



Perth North PHN Activity Work Plan

Primary Mental Health Care V2

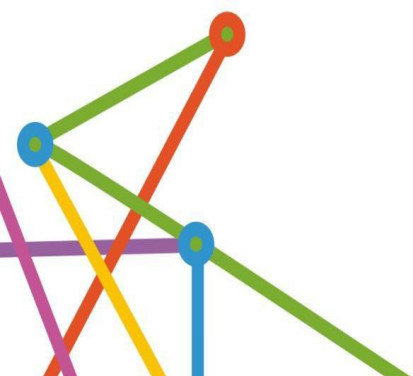
Summary View

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



WA Primary Health PHN - Primary Mental Health Care - Perth North

2022/23 - 2026/27

Activity Summary View



MH-H2H - 1030 - MH-H2H 1030 - Head to Health Assessment and Referral Phone Service



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

MH-H2H

Activity Number *

1030

Activity Title *

MH-H2H 1030 - Head to Health Assessment and Referral Phone Service

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 Productivity Commission found that many people who need mental health treatment and care are unable to access appropriate, well integrated services (both those funded through Commonwealth and state and territory services), due to the complexity of the Australian mental health system.

The aim of the Head to Health Initial Assessment and Referral Phone Service is to reduce this complexity and enable people to be referred to the right mental health service based on their current needs, as close to home (or on country) as possible. The free phone line provides statewide navigation and operates alongside Head to Health centres and satellites and the Head to Health digital platform, to provide a suite of entry points to engagement, assessment, and treatment.

The Service aims to promote a standardised assessment to identify individuals' current needs and make a referral to community

based and digital mental health services to enable:

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

Description of Activity *

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

- Undertake or action an initial assessment.
- Provide treatment and support recommendations that enable individuals to choose from the full range of services options available to them, based on their current needs and preferences.
- If requested, manage on-referrals and appointment bookings as indicated, to PHN commissioned services as well as other indicated services, including Better Access bulk-billing mental health providers.
- Over time, enable all PHN commissioned mental health treatment services in WA to adopt assessment and referral practices based on the IAR.

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

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

The local service will:

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

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

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

- General practitioners
- Online self-directed resources
- Head to Health Centres or satellites
- PHN-Commissioned services
- Western Australian State Government operated and purchased services

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

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

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

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

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

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

Follow up:

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

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

The Head to Health Assessment and Referral Phone Service development, procurement and implementation has been guided by WAPHA’s Aboriginal Cultural Competency and Capability Framework, LGBTIQ+ Equity and Inclusion Framework and Multicultural Competency and Capability Framework. These frameworks continue to facilitate opportunities to improve the cultural competence and clinical safety of services through continuous quality improvement and support programs. The frameworks 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.

Activities

- Undertake consultation with consumers, carers, health service providers (HSP) and other local stakeholders to ensure the service meets local needs.
- Ensure the service 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.
- Provision of remunerated online training for GPs in use of the Initial Assessment and Referral Decision Support Tool (IAR-DST), to determine the most appropriate level of care for individuals seeking mental health support.
- Expand referral pathways to link consumers into a broader range of community-based mental health and support services. This should include enhanced integration with other digital platforms and services funded by the Commonwealth and state and territory governments.
- Promote the Head to Health phone line to enhance stakeholder awareness and increase the number of referrals.
- Provision of training commissioned service providers to better understand referrals from the service
- Utilise service data to identify quality improvement opportunities.

Data collection

This activity is in scope for data collection under the Primary Mental Health Care National Minimum Dataset (PMHC MDS) The PHN will ensure that effective monitoring and evaluation processes are in place to obtain data regarding intake and referral activity.

The data collection requirements will be stipulated in the contract, including requirement to report on the following:

- PHN Mental Health Performance & Quality Framework key performance indicators
- WAPHA Cultural Competency Framework indicators
- Requirement to report via the PMHC-MDS on intake, assessment, and referral activity in line with the specifications of the PMHC-MDS.
- Requirement to report on all contact activity. Contact data informs how the phone service is being used and is valuable for service analysis and enhancement, including:
 - o Number of clients provided with an assessment.
 - o Number of referrals made
 - o Number of referrals accepted
 - o Number of complaints

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Increase access to low cost- local mental health services in outer-suburbs and areas with limited- service availability but high demand. (Metro)	18

Ensure integrated and stepped care services are available for people experiencing mental health issues, including younger people. (Metro)

18



Activity Demographics

Target Population Cohort

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

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

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

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 LGBTQIA+ communities.

Whilst this activity is not targeted to Aboriginal people, the principles of the Gayaa Dhuwi (Proud Spirit) Declaration will be embedded in the model and adhered to in the development and delivery of this service.

The Phone service will ensure cultural safety for Aboriginal and Torres Strait Islander people (including Aboriginal Health Workers), so they receive quality responses and equality of care.

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 the Head to Health Intake and Assessment Phone Service. 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 service include:

- Consumers and carers.
- Commissioned service provider.
- GPs and general practices.
- Head to Health Centres and Satellites.
- PHN Country Portal providers.
- headspace centres.
- Health Service Providers.
- WA Mental Health Commission.
- North-West Melbourne PHN (central administrators of national phone line).

