as reported via the PMHC MDS.

The headspace enhancement funding is being utilised to expand the headspace service’s capacity to respond to local need, within the parameters of the headspace Model Integrity Framework.

headspace Albany is using the funds to:

- Support and retain their skilled workforce through supplementing salaries.
- Increase community engagement and awareness activities, particularly with the Aboriginal community.
- Conduct co-design functions with the community to enhance youth engagement in headspace activities.

In addition to being able to supplement salaries to support staff retention, headspace Albany is conducting additional community outreach and co-design activities which will raise awareness and enhance engagement with youth, especially Aboriginal youth.

Data collection

All client level activity data for services delivered to headspace clients is captured through the headspace Application Platform Interface (hAPI), to provide accurate reporting through the Primary Mental Health Care Minimum Data Set (PMHC MDS). Where clinical in-reach is being provided by local health services as jurisdictional contributions to enhancement and integration initiatives, data capture and reporting arrangements will be established between headspace service lead agencies and state-funded services.

headspace Enhancement funds for Perth South PHN/Perth North PHN/Country WA PHN have been allocated across all headspace services within the PHN. All headspace centre services within the PHN have received an increase in funding up to the \$1.25m funding floor from 1 July 2023 with funding for satellite services increased to a floor of \$800k also from 1 July 2023. This increase recognises the increasing complexity of young people presenting to headspace services and to assist in improving access to coordinated, multi-disciplinary care for young people, as well as to improve workforce attraction and retention. WAPHA has historically utilised PHN Mental Health and Suicide Prevention flexible funding to supplement the headspace specific funding of the headspace services and the enhancement funds have been utilised to augment the baseline funding for all of the WA services by titrating in the enhancement funds and taking out the MHSP flexible funds over the course of the 2022-23 to 2025-26 funding period. Funding for the Esperance headspace Centre service has been retained at a higher level in line with advice received from DHAC in relation to the higher level of funding provided for this centre on establishment (\$1.435m).

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Improve access to mental health services in the Great Southern.	29



Activity Demographics

Target Population Cohort

Young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.

Whilst this activity is not targeted specifically to Aboriginal people, headspace service providers are expected to ensure cultural safety and equality of care for Aboriginal and Torres Strait Islander people (including Aboriginal health workers employed within these services).

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Albany	50901



Activity Consultation and Collaboration

Consultation

headspace Albany actively involves young people and their families and friends in the development, implementation and evaluation of services.

Key stakeholders for this activity include:

- Young people aged 12-25 years
- Parents, family members and carers
- Commissioned service providers
- General practitioners and general practices
- Health Service Providers
- WA Mental Health Commission
- WA Department of Education
- Local mental health and social service providers
- Orygen
- Family Support Services

In addition to those listed above, 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:

- Australian Government Department of Health and Aged Care
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service
- 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

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving 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 (Local Health Networks) 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 Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$405,000.00	\$422,915.33	\$434,055.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$405,000.00	\$422,915.33	\$434,055.00	\$0.00	\$0.00	\$1,261,970.33
Total	\$405,000.00	\$422,915.33	\$434,055.00	\$0.00	\$0.00	\$1,261,970.33

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 7021 - MH-hE 7021 - headspace Enhancement Broome



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

7021

Activity Title *

MH-hE 7021 - headspace Enhancement Broome

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.

Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people, as well as to improve workforce attraction and retention.

The headspace activity aims to:

- provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness;
- facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues;
- promote early help seeking;
- contribute to an increase in the mental health literacy of young people;
- enable better access to primary care services, including allied health and general practitioner services for young people;
- support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues;
- consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and

other local community support services.

Description of Activity *

Over many years, WA Primary Health Alliance has utilised PHN Mental Health and Suicide Prevention flexible funding to supplement the headspace specific funding of headspace Broome. The enhancement funds are therefore being utilised to augment and support resources already in place at this service. The activities described in this section need to be considered in this context. The Mental Health and Suicide Prevention flexible funding has been withdrawn at this headspace site, and has been utilised to commission additional mental health activity as reported via the PMHC MDS.

The headspace enhancement funding is being utilised to expand the headspace service’s capacity to respond to local need, within the parameters of the headspace Model Integrity Framework.

headspace Broome is using the funds to:

- Increase staff retention through supplementing salaries. (The service provider has indicated attraction and retention of staff has been challenging in the currently competitive market).
- Enhance in-reach and peer work related activities.
- Conduct training and professional development activities to ensure the provision of culturally appropriate care.
- Conduct training and professional development activities aimed at equipping staff with skills to maximise engagement with young people.
- Enhance engagement with Aboriginal communities, including engagement with local Elders and participating in community activities.

Data collection

All client level activity data for services delivered to headspace clients is captured through the headspace Application Platform Interface (hAPI), to provide accurate reporting through the Primary Mental Health Care Minimum Data Set (PMHC MDS). Where clinical in-reach is being provided by local health services as jurisdictional contributions to enhancement and integration initiatives, data capture and reporting arrangements will be established between headspace service lead agencies and state-funded services.

headspace Enhancement funds for Perth South PHN/Perth North PHN/Country WA PHN have been allocated across all headspace services within the PHN. All headspace centre services within the PHN have received an increase in funding up to the \$1.25m funding floor from 1 July 2023 with funding for satellite services increased to a floor of \$800k also from 1 July 2023. This increase recognises the increasing complexity of young people presenting to headspace services and to assist in improving access to coordinated, multi-disciplinary care for young people, as well as to improve workforce attraction and retention. WAPHA has historically utilised PHN Mental Health and Suicide Prevention flexible funding to supplement the headspace specific funding of the headspace services and the enhancement funds have been utilised to augment the baseline funding for all of the WA services by titrating in the enhancement funds and taking out the MHSP flexible funds over the course of the 2022-23 to 2025-26 funding period. Funding for the Esperance headspace Centre service has been retained at a higher level in line with advice received from DHAC in relation to the higher level of funding provided for this centre on establishment (\$1.435m).

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15



Activity Demographics

Target Population Cohort

Young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.

Whilst this activity is not specifically targeted to Aboriginal people, headspace service providers are expected to ensure cultural safety and equality of care for Aboriginal and Torres Strait Islander people (including Aboriginal Health Workers employed within these services).

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Kimberley	51001



Activity Consultation and Collaboration

Consultation

headspace Broome actively involves young people and their families and friends in the development, implementation and evaluation of services.

Key stakeholders for this activity include:

- Young people aged 12-25 years
- Parents, family members and carers
- Commissioned service providers
- General practitioners and general practices
- Health Service Providers
- WA Mental Health Commission
- WA Department of Education
- Local mental health and social service providers
- Orygen
- Family Support Services

In addition to those listed above, 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:

- Australian Government Department of Health and Aged Care
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service

- 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

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving 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 (Local Health Networks) 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 Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans Due 30/04/24, 30/04/25, 30/04/26

Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment Due 15/11/24, 15/11/25

12-month performance report Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report Due 30/09/24, 30/09/25, 30/09/26

Final Report Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

and Referral					
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$405,000.00	\$422,915.33	\$434,055.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$405,000.00	\$422,915.33	\$434,055.00	\$0.00	\$0.00	\$1,261,970.33
Total	\$405,000.00	\$422,915.33	\$434,055.00	\$0.00	\$0.00	\$1,261,970.33

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 7022 - MH-hE 7022 - headspace Enhancement Bunbury



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

7022

Activity Title *

MH-hE 7022 - headspace Enhancement Bunbury

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.

Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people and to improve workforce attraction and retention.

The headspace activity aims to:

- provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness;
- facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues;
- promote early help seeking;
- contribute to an increase in the mental health literacy of young people;
- enable better access to primary care services, including allied health and general practitioner services for young people;
- support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues;

- consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and other local community support services.

Description of Activity *

The headspace enhancement funding is being utilised to expand the headspace service's capacity to respond to local need, within the parameters of the headspace Model Integrity Framework.

headspace Bunbury is using the funds to:

- Increase staff retention through supplementing salaries.
- Recruit additional clinical and non-clinical staff for the growing service, notably to improve care coordination, referral pathways and service integration.
- Increase community awareness and engagement activities.

The enhancement funding will enable headspace Bunbury to attract and retain a skilled multi-disciplinary workforce, necessary to meet the growing demand for headspace services in Bunbury.

Data Collection

All client level activity data for services delivered to headspace clients is captured through the headspace Application Platform Interface (hAPI), to provide accurate reporting through the Primary Mental Health Care Minimum Data Set (PMHC MDS). Where clinical in-reach is being provided by local health services as jurisdictional contributions to enhancement and integration initiatives, data capture and reporting arrangements will be established between headspace service lead agencies.

headspace Enhancement funds for Perth South PHN/Perth North PHN/Country WA PHN have been allocated across all headspace services within the PHN. All headspace centre services within the PHN have received an increase in funding up to the \$1.25m funding floor from 1 July 2023 with funding for satellite services increased to a floor of \$800k also from 1 July 2023. This increase recognises the increasing complexity of young people presenting to headspace services and to assist in improving access to coordinated, multi-disciplinary care for young people, as well as to improve workforce attraction and retention. WAPHA has historically utilised PHN Mental Health and Suicide Prevention flexible funding to supplement the headspace specific funding of the headspace services and the enhancement funds have been utilised to augment the baseline funding for all of the WA services by titrating in the enhancement funds and taking out the MHSP flexible funds over the course of the 2022-23 to 2025-26 funding period. Funding for the Esperance headspace Centre service has been retained at a higher level in line with advice received from DHAC in relation to the higher level of funding provided for this centre on establishment (\$1.435m).

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Improve access to mental health services for youth. (South West)	87



Activity Demographics

Target Population Cohort

Young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.

Whilst this activity is not targeted specifically to Aboriginal people, headspace service providers are expected to ensure cultural safety and equality of care for Aboriginal and Torres Strait Islander people (including Aboriginal health workers employed within these services).

In Scope AOD Treatment Type ***Indigenous Specific ***

No

Indigenous Specific Comments**Coverage****Whole Region**

No

SA3 Name	SA3 Code
Bunbury	50102

**Activity Consultation and Collaboration****Consultation**

headspace Bunbury actively involves young people and their families and friends in the development, implementation and evaluation of services.

Key stakeholders for this activity include:

- Young people aged 12 to 25 years
- Parents, family members and carers
- Commissioned service providers
- General practitioners and general practices
- Health Service Providers
- WA Mental Health Commission
- WA Department of Education
- Local mental health and social service providers
- Orygen
- Family Support Services

In addition to those listed above, 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:

- Australian Government Department of Health and Aged Care
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service
- 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

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving 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 (Local Health Networks) 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 Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans Due 30/04/24, 30/04/25, 30/04/26

Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment Due 15/11/24, 15/11/25

12-month performance report Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report Due 30/09/24, 30/09/25, 30/09/26

Final Report Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$405,000.00	\$422,915.33	\$434,055.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Headspace Enhancement	\$405,000.00	\$422,915.33	\$434,055.00	\$0.00	\$0.00	\$1,261,970.33
Total	\$405,000.00	\$422,915.33	\$434,055.00	\$0.00	\$0.00	\$1,261,970.33

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 7023 - MH-hE 7023 - headspace Enhancement Busselton



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

7023

Activity Title *

MH-hE 7023 - headspace Enhancement Busselton

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.

Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people and to improve workforce attraction and retention.

The headspace activity aims to:

- provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness;
- facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues;
- promote early help seeking;
- contribute to an increase in the mental health literacy of young people;
- enable better access to primary care services, including allied health and general practitioner services for young people;
- support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues;
- consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and other local community support services.

Description of Activity *

The headspace enhancement funding is being utilised to expand the headspace service's capacity to respond to local need, within the parameters of the headspace Model Integrity Framework.

headspace Busselton is using the funds to:

- Increase staff retention through supplementing salaries.
- Recruit additional clinical and non-clinical staff for the growing service, notably to improve care coordination, referral pathways and service integration.
- Increase community awareness and engagement activities.

The enhancement funding will enable headspace Busselton to attract and retain a skilled multi-disciplinary workforce, necessary to meet the growing demand for headspace services in Busselton.

Data collection

All client level activity data for services delivered to headspace clients is captured through the headspace Application Platform Interface (hAPI), to provide accurate reporting through the Primary Mental Health Care Minimum Data Set (PMHC MDS). Where clinical in-reach is being provided by local health services as jurisdictional contributions to enhancement and integration initiatives, data capture and reporting arrangements will be established between headspace service lead agencies and state-funded services.

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Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Improve access to mental health services for youth. (South West)	87



Activity Demographics

Target Population Cohort

Young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.

Whilst this activity is not targeted specifically to Aboriginal people, headspace service providers are expected to ensure cultural safety and equality of care for Aboriginal and Torres Strait Islander people (including Aboriginal health workers employed within these services).

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Augusta - Margaret River - Busselton	50101



Activity Consultation and Collaboration

Consultation

headspace Busselton actively involves young people and their families and friends in the development, implementation and evaluation of services.

Key stakeholders for this activity include:

- Young people aged 12 to 25 years
- Parents, family members and carers
- Commissioned service providers
- General practitioners and general practices
- Health Service Providers
- WA Mental Health Commission
- WA Department of Education
- Local mental health and social service providers
- Orygen
- Family Support Services

In addition to those listed above, 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:

- Australian Government Department of Health and Aged Care
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service
- 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

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving 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 (Local Health Networks) 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 Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans Due 30/04/24, 30/04/25, 30/04/26

Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment Due 15/11/24, 15/11/25

12-month performance report Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report Due 30/09/24, 30/09/25, 30/09/26

Final Report Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$405,000.00	\$422,915.33	\$434,055.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$405,000.00	\$422,915.33	\$434,055.00	\$0.00	\$0.00	\$1,261,970.33
Total	\$405,000.00	\$422,915.33	\$434,055.00	\$0.00	\$0.00	\$1,261,970.33

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 7024 - MH-hE 7024 - headspace Enhancement Geraldton



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

7024

Activity Title *

MH-hE 7024 - headspace Enhancement Geraldton

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.

Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people, as well as to improve workforce attraction and retention.

The headspace activity aims to:

- provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness;
- facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues;
- promote early help seeking;
- contribute to an increase in the mental health literacy of young people;
- enable better access to primary care services, including allied health and general practitioner services for young people;
- support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues;
- consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and

other local community support services.

Description of Activity *

Over many years, WA Primary Health Alliance has utilised PHN Mental Health and Suicide Prevention flexible funding to supplement the headspace specific funding of headspace Geraldton. The enhancement funds are therefore being utilised to augment and support resources already in place at this service. The activities described in this section need to be considered in this context. The Mental Health and Suicide Prevention flexible funding has been withdrawn at this headspace site, and has been utilised to commission additional mental health activity as reported via the PMHC MDS.

The headspace enhancement funding is being utilised to expand the headspace service's capacity to respond to local need, within the parameters of the headspace Model Integrity Framework.

headspace Geraldton is using the funds to:

- Supplement salaries to assist retention of their multidisciplinary workforce.
- Provide professional development, with a focus on upskilling staff in providing culturally appropriate care.

Specific issues or gaps the activity will address: The provider has indicated attraction and retention of staff has been challenging in the currently competitive market.

Data collection

All client level activity data for services delivered to headspace clients is captured through the headspace Application Platform Interface (hAPI), to provide accurate reporting through the Primary Mental Health Care Minimum Data Set (PMHC MDS). Where clinical in-reach is being provided by local health services as jurisdictional contributions to enhancement and integration initiatives, data capture and reporting arrangements will be established between headspace service lead agencies and state-funded services.

headspace Enhancement funds for Perth South PHN/Perth North PHN/Country WA PHN have been allocated across all headspace services within the PHN. All headspace centre services within the PHN have received an increase in funding up to the \$1.25m funding floor from 1 July 2023 with funding for satellite services increased to a floor of \$800k also from 1 July 2023. This increase recognises the increasing complexity of young people presenting to headspace services and to assist in improving access to coordinated, multi-disciplinary care for young people, as well as to improve workforce attraction and retention. WAPHA has historically utilised PHN Mental Health and Suicide Prevention flexible funding to supplement the headspace specific funding of the headspace services and the enhancement funds have been utilised to augment the baseline funding for all of the WA services by titrating in the enhancement funds and taking out the MHSP flexible funds over the course of the 2022-23 to 2025-26 funding period. Funding for the Esperance headspace Centre service has been retained at a higher level in line with advice received from DHAC in relation to the higher level of funding provided for this centre on establishment (\$1.435m).