In addition to those mentioned 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:

- Consumer and carer peak bodies and consumer associations.
- Australian Government Department of Health.
- National Mental Health Commission.
- WA Country Health Services.
- Child and Adolescent Health Service.
- Women and Newborn Health Service.
- 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.

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

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

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

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

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.

The PHN is committed to working supportively in partnership with providers and partner agencies.

To ensure service sustainability there is a critical need to understand the existing local service ecosystem. The design of the Assessment and Referral Phone Line service has been influenced by feedback from local service provider networks, with a particular focus on those identified in the Stakeholder Engagement section, above.



Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2026

Service Delivery Start Date

1/07/2022

Service Delivery End Date

30/06/2026

Other Relevant Milestones

- Work with Ampliar Health (the service provider) to support shaping of the campaign to raise awareness of the service over the course of 2023/24, with geotargeted awareness raising in bursts from February – April and again in July-September.
- Engage with the PHN Cooperative with the continued national reviews into the potential for extension of the IAR-DST tool and for a national service directory model.
- Continue to provide IAR-DST training for GPs and other clinicians in WA.
- Quarter 2 2024 - Engage with the WA Mental Health Commission to support understanding of the Head to Health model and review potential opportunities for alignment or cross referral between telephone helplines.
- Quarter 2 2024 – explore opportunities to implement connection between the Head to Health Phone Service and GP practice software.
- 2025 – using the NWMPHN data set, review uptake, caller characteristics, and onward referral patterns to shape commissioning supply.

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

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: 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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
H2H Intake and Assessment Phone Service	\$2,341,000.00	\$1,725,467.00	\$2,081,971.00	\$2,562,079.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
H2H Intake and Assessment Phone Service	\$2,341,000.00	\$1,725,467.00	\$2,081,971.00	\$2,562,079.00	\$0.00	\$8,710,517.00
Total	\$2,341,000.00	\$1,725,467.00	\$2,081,971.00	\$2,562,079.00	\$0.00	\$8,710,517.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 1010 - MH 1010 - Support for communities impacted by the Gaza conflict



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

MH

Activity Number *

1010

Activity Title *

MH 1010 - Support for communities impacted by the Gaza conflict

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 ***

Provision of targeted mental health and community wellbeing initiatives, to address psychological harm and community distress for people and communities impacted by the Gaza conflict.

Description of Activity *

WAPHA will commission mental health activities for Jewish and Arabic community groups impacted by the Gaza conflict.

Activities, which will be promoted to Jewish and Arabic communities and leaders, will include:

- Community consultation with community groups and community leaders to meet the specific needs of impacted communities.
- Provision of psychosocial group interventions – including psychological therapies, for impacted individuals and communities.
- Provision of psychoeducation services - incorporating training in relaxation techniques and coping skills, and education on mental health and its management.
- Community capacity building initiatives to support impacted communities.

The group-based and community capacity building approach, with a focus on community wellbeing, will complement the individual supports being delivered under the Department of Health and Aged Care's Program of Assistance for Survivors of Torture and Trauma funding to support Jewish, and Arabic community members impacted by the conflict in Gaza.

Data collection

The 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 population receiving PHN commissioned mental health services psychological therapies delivered by mental health professionals.
- Enhanced clinical outcomes for people receiving PHN-commissioned mental health interventions.
- Average cost of PHN-commissioned mental health service psychological therapies delivered by mental health professionals.
- Clinical outcomes for people receiving PHN-commissioned psychological therapies delivered by mental health professionals.
- 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.
- Completion rates for clinical outcome measures reported in the PMHC-MDS for this cohort.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

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



Activity Demographics

Target Population Cohort

People and communities impacted by the Gaza conflict (specifically Jewish and Arabic communities).

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consultation has occurred with Jewish and Arabic community leaders, consumers of mental health services from community groups impacted by the Gaza Conflict and service providers. Further consultation will occur with community groups and individuals, consumers and their families, clinicians and service providers.

WAPHA will draw on findings from community consultations in early 2023, which informed the development of our Multicultural Competency and Capability Framework (Multicultural Framework), to inform the commissioning of this work. Through face-to-face consultation and an online survey, responses were collected from 48 multicultural community members and 27 commissioned service providers on the determinants of culturally safe, equitable, and inclusive primary health care service provision:

- person centred care
- health literacy and health promotion
- communication skills and language
- training and development
- cultural sensitivity and understanding
- administration including service access and time management
- community engagement
- advocacy

The Multicultural Framework provides a set of key principles for developing cultural competency, and standards with agreed actions to guide the design, development, implementation, and evaluation of cultural competency for WAPHA staff, commissioned service providers and primary care services.

WAPHA will seek advice from our Community Multicultural Stakeholder Reference Group, which includes multicultural consultants, people with lived experience of mental health issues, clinicians and representatives from community managed organisations.

The Perth North PHN is also participating in a national community of practice with PHNs from other jurisdictions, who are commissioning activities under this Commonwealth initiative.

Collaboration

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for people from culturally and linguistically diverse backgrounds, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving individuals and communities, where possible.

The PHN will continue to work closely with the Western Australian Mental Health Commission to reduce service duplication and fragmentation and to ensure coordinated approaches to the commissioning of mental health services, including this activity.

Data collection

The 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 population receiving PHN commissioned mental health services psychological therapies delivered by mental health professionals.
- Enhanced clinical outcomes for people receiving PHN-commissioned mental health interventions.
- Average cost of PHN-commissioned mental health service psychological therapies delivered by mental health professionals.
- Clinical outcomes for people receiving PHN-commissioned psychological therapies delivered by mental health professionals.
- 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.
- Completion rates for clinical outcome measures reported in the PMHC-MDS for this cohort.



Activity Milestone Details/Duration

Activity Start Date

30/04/2024

Activity End Date

29/06/2025

Service Delivery Start Date

01/6/2024

Service Delivery End Date

30/06/2025

Other Relevant Milestones

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

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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	\$99,763.00	\$51,404.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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	\$99,763.00	\$51,404.00	\$0.00	\$0.00	\$151,167.00
Total	\$0.00	\$99,763.00	\$51,404.00	\$0.00	\$0.00	\$151,167.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



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 - Perth North

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 in including GPs, Health to Head services, Aboriginal Community Controlled Health Organisations, related commissioned services, and building relationships with all stakeholders.
- Developing a communication and marketing plan to promote training opportunities.
- Facilitating access to Part 1 (e-learning) training for training participants.

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

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

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



Activity Demographics

Target Population Cohort

General practitioners, Head to Health Services (to be established), 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

29/09/2025

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 & 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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$415,000.00	\$277,382.10	\$279,972.10	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$415,000.00	\$277,382.10	\$279,972.10	\$0.00	\$0.00	\$972,354.20
Total	\$415,000.00	\$277,382.10	\$279,972.10	\$0.00	\$0.00	\$972,354.20

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 - Perth North

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 credentialled health professionals and/or suitably qualified, trained staff who are supervised by a suitably credentialled health professional.

The commissioned, low intensity treatment services include:

- Telephone and web-based services.
- In person interventions offered as part of community treatment services.
- 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 LGBTQIA+ 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.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

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



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.

Whilst this activity is not targeted to Aboriginal people, 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 Perth North 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.
- GPs 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 Perth North PHN region 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, 30/04/25, 30/04/26

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: 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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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	\$2,044,553.96	\$2,188,734.78	\$2,559,532.88	\$1,807,077.99	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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	\$2,044,553.96	\$2,188,734.78	\$2,559,532.88	\$1,807,077.99	\$0.00	\$8,599,899.61
Total	\$2,044,553.96	\$2,188,734.78	\$2,559,532.88	\$1,807,077.99	\$0.00	\$8,599,899.61

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 - Perth North

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 *

- Perth North PHN will:
- i. Engage with General Practitioners in Perth North 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 teams (which could include psychologists, social workers, mental health nurses and/or clinical care coordinators), 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
- This activity is in scope for data collection under the Primary Mental Health Care Minimum Dataset (PMHC-MDS)
- Perth North 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
Promote integration and coordinated care pathways for clients with mental health condition and harmful alcohol and other drug use. (Metro)	27
Reduce non-urgent emergency department attendances and improve access to alternative services. (Metro)	12
Promote early intervention and monitoring activities to support older adults to live at home and reduce early entry into residential care. (Metro)	41
Support the mental health of older people and assist primary care providers to identify older people who may need additional support or referrals to services. (Metro)	18

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



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 Perth North PHN. These have been conducted at both a national, state, and local level, and are used to inform, strengthen, and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.

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: No

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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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	\$0.00	\$200,000.00	\$200,000.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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	\$0.00	\$200,000.00	\$200,000.00	\$0.00	\$400,000.00
Total	\$0.00	\$0.00	\$200,000.00	\$200,000.00	\$0.00	\$400,000.00

Funding From Other Sources - Financial Details

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Funding From Other Sources - Organisational Details

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



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

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 Perth North PHN will aim to:

- Integrate psychological therapy services into a stepped care approach.
- 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.

For residents of RACFs, services will also:

- Be planned and implemented in a way which considers the role, responsibilities and operational requirements of RACFs.
- Use an older adult evidence-base and be responsive to the needs of older people.
- Improve the identification of those at heightened risk of suicide, particularly men, and respond accordingly.

Description of Activity *

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 Perth North 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.

Activity coverage

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

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

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



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 locationally disadvantaged communities.