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Improve access to mental health services in the Midwest.	56



Activity Demographics

Target Population Cohort

Young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.

Whilst this activity is not targeted specifically to Aboriginal people, headspace service providers are expected to ensure cultural safety and equality of care for Aboriginal and Torres Strait Islander people (including Aboriginal health workers employed within these services).

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Mid West	51104



Activity Consultation and Collaboration

Consultation

headspace Geraldton actively involves young people and their families and friends in the development, implementation and evaluation of services.

Key stakeholders for this activity include:

- Young people aged 12 to 25 years
- Parents, family members and carers
- Commissioned service providers
- General practitioners and general practices
- Health Service Providers
- WA Mental Health Commission
- WA Department of Education
- Local mental health and social service providers
- Orygen
- Family Support Services

In addition to those listed above, 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:

- Australian Government Department of Health and Aged Care
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service
- 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

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving 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 (Local Health Networks) 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 Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans Due 30/04/24, 30/04/25, 30/04/26

Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment Due 15/11/24, 15/11/25

12-month performance report Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report Due 30/09/24, 30/09/25, 30/09/26

Final Report Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Headspace Enhancement	\$205,000.00	\$211,660.00	\$434,055.00	\$0.00	\$0.00
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Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$205,000.00	\$211,660.00	\$434,055.00	\$0.00	\$0.00	\$850,715.00
Total	\$205,000.00	\$211,660.00	\$434,055.00	\$0.00	\$0.00	\$850,715.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 7025 - MH-hE 7025 - headspace Enhancement Port Hedland



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

7025

Activity Title *

MH-hE 7025 - headspace Enhancement Port Hedland

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.

Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people, as well as to improve workforce attraction and retention.

The headspace activity aims to:

- provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness;
- facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues;
- promote early help seeking;
- contribute to an increase in the mental health literacy of young people;
- enable better access to primary care services, including allied health and general practitioner services for young people;
- support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues;
- consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and

other local community support services.

Description of Activity *

The headspace enhancement funding is being utilised to expand the headspace service's capacity to respond to local need, within the parameters of the headspace Model Integrity Framework.

The service provider has indicated there have been significant challenges recruiting and retaining staff in the Pilbara region, which has been exacerbated by the housing and cost of living crisis experienced in the region over many years. Pilbara based operations are under pressure to ensure that programs are adequately staffed. To overcome these challenges and attract and retain staff, the headspace Enhancement funding has been utilised in the following ways:

- Undertaking professional development, including upskilling staff in culturally appropriate care, noting the imperative that all staff are appropriately supported to work with cultural humility. Additional to these funds being utilised to cover the increased costs of ensuring that all staff are upskilled in local cultural knowledge and protocols, funding is also contributing to professional development which is especially costly in the Pilbara due to the associated travel costs to and within the region.
- Adequate remuneration to help ensure quality staff members are retained in Pilbara based roles and to ensure that positions are consistently filled. This allows continuity of care for young people and enables consistent service provision as well as aligning with the headspace Pilbara community co-design principles.
- Improving referral pathways to the centres through investment into digital healthcare platforms such as electronic medical record keeping software and robust telehealth options.
- Increasing community engagement and awareness activities with priority populations to increase mental health literacy, reduce stigma and support early help seeking for vulnerable populations.

Further to this, Port Hedland headspace have created an additional Youth Engagement Worker role. This role was previously funded through philanthropic means for one year and resulted in an increase in occasions of service (OOS) with Aboriginal young people from approximately 30% to 55%. When this role was defunded, the OOS with Aboriginal young people returned to approximately 30%. The decision was made to use the extra funding to ensure that this role was a core position of the headspace Hedland model with the intention to best support this priority population.

The aim of the Youth Engagement Worker role is to:

- o increase engagement of young people in the community;
- o provide mental health support to a broader cohort of young people;
- o enhance service integration;
- o build relationships across the community to improve referral pathways;
- o work with consortium members, local agencies, community groups and sector networks to increase access to appropriate services for young people in the Hedland community;
- o increase awareness and understanding of mental health challenges;
- o encourage positive help-seeking behaviours of young people.

The role differs in scope to the service's existing Youth Wellbeing Worker, in that it includes case coordination/management functions.

Data collection

All client level activity data for services delivered to headspace clients is captured through the headspace Application Platform Interface (hAPI), to provide accurate reporting through the Primary Mental Health Care Minimum Data Set (PMHC MDS). Where clinical in-reach is being provided by local health services as jurisdictional contributions to enhancement and integration initiatives, data capture and reporting arrangements will be established between headspace service lead agencies and state-funded services.

headspace Enhancement funds for Perth South PHN/Perth North PHN/Country WA PHN have been allocated across all headspace services within the PHN. All headspace centre services within the PHN have received an increase in funding up to the \$1.25m funding floor from 1 July 2023 with funding for satellite services increased to a floor of \$800k also from 1 July 2023. This increase recognises the increasing complexity of young people presenting to headspace services and to assist in improving access to coordinated, multi-disciplinary care for young people, as well as to improve workforce attraction and retention. WAPHA has historically utilised PHN Mental Health and Suicide Prevention flexible funding to supplement the headspace specific funding of the headspace services and the enhancement funds have been utilised to augment the baseline funding for all of the WA services by titrating in the enhancement funds and taking out the MHSP flexible funds over the course of the 2022-23 to 2025-26 funding period. Funding for the Esperance headspace Centre service has been retained at a higher level in line with advice received from DHAC in relation to the higher level of funding provided for this centre on establishment (\$1.435m).

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Improve access to early intervention suicide prevention services. (Pilbara)	71



Activity Demographics

Target Population Cohort

Young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.

Whilst this activity is not targeted specifically to Aboriginal people, headspace service providers are expected to ensure cultural safety and equality of care for Aboriginal and Torres Strait Islander people (including Aboriginal health workers employed within these services).

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
East Pilbara	51002



Activity Consultation and Collaboration

Consultation

headspace Port Hedland actively involves young people and their families and friends in the development, implementation and evaluation of services.

Key stakeholders for this activity include:

- Young people

- Parents, family members and carers
- Commissioned service providers
- General practitioners and general practices
- Health Service Providers
- WA Mental Health Commission
- WA Department of Education
- Local mental health and social service providers
- Orygen
- Family Support Services

In addition to those listed above, 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:

- Australian Government Department of Health and Aged Care
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service
- 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

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving 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 (Local Health Networks) 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 Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans Due 30/04/24, 30/04/25, 30/04/26

Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment Due 15/11/24, 15/11/25

12-month performance report Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report Due 30/09/24, 30/09/25, 30/09/26

Final Report Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$0.00	\$211,660.00	\$214,504.33	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$0.00	\$211,660.00	\$214,504.33	\$0.00	\$0.00	\$426,164.33
Total	\$0.00	\$211,660.00	\$214,504.33	\$0.00	\$0.00	\$426,164.33

Funding From Other Sources - Financial Details

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Funding From Other Sources - Organisational Details

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MH - 7026 - MH-hE 7026 - headspace Enhancement Kalgoorlie



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

7026

Activity Title *

MH-hE 7026 - headspace Enhancement Kalgoorlie

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.

Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people, as well as to improve workforce attraction and retention.

The headspace activity aims to:

- provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness;
- facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues;
- promote early help seeking;
- contribute to an increase in the mental health literacy of young people;
- enable better access to primary care services, including allied health and general practitioner services for young people;
- support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues;
- consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and other local community support services.