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 Perth North PHN. These have been conducted at both a national, state, regional and local level, and are used to inform, strengthen and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services. The Perth North PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:

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



Activity Milestone Details/Duration

Activity Start Date

30/06/2018

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 & 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: 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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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	\$1,998,511.00	\$3,231,127.94	\$2,848,756.60	\$2,500,205.26	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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	\$1,998,511.00	\$3,231,127.94	\$2,848,756.60	\$2,500,205.26	\$0.00	\$10,578,600.80
Total	\$1,998,511.00	\$3,231,127.94	\$2,848,756.60	\$2,500,205.26	\$0.00	\$10,578,600.80

Funding From Other Sources - Financial Details

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Funding From Other Sources - Organisational Details

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MH - 3010 - MH 3010 - Psychological Therapy Services - Residential Aged Care



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

MH

Activity Number *

3010

Activity Title *

MH 3010 - Psychological Therapy Services - 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 seeks to achieve are:

1. To promote better mental health outcomes for residential aged care facility residents; and
2. Offer significant benefits to residential aged care facility staff associated with the mental health and wellbeing of residents.

Description of Activity *

The Activity targets the mental health needs of people living in residential aged care facilities (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 (LGBTIQ), culturally and linguistically diverse groups Aboriginal for whom there may be additional barriers to diagnosis and care.

Data collection

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

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

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



Activity Demographics

Target Population Cohort

Primarily target residents of Aged Care facilities with mild to moderate symptoms of common mental illness. Residents with severe mental illness who are not more appropriately managed by a state government older persons mental health service, and who would benefit from psychological therapy will be included.

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 Perth North PHN. These have been conducted at both a national, state, regional and local level, and are used to inform, strengthen, and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.

The Perth North PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include the Australian Government Department of Health and Aged Care; the National Mental Health Commission; the WA Mental Health Commission; North and East Metropolitan Health Service; 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**

30/06/2018

Activity End Date

29/06/2026

Service Delivery Start Date

01/02/2019

Service Delivery End Date

30/06/2026

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, 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

Regional Mental Health and Suicide Prevention Plan

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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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	\$893,734.00	\$1,042,312.00	\$1,125,976.00	\$1,146,117.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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	\$893,734.00	\$1,042,312.00	\$1,125,976.00	\$1,146,117.00	\$0.00	\$4,208,139.00
Total	\$893,734.00	\$1,042,312.00	\$1,125,976.00	\$1,146,117.00	\$0.00	\$4,208,139.00

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



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

MH

Activity Number *

4000

Activity Title *

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

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-centred, 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.

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

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



Activity Demographics

Target Population Cohort

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

Whilst this activity is not targeted to Aboriginal people, 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 Perth North 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 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

Service Delivery End Date

Other Relevant Milestones

Activity Work Plan - 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: 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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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	\$1,872,268.00	\$1,629,031.22	\$1,961,233.00	\$2,001,702.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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	\$1,872,268.00	\$1,629,031.22	\$1,961,233.00	\$2,001,702.00	\$0.00	\$7,464,234.22
Total	\$1,872,268.00	\$1,629,031.22	\$1,961,233.00	\$2,001,702.00	\$0.00	\$7,464,234.22

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 - Perth North

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 Perth North PHN will aim to:

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

Description of Activity *

Perth North PHN will work locally to:

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

ii. Identify high-risk groups within localities

iii. Develop integrated community-based pathways into care.

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

The Perth North PHN will lead the co-creation of agreements with general practice, regional health service providers, including state-based services, which details the follow-up care to individuals who have attempted suicide, to ensure that there is clarity regarding the responsibility for provision of this care. The Perth North PHN will also work with local communities to improve the integration of care utilising the 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.

The Active Life-Enhancing Intervention (ALIVE) program is a service commissioned in PHN North, for people aged 25 and over at medium to high risk of suicide seeking help for acute emotional distress and crisis due to an episode of depression, bereavement or an adjustment disorder related to financial problems or relationship breakdown. The service provides timely, person-centred problem-solving support, wellness and distress management planning, supported connections and referrals for a period of up to three months.

Active Response Bereavement Outreach (ARBOR) is a proactive postvention support service commissioned in PHN North, providing short to medium term bereavement counselling and practical support to adults (18 years and over) bereaved by suicide.

An aftercare model of service is currently being developed in collaboration with the Mental Health Commission. The service will provide brief interventions, psychosocial support and case management for people who have made an attempt on their life or have experienced and/or are experiencing suicidal crisis. Once complete, this may reshape activities currently being delivered.

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 Perth North PHN will ensure that effective monitoring and evaluation systems and processes are in situ to obtain data regarding the proportion of people who were referred to a commissioned service due to a recent suicide attempt or were at risk of suicide and who were followed up within seven days of referral. The approach taken by the PHN to capture this data includes formally training new commissioned service providers in the collection and submission of data to the Primary Mental Health Care-Minimum Data Set (PMHC-MDS), in accordance with the PMHC-MDS Specifications and Data Definitions and directing the service providers to the suite of support resources available.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

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



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 Perth North PHN. These have been conducted to inform, strengthen and build capacity and capability in the community, commissioned services, and the sector and to ensure that the best use is made of the available resources and investment in mental health services.

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

Network of Alcohol and other Drug agencies and consumer and carer peak bodies and consumer associations.