Description of Activity *

Over many years, WA Primary Health Alliance has utilised PHN Mental Health and Suicide Prevention flexible funding to supplement the headspace specific funding of headspace Kalgoorlie. The enhancement funds are therefore being utilised to augment and support resources already in place at this service. The activities described in this section need to be considered in this context. The Mental Health and Suicide Prevention flexible funding has been withdrawn at this headspace site, and has been utilised to commission additional mental health activity as reported via the PMHC MDS.

The headspace enhancement funding is being utilised to expand the headspace service's capacity to respond to local need, within the parameters of the headspace Model Integrity Framework.

headspace Kalgoorlie is using the funds to support and retain their skilled workforce through supplementing salaries. The service provider reports attraction and retention of staff (including senior clinicians) has been challenging in the currently competitive market. Retention of staff will benefit young people accessing the headspace services by ensuring consistency.

Daa collection

All client level activity data for services delivered to headspace clients is captured through the headspace Application Platform Interface (hAPI), to provide accurate reporting through the Primary Mental Health Care Minimum Data Set (PMHC MDS). Where clinical in-reach is being provided by local health services as jurisdictional contributions to enhancement and integration initiatives, data capture and reporting arrangements will be established between headspace service lead agencies and state-funded services.

headspace Enhancement funding allocation

headspace Enhancement funds for Perth South PHN/Perth North PHN/Country WA PHN have been allocated across all headspace services within the PHN. All headspace centre services within the PHN have received an increase in funding up to the \$1.25m funding floor from 1 July 2023 with funding for satellite services increased to a floor of \$800k also from 1 July 2023. This increase recognises the increasing complexity of young people presenting to headspace services and to assist in improving access to coordinated, multi-disciplinary care for young people, as well as to improve workforce attraction and retention. WAPHA has historically utilised PHN Mental Health and Suicide Prevention flexible funding to supplement the headspace specific funding of the headspace services and the enhancement funds have been utilised to augment the baseline funding for all of the WA services by titrating in the enhancement funds and taking out the MHSP flexible funds over the course of the 2022-23 to 2025-26 funding period. Funding for the Esperance headspace Centre service has been retained at a higher level in line with advice received from DHAC in relation to the higher level of funding provided for this centre on establishment (\$1.435m).

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Increase access to mental health services and suicide prevention activities. (Goldfields/Esperance)	15



Activity Demographics

Target Population Cohort

Young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.

Whilst this activity is not targeted specifically to Aboriginal people, headspace service providers are expected to ensure cultural safety and equality of care for Aboriginal and Torres Strait Islander people (including Aboriginal health workers employed within these services).

In Scope AOD Treatment Type ***Indigenous Specific ***

No

Indigenous Specific Comments**Coverage****Whole Region**

No

SA3 Name	SA3 Code
Goldfields	51103

**Activity Consultation and Collaboration****Consultation**

headspace Kalgoorlie actively involves young people and their families and friends in the development, implementation and evaluation of services.

Key stakeholders for this activity include:

- Young people aged 12 to 25 years
- Parents, family members and carers
- Commissioned service providers
- General practitioners and general practices
- Health Service Providers
- WA Mental Health Commission
- WA Department of Education
- Local mental health and social service providers
- Orygen
- Family Support Services

In addition to those listed above, 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:

- Australian Government Department of Health and Aged Care
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service
- 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

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving 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 (Local Health Networks) 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 Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans Due 30/04/24, 30/04/25, 30/04/26

Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment Due 15/11/24, 15/11/25

12-month performance report Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report Due 30/09/24, 30/09/25, 30/09/26

Final Report Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$205,000.00	\$211,660.00	\$434,055.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$205,000.00	\$211,660.00	\$434,055.00	\$0.00	\$0.00	\$850,715.00
Total	\$205,000.00	\$211,660.00	\$434,055.00	\$0.00	\$0.00	\$850,715.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 7027 - MH-hE 7027 - headspace Enhancement Karratha



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

7027

Activity Title *

MH-hE 7027 - headspace Enhancement Karratha

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.

Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people, as well as to improve workforce attraction and retention.

The headspace activity aims to:

- provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness;
- facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues;
- promote early help seeking;
- contribute to an increase in the mental health literacy of young people;
- enable better access to primary care services, including allied health and general practitioner services for young people;
- support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues;
- consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and other local community support services.

Description of Activity *

The headspace enhancement funding is being utilised to expand the headspace service's capacity to respond to local need, within the parameters of the headspace Model Integrity Framework.

The service provider has indicated there have been significant challenges recruiting and retaining staff in the Pilbara region, which has been exacerbated by the housing and cost of living crisis experienced in the region over many years. Pilbara based operations are under pressure to ensure that programs are adequately staffed. To overcome these challenges and attract and retain staff, the headspace Enhancement funding has been utilised in the following ways:

- Undertaking professional development, including upskilling staff in culturally appropriate care, noting the imperative that all staff are appropriately supported to work with cultural humility. Additional to these funds being utilised to cover the increased costs of ensuring that all staff are upskilled in local cultural knowledge and protocols, funding is also contributing to professional development which is especially costly in the Pilbara due to the associated travel costs to and within the region.
- Adequate remuneration to help ensure quality staff members are retained in Pilbara based roles and to ensure that positions are consistently filled. This allows continuity of care for young people and enables consistent service provision as well as aligning with the headspace Pilbara community co-design principles.
- Improving referral pathways to the centres through investment into digital healthcare platforms such as electronic medical record keeping software and robust telehealth options.
- Increasing community engagement and awareness activities with priority populations to increase mental health literacy, reduce stigma and support early help seeking for vulnerable populations.
- Reestablishing a Youth Wellbeing Worker position. This position was previously removed from the headspace Karratha model due to the increased costs of attracting and retaining staff and was reinstated as a core position of the headspace Karratha model with the enhancement funding. This position has reduced the current waitlist, which had been steadily increasing following the soft launch of headspace Karratha, as well as supporting various community engagement activities to ensure that headspace Karratha events are well supported by headspace staff to help manage the smooth running of events and to clinically intervene with vulnerable young people when required.

headspace Enhancement funds for Perth South PHN/Perth North PHN/Country WA PHN have been allocated across all headspace services within the PHN. All headspace centre services within the PHN have received an increase in funding up to the \$1.25m funding floor from 1 July 2023 with funding for satellite services increased to a floor of \$800k also from 1 July 2023. This increase recognises the increasing complexity of young people presenting to headspace services and to assist in improving access to coordinated, multi-disciplinary care for young people, as well as to improve workforce attraction and retention. WAPHA has historically utilised PHN Mental Health and Suicide Prevention flexible funding to supplement the headspace specific funding of the headspace services and the enhancement funds have been utilised to augment the baseline funding for all of the WA services by titrating in the enhancement funds and taking out the MHSP flexible funds over the course of the 2022-23 to 2025-26 funding period. Funding for the Esperance headspace Centre service has been retained at a higher level in line with advice received from DHAC in relation to the higher level of funding provided for this centre on establishment (\$1.435m).

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Improve access to early intervention suicide prevention services. (Pilbara)	71



Activity Demographics

Target Population Cohort

Young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.

Whilst this activity is not targeted specifically to Aboriginal people, headspace service providers are expected to ensure cultural safety and equality of care for Aboriginal and Torres Strait Islander people (including Aboriginal health workers employed within these services).

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
West Pilbara	51003



Activity Consultation and Collaboration

Consultation

headspace Karratha actively involves young people and their families and friends in the development, implementation and evaluation of services.