Collaboration

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

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

- 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

30/06/2018

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2018

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 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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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	\$923,985.98	\$1,529,690.85	\$1,128,265.00	\$849,594.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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	\$923,985.98	\$1,529,690.85	\$1,128,265.00	\$849,594.00	\$0.00	\$4,431,535.83
Total	\$923,985.98	\$1,529,690.85	\$1,128,265.00	\$849,594.00	\$0.00	\$4,431,535.83

Funding From Other Sources - Financial Details

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Funding From Other Sources - Organisational Details

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



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

MH

Activity Number *

5020

Activity Title *

MH-TRISP 5020 -Targeted Regional Initiatives for 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 ***

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 healthcare). Secondary to this, the PHN will collaborate with other National, State, and local community stakeholders within regions to identify existing suicide prevention plans and activities and look to commission activities that align across the EAAD framework, particularly where gaps are identified.

Description of Activity *

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

- Identification of communities of need and the at-risk populations within those communities, informed by data and consultation with stakeholders such as the Mental Health Commission (MHC)
- Map existing services/programs within communities against the European Alliance Against Depression (EAAD) 4-pillar intervention framework to identify gaps and options to value -add to existing activity
- Identification and commissioning of time-limited community capacity building activities to fulfill above objectives, using

evidence-based recommendations. Activities chosen will align with one of the four pillars of the EAAD framework

- Collaborate with the WA Mental Health Commission to identify existing activity and opportunities to value-add within communities where MHC Suicide Prevention Coordinators are located. This will reduce duplication of activities and enhance the working relationship between the two organisations
- Collaboration with the Black Dog Institute to support and identify a community within the PHN that will benefit from 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.

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. Armadale is a key focus area, in the Perth North PHN region. Some activities are statewide.

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



Activity Demographics

Target Population Cohort

This activity will be targeted to:

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

Whilst this activity is not targeted to Aboriginal people, 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

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consultation will continue to occur with the following key stakeholders:

- Mental Health Commission – to reduce system fragmentation through improved integration between Commonwealth and State-funded services.
- Mental Health Commission WAPHA Suicide Prevention Working Group
- Mental Health Commission WAPHA Aftercare Working Group
- Culture Care Connect Coordinators
- StandBy Regional Coordinators
- Wesley Lifeforce Suicide Prevention Coordinators
- Aboriginal Health Council of Western Australia.

Collaboration

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

- Mental Health Commission – Suicide Prevention Coordinators and Community Liaison Officers
- Culture Care Connect Program – Coordinators
- 31 organisations listed in the 40 Commonwealth funded projects included in The National Suicide Prevention Leadership and Support Program, such as the Black Dog Institute (BDI)
- WA Local Government Association (WALGA)
- Royal Australian College of GPs
- Existing MH/SP Collaboratives within the PHN – eg, IAR Training and Support Officers.



Activity Milestone Details/Duration

Activity Start Date

08/01/2023

Activity End Date

29/09/2025

Service Delivery Start Date

09/01/2023

Service Delivery End Date

30/09/2025

Other Relevant Milestones

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

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: Yes

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?

No



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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	\$594,360.00	\$585,000.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
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	\$594,360.00	\$585,000.00	\$0.00	\$0.00	\$1,179,360.00
Total	\$0.00	\$594,360.00	\$585,000.00	\$0.00	\$0.00	\$1,179,360.00

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 - Perth North

Activity Prefix *

MH

Activity Number *

6000

Activity Title *

MH 6000 - Indigenous Mental Health

Existing, Modified or New Activity *

Existing



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

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

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

The Perth North PHN will aim to:

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

alcohol and other drug, and mental health services.

- Maintain clear collaborative structures to optimise partnerships to enhance the penetration, quality, integration and effectiveness of services. The PHN will utilise the WAPHA and Aboriginal Health Council of WA Memorandum of Understanding to inform delivery of culturally appropriate mental health treatment and treatment supports in the Aboriginal controlled sector and mainstream sectors.
- Recognise and promote Aboriginal and Torres Strait Islander leadership by supporting Gayaa Dhuwi (Proud Spirit) Declaration implementation.
- Continue to implement the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) principles in the Kimberley Suicide Prevention Trial site as a guide to ensuring services are culturally appropriate.
- Promote the sharing of information between agencies using informed consent as an enabler of clinical care coordination and service integration.
- Develop strategic joint regional planning for mental health and suicide prevention services with Health Service Providers and the WA Mental Health Commission, 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]

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 ACCHOs as leaders in Aboriginal primary healthcare, including through sustainable funding for partnerships in prevention and early intervention activities, as well as general capacity building.
- To developing cooperative partnerships to achieve the common objective of providing Aboriginal people with improved access to services and to enable continuity of care at transition points across the healthcare system.

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

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

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

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

and/or community.

It is proposed that the following will be commissioned:

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

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

The PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified and additional services commissioned to help the PHN to continue to meet the aims of the activity and the needs of the priority target groups.

Concurrent to this activity, WAPHA has committed to the development of a Cultural Competency Framework and an Aboriginal Cultural Capability Framework, which encompasses cultural awareness, cultural competency and cultural safety. These frameworks will 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 LGBTQI+ communities.