Key stakeholders for this activity include:

- Young people aged 12 to 25 years
- Parents, family members and carers
- Commissioned service providers
- General practitioners and general practices
- Health Service Providers
- WA Mental Health Commission
- WA Department of Education
- Local mental health and social service providers
- Orygen
- Family Support Services

In addition to those listed above, 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:

- Australian Government Department of Health and Aged Care
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service
- 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

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving 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 (Local Health Networks) 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 Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans Due 30/04/24, 30/04/25, 30/04/26

Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment Due 15/11/24, 15/11/25

12-month performance report Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report Due 30/09/24, 30/09/25, 30/09/26

Final Report Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Headspace Enhancement	\$0.00	\$0.00	\$214,504.33	\$0.00	\$0.00
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Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$0.00	\$0.00	\$214,504.33	\$0.00	\$0.00	\$214,504.33
Total	\$0.00	\$0.00	\$214,504.33	\$0.00	\$0.00	\$214,504.33

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 7028 - MH-hE 7028 - headspace Enhancement Kununurra



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

7028

Activity Title *

MH-hE 7028 - headspace Enhancement Kununurra

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.

Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people, as well as to improve workforce attraction and retention.

The headspace activity aims to:

- provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness;
- facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues;
- promote early help seeking;
- contribute to an increase in the mental health literacy of young people;
- enable better access to primary care services, including allied health and general practitioner services for young people;
- support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues;
- consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and

other local community support services.

Description of Activity *

The headspace enhancement funding is being utilised to expand the headspace service's capacity to respond to local need, within the parameters of the headspace Model Integrity Framework.

headspace Kununurra is using the funds to:

- Attract and retain a skilled workforce.
- Provide professional development for staff in the areas of suicide prevention, leadership, peer supervision and provision of culturally appropriate care.
- Enhance engagement with the Aboriginal community.
- Facilitate activities in response to the large number of young people presenting to the service experiencing food security issues.

Provision of cultural competency training and professional development to staff is helping to ensure a culturally safe service benefiting young people accessing headspace Kununurra, while also enhancing staff skills.

The service provider has reported challenges in recruiting and retaining qualified staff in Kununurra, noting lack of housing availability and limited talent pool.

Data collection

All client level activity data for services delivered to headspace clients is captured through the headspace Application Platform Interface (hAPI), to provide accurate reporting through the Primary Mental Health Care Minimum Data Set (PMHC MDS). Where clinical in-reach is being provided by local health services as jurisdictional contributions to enhancement and integration initiatives, data capture and reporting arrangements will be established between headspace service lead agencies and state-funded services.

headspace Enhancement funds for Perth South PHN/Perth North PHN/Country WA PHN have been allocated across all headspace services within the PHN. All headspace centre services within the PHN have received an increase in funding up to the \$1.25m funding floor from 1 July 2023 with funding for satellite services increased to a floor of \$800k also from 1 July 2023. This increase recognises the increasing complexity of young people presenting to headspace services and to assist in improving access to coordinated, multi-disciplinary care for young people, as well as to improve workforce attraction and retention. WAPHA has historically utilised PHN Mental Health and Suicide Prevention flexible funding to supplement the headspace specific funding of the headspace services and the enhancement funds have been utilised to augment the baseline funding for all of the WA services by titrating in the enhancement funds and taking out the MHSP flexible funds over the course of the 2022-23 to 2025-26 funding period. Funding for the Esperance headspace Centre service has been retained at a higher level in line with advice received from DHAC in relation to the higher level of funding provided for this centre on establishment (\$1.435m).

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43



Activity Demographics

Target Population Cohort

Young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.

Whilst this activity is not targeted specifically to Aboriginal people, headspace service providers are expected to ensure cultural safety and equality of care for Aboriginal and Torres Strait Islander people (including Aboriginal health workers employed within these services).

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Kimberley	51001



Activity Consultation and Collaboration

Consultation

headspace Kununurra actively involves young people and their families and friends in the development, implementation and evaluation of services.

Key stakeholders for this activity include:

- Young people aged 12 to 25 years
- Parents, family members and carers
- Commissioned service providers
- General practitioners and general practices
- Health Service Providers
- WA Mental Health Commission
- WA Department of Education
- Local mental health and social service providers
- Orygen
- Family Support Services

In addition to those listed above, 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:

- Australian Government Department of Health and Aged Care
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service
- 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

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving 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 (Local Health Networks) 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 Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans Due 30/04/24, 30/04/25, 30/04/26

Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment Due 15/11/24, 15/11/25

12-month performance report Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report Due 30/09/24, 30/09/25, 30/09/26

Final Report Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Headspace Enhancement	\$0.00	\$0.00	\$214,504.34	\$0.00	\$0.00
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Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$0.00	\$0.00	\$214,504.34	\$0.00	\$0.00	\$214,504.34
Total	\$0.00	\$0.00	\$214,504.34	\$0.00	\$0.00	\$214,504.34

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 7029 - MH-hE 7029 - headspace Enhancement Margaret River



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

7029

Activity Title *

MH-hE 7029 - headspace Enhancement Margaret River

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.

Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people, as well as to improve workforce attraction and retention.

The headspace activity aims to:

- provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness;
- facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues;
- promote early help seeking;
- contribute to an increase in the mental health literacy of young people;
- enable better access to primary care services, including allied health and general practitioner services for young people;
- support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues;
- consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and other local community support services.

Description of Activity *

The headspace enhancement funding is being utilised to expand the headspace service's capacity to respond to local need, within the parameters of the headspace Model Integrity Framework.

headspace Margaret River is using the funds to:

- Support and retain their skilled workforce through supplementing salaries.
- Recruit additional clinical and non-clinical staff for the growing service, notably to improve care coordination, referral pathways and service integration.
- Conduct activities to increase community awareness and engagement.
- Enhance GP remuneration under Subsection 19(2) exemption (for eligible headspace locations).

Data collection

All client level activity data for services delivered to headspace clients is captured through the headspace Application Platform Interface (hAPI), to provide accurate reporting through the Primary Mental Health Care Minimum Data Set (PMHC MDS). Where clinical in-reach is being provided by local health services as jurisdictional contributions to enhancement and integration initiatives, data capture and reporting arrangements will be established between headspace service lead agencies and state-funded services.

Data collection

All client level activity data for services delivered to headspace clients is captured through the headspace Application Platform Interface (hAPI), to provide accurate reporting through the Primary Mental Health Care Minimum Data Set (PMHC MDS). Where clinical in-reach is being provided by local health services as jurisdictional contributions to enhancement and integration initiatives, data capture and reporting arrangements will be established between headspace service lead agencies and state-funded services.

headspace Enhancement funds for Perth South PHN/Perth North PHN/Country WA PHN have been allocated across all headspace services within the PHN. All headspace centre services within the PHN have received an increase in funding up to the \$1.25m funding floor from 1 July 2023 with funding for satellite services increased to a floor of \$800k also from 1 July 2023. This increase recognises the increasing complexity of young people presenting to headspace services and to assist in improving access to coordinated, multi-disciplinary care for young people, as well as to improve workforce attraction and retention. WAPHA has historically utilised PHN Mental Health and Suicide Prevention flexible funding to supplement the headspace specific funding of the headspace services and the enhancement funds have been utilised to augment the baseline funding for all of the WA services by titrating in the enhancement funds and taking out the MHSP flexible funds over the course of the 2022-23 to 2025-26 funding period. Funding for the Esperance headspace Centre service has been retained at a higher level in line with advice received from DHAC in relation to the higher level of funding provided for this centre on establishment (\$1.435m).

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Improve access to mental health services for youth. (South West)	87



Activity Demographics

Target Population Cohort

Young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.

Whilst this activity is not targeted specifically to Aboriginal people, headspace service providers are expected to ensure cultural

safety and equality of care for Aboriginal and Torres Strait Islander people (including Aboriginal health workers employed within these services).

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Augusta - Margaret River - Busselton	50101



Activity Consultation and Collaboration

Consultation

headspace Margaret River actively involves young people and their families and friends in the development, implementation and evaluation of services.