Data collection

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

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

i Dudgeon P, Walker R, Scrine C, Shepherd C, Calma T and Ring I. 2014 Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people. Australian Institute of Health and Welfare. Cat no IHW: 143, No 12.

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



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:

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

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 (Insert PHN region) 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 Perth North PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:

- 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

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

30/06/2018

Activity End Date

29/06/2024

Service Delivery Start Date

01/07/2018

Service Delivery End Date

30/06/2024

Other Relevant Milestones

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

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$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	\$920,353.29	\$1,194,949.50	\$732,922.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Headspace Enhancement	\$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	\$920,353.29	\$1,194,949.50	\$732,922.00	\$0.00	\$0.00	\$2,848,224.79
Total	\$920,353.29	\$1,194,949.50	\$732,922.00	\$0.00	\$0.00	\$2,848,224.79

Funding From Other Sources - Financial Details

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Funding From Other Sources - Organisational Details

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



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

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

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

The (Insert PHN region) 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 is an integral part of a best practice stepped care approach and is 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. The activity will be 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 (Insert PHN region) 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 with 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 (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.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

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



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.

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 (Insert PHN region) 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 Perth North PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:

- 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

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:

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



Activity Milestone Details/Duration

Activity Start Date

30/06/2018

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 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 30/09/24, 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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$2,989,022.34	\$3,144,551.29	\$3,122,404.81	\$3,163,318.00	\$0.00
Mental Health Flexible	\$2,210,909.22	\$1,953,035.93	\$1,941,761.00	\$1,981,716.00	\$0.00
EPYS	\$10,420,499.31	\$9,853,570.00	\$10,269,183.11	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$2,989,022.34	\$3,144,551.29	\$3,122,404.81	\$3,163,318.00	\$0.00	\$12,419,296.44

Mental Health Flexible	\$2,210,909.22	\$1,953,035.93	\$1,941,761.00	\$1,981,716.00	\$0.00	\$8,087,422.15
EPYS	\$10,420,499.31	\$9,853,570.00	\$10,269,183.11	\$0.00	\$0.00	\$30,543,252.42
Total	\$15,620,430.87	\$14,951,157.22	\$15,333,348.92	\$5,145,034.00	\$0.00	\$51,049,971.01

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 7020 - MH-hE 7020 - headspace Enhancement Joondalup



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

MH

Activity Number *

7020

Activity Title *

MH-hE 7020 - headspace Enhancement Joondalup

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 Joondalup is using the funds to:

- Extend opening hours to improve access for youth
- Recruit staff including a dietician and exercise physiologist
- Develop an Aboriginal engagement strategy to increase engagement with Aboriginal youth
- Develop an engagement strategy with local Child and Adolescent Mental Health Service to refer their wait list clients
- Support and retain their skilled workforce through supplementing salaries
- Professional development to support culturally appropriate care and mental health first aid
- Enhance engagement and awareness of headspace activities within local high schools.

The funds are enabling headspace Joondalup to meet numerous needs relating to staff, strategy, engagement and improved access for youth.

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



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
Joondalup	50501



Activity Consultation and Collaboration

Consultation

headspace Joondalup 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

30/06/2018

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 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 30/09/24, 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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$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
Headspace Enhancement	\$0.00	\$205,000.00	\$211,812.20	\$434,206.33	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$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
Headspace Enhancement	\$0.00	\$205,000.00	\$211,812.20	\$434,206.33	\$0.00	\$851,018.53
Total	\$0.00	\$205,000.00	\$211,812.20	\$434,206.33	\$0.00	\$851,018.53

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 7021 - MH-hE 7021 - headspace Enhancement Midland



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

MH

Activity Number *

7021

Activity Title *

MH-hE 7021 - headspace Enhancement Midland

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 Midland. 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 Midland is using the funds to:

- Support and retain their skilled workforce through supplementing salaries
- Provide professional development for staff, with a particular focus on cultural competency.

The provision of training and professional development for staff will help ensure a culturally safe service benefiting young people accessing headspace Midland.

Specific issues or gaps the activity will address: The service provider has indicated attraction and retention of staff has been challenging in the currently competitive market. Retention of the multidisciplinary workforce is therefore a key focus of the activity.

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



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
Swan	50403



Activity Consultation and Collaboration

Consultation

headspace Midland 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

30/06/2018

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 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 30/09/24, 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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$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
Headspace Enhancement	\$0.00	\$405,000.00	\$423,224.40	\$434,206.33	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$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
Headspace Enhancement	\$0.00	\$405,000.00	\$423,224.40	\$434,206.33	\$0.00	\$1,262,430.73
Total	\$0.00	\$405,000.00	\$423,224.40	\$434,206.33	\$0.00	\$1,262,430.73

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 7022 - MH-hE 7022 - headspace Enhancement Osborne Park



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

MH

Activity Number *

7022

Activity Title *

MH-hE 7022 - headspace Enhancement Osborne Park

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 Osborne Park is using the funds for a range of activities. Internally the funds are being used to:

- Recruit staff including a dietician and exercise physiologist.
- Develop an Aboriginal engagement strategy to increase engagement with Aboriginal youth.
- Develop an engagement strategy with local Child and Adolescent Mental Health Service to enhance referral pathways.
- Support and retain a skilled workforce through supplementing salaries.
- Provide professional development, focused on culturally competency and mental health first aid.