Key stakeholders for this activity include:

- Young people aged 12 to 25 years
- Parents, family members and carers
- Commissioned service providers
- General practitioners and general practices
- Health Service Providers
- WA Mental Health Commission
- WA Department of Education
- Local mental health and social service providers
- Orygen
- Family Support Services

In addition to those listed above, 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:

- Australian Government Department of Health and Aged Care
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service
- 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

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving 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 (Local Health Networks) 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 Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans Due 30/04/24, 30/04/25, 30/04/26

Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment Due 15/11/24, 15/11/25

12-month performance report Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report Due 30/09/24, 30/09/25, 30/09/26

Final Report Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$405,000.00	\$422,915.13	\$434,055.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$405,000.00	\$422,915.13	\$434,055.00	\$0.00	\$0.00	\$1,261,970.13
Total	\$405,000.00	\$422,915.13	\$434,055.00	\$0.00	\$0.00	\$1,261,970.13

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 7030 - MH-hE 7030 - headspace Enhancement Northam



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

7030

Activity Title *

MH-hE 7030 - headspace Enhancement Northam

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.

Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people and to improve workforce attraction and retention.

The headspace activity aims to:

- provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness;
- facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues;
- promote early help seeking;
- contribute to an increase in the mental health literacy of young people;
- enable better access to primary care services, including allied health and general practitioner services for young people;
- support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues;
- consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and

other local community support services.

Description of Activity *

The headspace enhancement funding is being utilised to expand the headspace service's capacity to respond to local need, within the parameters of the headspace Model Integrity Framework.

headspace Northam is using the funds to recruit additional staff including an Aboriginal youth worker, community engagement worker and youth activity coordinator. These additional staff will enhance community engagement and improve integration with other youth support services.

The funds are critically beneficial in attracting and retaining the skilled multi-disciplinary workforce to meet the growing demand for headspace services in Northam. Additional staff and enhanced engagement activities will benefit young people accessing headspace Northam.

Data collection

All client level activity data for services delivered to headspace clients is captured through the headspace Application Platform Interface (hAPI), to provide accurate reporting through the Primary Mental Health Care Minimum Data Set (PMHC MDS). Where clinical in-reach is being provided by local health services as jurisdictional contributions to enhancement and integration initiatives, data capture and reporting arrangements will be established between headspace service lead agencies and state-funded services.

headspace Enhancement funds for Perth South PHN/Perth North PHN/Country WA PHN have been allocated across all headspace services within the PHN. All headspace centre services within the PHN have received an increase in funding up to the \$1.25m funding floor from 1 July 2023 with funding for satellite services increased to a floor of \$800k also from 1 July 2023. This increase recognises the increasing complexity of young people presenting to headspace services and to assist in improving access to coordinated, multi-disciplinary care for young people, as well as to improve workforce attraction and retention. WAPHA has historically utilised PHN Mental Health and Suicide Prevention flexible funding to supplement the headspace specific funding of the headspace services and the enhancement funds have been utilised to augment the baseline funding for all of the WA services by titrating in the enhancement funds and taking out the MHSP flexible funds over the course of the 2022-23 to 2025-26 funding period. Funding for the Esperance headspace Centre service has been retained at a higher level in line with advice received from DHAC in relation to the higher level of funding provided for this centre on establishment (\$1.435m).

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

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



Activity Demographics

Target Population Cohort

Young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.

Whilst this activity is not targeted specifically to Aboriginal people, headspace service providers are expected to ensure cultural safety and equality of care for Aboriginal and Torres Strait Islander people (including Aboriginal health workers employed within these services).

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Wheat Belt - North	50902



Activity Consultation and Collaboration

Consultation

Northam headspace actively involves young people and their families and friends in the development, implementation and evaluation of services.

Key stakeholders for this activity include:

- Young people aged 12 to 25 years
- Parents, family members and carers
- Commissioned service providers
- General practitioners and general practices
- Health Service Providers
- WA Mental Health Commission
- WA Department of Education
- Local mental health and social service providers
- Orygen
- Family Support Services

In addition to those listed above, 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:

- Australian Government Department of Health and Aged Care
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service
- 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

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving 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 (Local Health Networks) 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 Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans Due 30/04/24, 30/04/25, 30/04/26

Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment Due 15/11/24, 15/11/25

12-month performance report Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report Due 30/09/24, 30/09/25, 30/09/26

Final Report Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$405,000.00	\$422,915.33	\$434,055.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$405,000.00	\$422,915.33	\$434,055.00	\$0.00	\$0.00	\$1,261,970.33
Total	\$405,000.00	\$422,915.33	\$434,055.00	\$0.00	\$0.00	\$1,261,970.33

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 9000 - MH 9000 - Integrated Health Precincts



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH

Activity Number *

9000

Activity Title *

MH 9000 - Integrated Health Precincts

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description**Aim of Activity ***

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

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

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

The approach is aligned to the objectives of the Quintuple Aim in Healthcare and with Priority actions of WA Primary Health Alliance's Population Health Strategy: Create a culture and mechanisms that promote safe, coordinated, person-centered and high-quality integrated care; and Mental Health Strategy: Support integration between general practice, local mental health services, specialist treatment services and social services through promotion of information sharing, transparent referral mechanisms and care pathways.

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

Description of Activity *

To foster an Integrated Healthcare Precinct, WA Primary Health Alliance (WAPHA) will:

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

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

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

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



Activity Demographics

Target Population Cohort

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

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Bunbury	50102



Activity Consultation and Collaboration

Consultation

Consultation has occurred with:

- WAPHA member organisations
- Mental Health Commission
- Health Service Providers
- WAPHA commissioned service providers
- Other locally based primary care providers
- Aboriginal Community Controlled Health services
- General practices

Collaboration

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



Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2026

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Work Plans Due 30/04/24, 30/04/25, 30/04/26
 Annual Mental Health and Suicide Prevention Activity and Indigenous Mental Health Activity Needs Assessment Due 15/11/24, 15/11/25
 12-month performance report Due 30/09/24, 30/09/25, 30/09/26
 Financial Acquittal Report Due 30/09/24, 30/09/25, 30/09/26
 Final Report Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$20,000.00	\$230,000.00	\$250,000.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supporting Recovery Pilot	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$20,000.00	\$230,000.00	\$250,000.00	\$0.00	\$0.00	\$500,000.00
Total	\$20,000.00	\$230,000.00	\$250,000.00	\$0.00	\$0.00	\$500,000.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



NSPT - 1000 - NSPT 1000 - National Suicide Prevention Activities - Kimberley



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

NSPT

Activity Number *

1000

Activity Title *

NSPT 1000 - National Suicide Prevention Activities - Kimberley

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

Other Program Key Priority Area Description**Aim of Activity ***

To implement local suicide prevention activities in accordance with the Department of Health and Aged Care 'Building on the work of the National Suicide Prevention Trial' guidance, whilst also addressing the needs of the local regional and remote communities within the Kimberley region.

Activities planned for the period 2024/25 will support the continuation and enhancement of essential suicide prevention and awareness activities that target Aboriginal people, all of whom are at high-risk of suicide.

All activities will be informed by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Framework as a tool for decision making, to support community driven suicide prevention initiatives.

Description of Activity *

Activities implemented during the Suicide Prevention trial period to achieve activity objectives are coordinated by the Kimberley Aboriginal Medical Services. Post-trial, the positive relationships formed are planned to continue as a legacy of the collaboration across the region.

Project Coordinator – Kimberley Aboriginal Medical Service (KAMS)

This activity provides 1.0 FTE for a Kimberley Aboriginal Suicide Prevention Trial (KASPT) Coordinator and Capacity Building Officer (CBO) position, of which 0.5 FTE will provide high level secretariat, administrative, project and logistical support to the No Wrong

Door Leadership Group (NWD LG), listed below.

As the trial progress through the transition phase towards the implementation of the recommendations from the Kimberley Aboriginal Suicide Prevention Plan (2021 – 2025), KAMS has continued to engage and contract Aboriginal Community Controlled Organisations (ACCO's) to coordinate the current projects and activities. In addition to this, the transition period of the KASPT continues to be governed by the Aboriginal Regional Governance Group (ARGG) of the Kimberley Aboriginal Regional Body. This activity has been extended to June 2025.

Development of Traditional Healers Model (Kimberley Aboriginal Law and Cultural Centre, KALACC)

The traditional healers model incorporates the use of western medicine and culturally sensitive traditional healing methods. This project will be evaluated to ascertain efficacy, model integrity and patient outcomes, with the view to source funding to continue to implement the model (dependent on evaluation findings). This pilot project was originally named Yiriman Women Leading Traditional Healing Practices and now Jalngangurru. This project has been extended to June 2025.