Externally the funds are being used to:

- Enhance engagement and awareness of headspace activities within local high schools
- Enable the introduction of art therapy groups

The enhancement funds are enabling headspace Osborne Park to meet numerous place-based needs such as increasing their multi-disciplinary workforce, developing engagement strategies, raising community awareness and increasing engagement.

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



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
Stirling	50502



Activity Consultation and Collaboration

Consultation

headspace Osborne Park 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

30/06/2018

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 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 30/09/24, 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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$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
Headspace	\$0.00	\$405,000.00	\$423,224.40	\$434,206.34	\$0.00

Enhancement					
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Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EPYS	\$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
Headspace Enhancement	\$0.00	\$405,000.00	\$423,224.40	\$434,206.34	\$0.00	\$1,262,430.74
Total	\$0.00	\$405,000.00	\$423,224.40	\$434,206.34	\$0.00	\$1,262,430.74

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH-Op - 1000 - MH-Op 1000 - Operational Mental Health



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

MH-Op

Activity Number *

1000

Activity Title *

MH-Op 1000 - Operational Mental Health

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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Mental Health Operational	\$2,368,420.00	\$2,426,223.00	\$2,758,690.53	\$2,167,788.52	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Mental Health Operational	\$2,368,420.00	\$2,426,223.00	\$2,758,690.53	\$2,167,788.52	\$0.00	\$9,721,122.05
Total	\$2,990,923.77	\$4,055,963.76	\$3,514,337.57	\$2,638,801.63	\$0.00	\$13,200,026.73

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH-Op - 2000 - MH-Op 2000 - Operational - Indigenous Mental Health Funding



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

MH-Op

Activity Number *

2000

Activity Title *

MH-Op 2000 - Operational - Indigenous Mental Health Funding

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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Mental Health Operational	\$67,187.00	\$68,329.00	\$68,744.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Mental Health Operational	\$67,187.00	\$68,329.00	\$68,744.00	\$0.00	\$0.00	\$204,260.00
Total	\$70,428.94	\$68,329.00	\$68,744.00	\$0.00	\$0.00	\$207,501.94

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 - Perth North

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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Mental Health Operational	\$0.00	\$64,787.00	\$66,013.00	\$81,000.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Mental Health Operational	\$0.00	\$64,787.00	\$66,013.00	\$81,000.00	\$0.00	\$211,800.00
Total	\$0.00	\$64,787.00	\$66,013.00	\$81,000.00	\$0.00	\$211,800.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



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



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

MH-AMHCT

Activity Number *

8000

Activity Title *

MH-AMHCT 8000 - Head to Health Adult Centre 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 ***

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

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

Description of Activity *

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

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

- People requiring support in the area, or those attending the Centre, will recognise the Centre as an accessible entry point to the

mental health care system for the services and information they need.

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

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

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

Concurrent to this activity, WAPHA has committed to the development of a Cultural Competency Framework and an Aboriginal Cultural Capability Framework, which encompasses cultural awareness, cultural competency and cultural safety. These frameworks will facilitate opportunities to improve the cultural competence and clinical safety of services through continuous quality improvement and support programs. The frameworks will assist the PHN to reflect on current practice, identify areas that will improve cultural safety for communities, and develop cultural competence in internal staff and external stakeholders including commissioned services, resulting in better health and wellbeing outcomes for Aboriginal, CALD and LGBTQIA+ communities. Head to Health service development, procurement and implementation will be guided by the WAPHA Cultural Competency Framework.

The PHN will ensure that effective monitoring and evaluation systems and processes are in situ to obtain data regarding the proportion of the population receiving commissioned psychological therapies delivered by mental health professionals; clinical outcomes of these services; average cost of the psychological therapy interventions per service contacts and episode of care; completion rates for the clinical outcome measures reported in the primary mental health care – minimum data set (PMHC MDS). The approach taken by the PHN to capture this data includes formally training new commissioned service providers in the collection and submission of data to the PMHC-MDS, in accordance with the PMHC-MDS Specifications and Data Definitions and directing the service providers to the suite of support resources available. In addition, the provider must use the Adult Mental Health reserved data elements, as required.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Increase access to low cost- local mental health services in outer-suburbs and areas with limited- service availability but high demand. (Metro)	18
Improve coordinated and integrated care for people experiencing complex and severe mental health who can be managed in within primary care settings. (Metro)	18