Empowered Young Leaders Project

This activity enables young people to work with key stakeholders to inform a strategy for youth mental health in the region. It aims to support the implementation of recommendations from the 2019 Empowered Young Leaders (EPL) Report from young emerging Kimberley Aboriginal leaders. The focus of the initiative for young leaders is:

- Strengths Based - need to move away from continuing to focus on suicide and problems towards building on strengths and solutions – creating a new and different future whilst acknowledging the past. Changing the story about Aboriginal young people. This includes the story young people have about themselves and the dominant discourse in the wider community.
 - Empowerment – ensuring that the project activities invest in and support the Kimberley young leaders to be able to take action. Ideas like ensuring they can walk away with resources, media and communication tools for their own communities.
- The EYL project will use participatory action-based research methods and will be comprehensively monitored and evaluated. This project has been extended through to June 2025. Post-trial, the WA Department of the Premier and Cabinet indicated that they would consider funding the program in the future.

No Wrong Door Approach

A consultant is engaged to establish referral pathways and Memorandum of Understanding between key stakeholders of mental health and alcohol and other drugs services.

The No Wrong Door project is an initiative with the collective commitment to work together to meet the needs of community, including young people, through cultural and clinical healing and coordinated partnerships to prevent deliberate self-harm and suicidal behaviour in the Kimberley region.

The No Wrong Door project was identified as a key systemic priority at the October 2018 Kimberley Aboriginal Suicide Prevention Trial Working Group (KASPT-WG) workshop by community and organisational leaders, with the intent that there would be 'no wrong door' for those seeking support to achieve a reduction of deliberate self-harm and suicidal behaviour.

With the recommencement of the No Wrong Door Leadership Group, 2022 saw the completion of the review of the Kimberley Service Map tool ensuring the information regarding support services available is adequately updated and accurate. After which the tool will be modified to enable it to be accessed via mobile phones and other small devices.

This activity transitioned to the Kimberley Drug and Alcohol Mental Health Sub-Committee. This project ended in June 2023.

Aboriginal Community Liaison Officers

This activity enables community representatives to work with key stakeholders to inform community led responses to suicide prevention. This activity has been extended to June 2025.

Post-trial the WA Department of the Premier and Cabinet and the National Indigenous Australians Agency indicated that they would consider funding the program in the future.

Cultural Wellbeing Activities KAMS

Cultural wellbeing activities foster a supportive and respectful environment for people to heal, share experiences, and support one another. KAMS Suicide Prevention staff and services (including CLO's) will arrange sub-regional on-Country camps to encourage Cultural Wellbeing activities and support the continuation of current cultural wellbeing activities

The impact of COVID-19 on key activity and plans to address the impact

Some activities experienced a temporary closure of engagement due to limited access to remote areas. The Australian Government Department of Health and Aged Care approved an extension until the 31 December 2022 to enable Suicide

Prevention Trial activities to be completed, including carry forward of unspent budget.

WA Primary Health Alliance will continue to use the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Framework as a tool for decision making, to support community driven suicide prevention initiatives. The trial will continue with the existing Working Group, and to ensure Aboriginal-led governance principles, and arrangements for inter-sector and inter-governmental collaboration continue.

Transitioning the activity

WA Primary Health Alliance established a Steering Committee in partnership with the WA Mental Health Commission during the period of transition. If any trial site activity is deemed to be in scope, the Mental Health Commission will work with relevant partners to review continuity options and/or referral options into other State-based funded programs.

State Government Departments, regional Aboriginal Medical Services and other regional service providers will play an essential role in supporting the transition and sustainability of any appropriate activity. The Mental Health Commission will also be retaining the Suicide Prevention Coordinator role in the region and that will enable coordination and facilitation of specific suicide prevention meetings for the purpose of helping shape future strategies and plans, such as the Western Australian Mental Health Alcohol and Other Drugs Services Plan 2015-2025 - Better Choices Better Lives; WA State priorities 2020-2024; and Western Australian Suicide Prevention Framework 2021-2025.

To support the transition and sustainability of Suicide Prevention Trial activities at the conclusion of this Activity Work Plan, focus will occur on:

- Community-led suicide prevention activities.
- Continued work with the young leaders in the region.
- Intergenerational knowledge and learning.
- Continued work to support general practitioners.
- Continued work with traditional healers and integration with primary practice.
- Suicide Prevention Trial evaluation.
- Governance structures transition.

Some stakeholders will continue to deliver services post the trial period and all of those listed above will influence future strategies and planning across the Kimberley region.

As a cornerstone to primary health care, general practitioners will also be an essential component of the transition.

A local evaluation of the trial examined the extent to which community control over solutions to high rates of Aboriginal suicide was achieved in the trial initially and the extent to which community control has been continuously affirmed in all stages, levels, and locations in the Kimberley.

This examination made recommendation regarding community-controlled needs assessment and planning, as well as decisions about resource allocation, implementation and prioritisation of early outcomes that matter to Aboriginal people.

The evaluation will also include success stories or stories of impact to collect ad hoc references.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Improve access to coordinated culturally appropriate primary care for Aboriginal people. (Goldfields/Kimberley)	15
Ensure integrated and stepped care services are available for people who experience mental health across the spectrum. (Kimberley, Midwest)	43



Activity Demographics

Target Population Cohort

Aboriginal communities

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

These services are directly targeting Aboriginal people both as clients and as workers, especially in the more remote Aboriginal communities. The Governance has been led by Aboriginal agency representatives using specific Aboriginal Evaluation principles to guide service design, practice and reporting.

Coverage

Whole Region

No

SA3 Name	SA3 Code
Kimberley	51001



Activity Consultation and Collaboration

Consultation

State Government agencies and non-government-organisations have been active participants in the governance of the trial. Those organisations include:

- Mental Health Commission
- WA Department of Health
- headspace
- WA Department of the Premier and Cabinet
- Australian Government Department of Health
- Kimberley Aboriginal Medical Services
- Kimberley Aboriginal Law and Cultural Centre
- Edith Cowan University – Centre for Best Practice
- Aboriginal Community Controlled Health Organisations
- Department of Communities

Collaboration

- Waringarri Arts Centre
- Kimberley Aboriginal Medical Services
- Mental Health Commission
- Kimberley Aboriginal Law and Cultural Centre



Activity Milestone Details/Duration

Activity Start Date

31/12/2016

Activity End Date

29/06/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Work Plans Due 30/04/24, 30/04/25
12-month performance report Due 30/09/24, 30/09/25
Financial Acquittal Report Due 30/09/24, 30/09/25
Final Report Due 30/09/25



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
National Suicide Prevention Trial Site Funding	\$1,138,276.27	\$0.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
National Suicide Prevention Trial Site Funding	\$1,138,276.27	\$0.00	\$0.00	\$0.00	\$0.00	\$1,138,276.27
Total	\$1,138,276.27	\$0.00	\$0.00	\$0.00	\$0.00	\$1,138,276.27

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH-Op - 1000 - MH-Op 1000 - Mental Health Operational Expenditure



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH-Op

Activity Number *

1000

Activity Title *

MH-Op 1000 - Mental Health Operational Expenditure

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area ***Other Program Key Priority Area Description****Aim of Activity *****Description of Activity *****Needs Assessment Priorities *****Needs Assessment****Priorities**



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Mental Health Operational	\$2,572,794.00	\$2,975,359.02	\$2,979,393.02	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Operational	\$2,572,794.00	\$2,975,359.02	\$2,979,393.02	\$0.00	\$0.00	\$8,527,546.04
Total	\$4,379,814.73	\$3,729,752.14	\$3,667,150.55	\$0.00	\$0.00	\$11,776,717.42

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH-Op - 2000 - MH-Op 2000 - Indigenous Mental Health Funding Operational



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH-Op

Activity Number *

2000

Activity Title *

MH-Op 2000 - Indigenous Mental Health Funding Operational

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area ***Other Program Key Priority Area Description****Aim of Activity *****Description of Activity *****Needs Assessment Priorities *****Needs Assessment****Priorities**



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Mental Health Operational	\$220,854.00	\$226,420.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Operational	\$220,854.00	\$226,420.00	\$0.00	\$0.00	\$0.00	\$447,274.00
Total	\$220,854.00	\$226,420.00	\$0.00	\$0.00	\$0.00	\$447,274.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH-Op - 3050 - MH-SRP-Op 3050 - Supporting Recovery Pilot - PHN Operational Costs



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH-Op

Activity Number *

3050

Activity Title *

MH-SRP-Op 3050 - Supporting Recovery Pilot - PHN Operational Costs

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area ***Other Program Key Priority Area Description****Aim of Activity *****Description of Activity *****Needs Assessment Priorities *****Needs Assessment****Priorities**



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

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Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Mental Health Operational	\$472,376.00	\$236,188.00	\$236,188.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Operational	\$472,376.00	\$236,188.00	\$236,188.00	\$0.00	\$0.00	\$944,752.00
Total	\$472,376.00	\$236,188.00	\$236,188.00	\$0.00	\$0.00	\$944,752.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH-Op - 7000 - MH-hE Op 7000 - headspace Enhancement Operational



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH-Op

Activity Number *

7000

Activity Title *

MH-hE Op 7000 - headspace Enhancement Operational

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area ***Other Program Key Priority Area Description****Aim of Activity *****Description of Activity *****Needs Assessment Priorities *****Needs Assessment****Priorities**



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
Mental Health Operational	\$181,277.00	\$198,038.00	\$256,021.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Operational	\$181,277.00	\$198,038.00	\$256,021.00	\$0.00	\$0.00	\$635,336.00
Total	\$181,277.00	\$198,038.00	\$256,021.00	\$0.00	\$0.00	\$635,336.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH-AMHCT - 8000 - MH-AMHCT 8000 - Adult Mental Health Centres and Satellites



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Country WA

Activity Prefix *

MH-AMHCT

Activity Number *

8000

Activity Title *

MH-AMHCT 8000 - Adult Mental Health Centres and Satellites

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 1: Low intensity mental health services

Other Program Key Priority Area Description**Aim of Activity ***

Head to Health Centres (formerly Adult Mental Health Centres) and Satellites provide a safe place for adults experiencing emotional and psychological distress or crisis, to access mental health information, services and supports.

The centres and satellites offer a low stigma, soft entry point to engagement and assessment for people who may be experiencing distress or crisis (including people whose needs are too complex for many current primary care services to meet, but who are not eligible for or awaiting care from state public community mental health services).

The centres 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 are 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 Centres and Satellites 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 decision support tool (IAR-DST) to match people to the services they need.

- Providing on the spot support, treatment, and advice without prior appointments or out of pocket cost.
- 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, to support better access.

It is intended that the following benefits will be generated through this approach:

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

Concurrent to this activity, WAPHA has developed our Aboriginal Cultural Competency and Capability Framework, LGBTIQ+ Equity and Inclusion Framework and Multicultural Competency and Capability Framework. These frameworks will facilitate opportunities to improve the cultural competence and clinical safety of services through continuous quality improvement and support programs. The frameworks will assist the PHN to reflect on current practice, identify areas that will improve cultural safety for communities, and develop cultural competence in internal staff and external stakeholders including commissioned services, resulting in better health and wellbeing outcomes for Aboriginal, CALD and LGBTIQ+ communities.

Head to Health service development, procurement and implementation will be guided by these frameworks.

Activities

- Co-design the localised service model with consumers, carers, HSPs and other local stakeholders to ensure it meets community needs.
- Ensure the model of care offers a culturally safe response to the needs of Aboriginal and Torres Strait Islander people, in line with the principles of the Gayaa Dhuwi (Proud Spirit) Declaration and the diverse needs of Culturally and Linguistically Diverse (CALD) and Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQ+) people.
- Develop and maintain program direction and oversight processes.
- Commission service providers.
- Support continuous program improvement.
- Maintain information about the service and service model on WAPHA's webpage.

Priority Locations

The Australian Government determines the locations of Head to Health centres and satellites. WAPHA will advocate that services be commissioned in locations where there are existing building blocks, such as a defined minimum set of in-situ services, including general practice.

To assist the Australian Government to determine priority locations, a multiple criteria decision analysis, aligned to the PHN Commonwealth program guidance, will be implemented when expansion of the program is announced. WAPHA will utilise a socio-technical decision support and planning methodology, combining a data-driven technical value for money analysis with stakeholder engagement and discussion, to identify and rank priority locations and interventions for commissioning.

WAPHA's placed based teams will provide information on existing local systems, collaboratives, and partnerships. Place-based decision making will also be informed by WAPHA's needs assessments, which will include population health analysis and consultation with clinicians, community, service providers and partner agencies. This will be complemented by the quantitative and qualitative data of partner agencies.

Due diligence and environmental scanning will be undertaken in consultation with State Government partners, to ensure a location is not overserved and/or services are not duplicated. WAPHA has partnership arrangements and well-established communication channels with the Health Service Providers, the Mental Health Commission, WA Department of Health, Aboriginal Health Council of WA and industry peaks, which will help enable this process.

Data collection

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

- Number of clients accessed at entry and only provided with information (no follow up data collected)
- Number of clients provided with an assessment.

- Number of referrals made.
- Number of referrals accepted.
- Number of clients accessing short to medium term services
- Number of follow-ups
- Number of formal referral pathways/MOUs
- Number of complaints

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.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Improve access to mental health services in the Wheatbelt. This is across the whole lifespan.	101
Increase access to suicide prevention and mental health services and promote an integrated mental health system for the Wheatbelt.	101



Activity Demographics

Target Population Cohort

Adults aged 18 and above seeking information and/or support if distressed 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.

Whilst this activity does not specifically target Aboriginal people, the PHN is committed to the principles of the Gayaa Dhuwi (Proud Spirit) Declaration, which will be embedded in the model and adhered to in the development and delivery of services. The centres and satellites will ensure cultural safety for Aboriginal and Torres Strait Islander people (including Aboriginal Health Workers), so they receive quality responses and equality of care.

The centres and satellites will provide a highly visible and accessible entry point for Aboriginal and Torres Strait Islander individuals, that is welcoming and safe.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Wheat Belt - North	50902



Activity Consultation and Collaboration

Consultation

WA Primary Health Alliance has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of Head to Health centres and satellites in the Country WA PHN region. These have been conducted at both a national, state, regional and local level, and are used to inform, strengthen and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services. The Country WA PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:

- Consumers and carers
- Consumer and carer peak bodies and consumer associations.
- Australian Government Department of Health
- National Mental Health Commission
- WA Mental Health Commission
- WA Country Health Service
- Child and Adolescent Health Service
- Women and Newborn Health Service
- GPs
- Royal Australian College of General Practice
- WA Local Governments
- Aboriginal Health Council of WA
- Aboriginal Advisory Groups
- Australian Medical Association (WA)

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 Head to Health services, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and engaging consumers and carers at all stages of the commissioning cycle.



Activity Milestone Details/Duration

Activity Start Date

30/06/2023

Activity End Date

29/06/2026

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Work Plans Due: 30/04/24, 30/04/25, 30/04/26

Annual Mental Health and Suicide Prevention Activity & Indigenous Mental Health Activity Needs Assessment Due 15/11/24, 15/11/25

12-month performance report Due 30/09/24, 30/09/25, 30/09/26

Financial Acquittal Report Due 30/09/24, 30/09/25, 30/09/26

Final Report Due 30/09/26



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28
H2H Adult Mental Health Services	\$1,177,366.00	\$1,058,415.00	\$1,076,107.00	\$0.00	\$0.00

Totals

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
H2H Adult Mental Health Services	\$1,177,366.00	\$1,058,415.00	\$1,076,107.00	\$0.00	\$0.00	\$3,311,888.00
Total	\$1,177,366.00	\$1,058,415.00	\$1,076,107.00	\$0.00	\$0.00	\$3,311,888.00

Funding From Other Sources - Financial Details

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Funding From Other Sources - Organisational Details

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