Activity Demographics

Target Population Cohort

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

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Swan	50403
Stirling	50502



Activity Consultation and Collaboration

Consultation

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

Collaboration

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



Activity Milestone Details/Duration

Activity Start Date

04/09/2021

Activity End Date

29/06/2026

Service Delivery Start Date

05/09/2021

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

12-month performance report - Due 30/09/24, 30/9/25, 30/09/26

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

Final 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



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
H2H Adult Mental Health Services	\$5,694,840.04	\$5,552,432.03	\$5,577,321.07	\$5,666,314.07	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
H2H Adult Mental Health Services	\$5,694,840.04	\$5,552,432.03	\$5,577,321.07	\$5,666,314.07	\$0.00	\$22,490,907.21
Total	\$5,694,840.04	\$5,552,432.03	\$5,577,321.07	\$5,666,314.07	\$0.00	\$22,490,907.21

Funding From Other Sources - Financial Details

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Funding From Other Sources - Organisational Details

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CHHP - 1000 - CHHP 1000 - Care planning and coordination for individuals with multi-morbidity also experiencing



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

CHHP

Activity Number *

1000

Activity Title *

CHHP 1000 - Care planning and coordination for individuals with multi-morbidity also experiencing

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 *

In 2020, the PHN developed the Primary Healthcare Hubs Activity in the Wanneroo Local Government Area (LGA), to enhance primary care capacity to respond to mental health and drug and alcohol issues .

The Primary Healthcare Hubs Activity has now evolved to the commissioned service 'Care planning and coordination for individuals with multi-morbidity also experiencing mental health and/or AOD problems in the Wanneroo LGA.'

Description of Activity *

The Activity aims to meet the specialist and social support needs of eligible individuals with a focus on those who lack the personal resources necessary to engage with care effectively. .

This Activity also enables the strengthening and expansion of the generalist base by providing horizontal integration to support general practice and allied health services. . It aims to reduce system fragmentation as the general practitioner and a nurse generalist are the primary patient contact, able to access specialist support as needed. Moreover, generalists are far better able to adapt their practice to the changing and multimorbid needs of the target group in their community.

The service is established and includes:

- A small, self-managed team of nurse generalists supporting general practitioners and their patients, particularly those who have

poor informal resources to engage with and maintain treatment. Essential to the team's functioning, they connect with non-government organisations and other providers in the local community, such as alcohol and other drug services, who can be brought in, as necessary.

- Enhanced treatment support within the formal system for those who lack the personal resources necessary to equitably engage with care effectively.
- Engagement activities for GPs, practice managers and nursing staff including professional development and networking opportunities.

This activity also aims to alleviate the inequitable impact of treatment burden on a patient living with complex health needs, reduce service fragmentation, enhance care navigation and decrease referral failure rates and treatment dropouts.

Perth North PHN will ensure that effective monitoring and evaluation systems and processes based on analysis of PMHC-MDS data in relation to the proportion of the regional population that fall within the target cohort, clinical outcomes, average cost of the low intensity interventions per service contact and episode of care, and completion rates for the clinical outcome measures reported in the PMHC- MDS. The service provider was formally trained in the collection and submission of data to the PMHC-MDS, in accordance with the PMHC-MDS Specifications and Data Definitions.

The PHN is currently considering options for the future of this Activity, in the context of the Strengthening Medicare reform measures and other commissioning opportunities where there may be crossover in supporting this cohort.

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.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Increase access to early screening and treatment for harmful alcohol use. (Metro)	27
Promote integration and coordinated care pathways for clients with mental health condition and harmful alcohol and other drug use. (Metro)	27
Support Aboriginal people to navigate the primary care system and access appropriate services. (Metro)	34
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management. (Metro)	11
Increase access to low cost- local mental health services in outer-suburbs and areas with limited-service availability but high demand. (Metro)	18



Activity Demographics

Target Population Cohort

This activity is targeted to individuals:

- Aged 18 years or over
- Experiencing multi-morbidity together with mental health and/or alcohol and other drug problems as determined by their referring general practitioner
- Experiencing barriers to engaging effectively with health care, as determined by their referring general practitioner

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Wanneroo	50503



Activity Consultation and Collaboration

Consultation

Engagement continues to occur with eligible general practices in the Wanneroo LGA and local Community Service Organisations to increase awareness of, and referrals into the service.

Collaboration

Eligible general practices, government and non-government mental and health and AOD support services, mental health and AOD peak bodies.



Activity Milestone Details/Duration

Activity Start Date

31/12/2019

Activity End Date

30/12/2025

Service Delivery Start Date

01/07/2020

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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
CHHP - Expansion of Choices Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP – headspace Wait Time Reduction Program	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - Primary Healthcare Hubs	\$2,886,480.00	\$1,250,000.00	\$1,250,000.00	\$595,680.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
CHHP - Expansion of Choices Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP – headspace Wait Time Reduction Program	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - Primary Healthcare Hubs	\$2,886,480.00	\$1,250,000.00	\$1,250,000.00	\$595,680.00	\$0.00	\$5,982,160.00
Total	\$2,886,480.00	\$1,250,000.00	\$1,250,000.00	\$595,680.00	\$0.00	\$5,982,160.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



CHHP - 2000 - CHHP 2000 - headspace Demand Management & Enhancement Program



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

CHHP

Activity Number *

2000

Activity Title *

CHHP 2000 - headspace Demand Management & Enhancement 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 ***

To increase the efficiency and effectiveness of primary mental health services for young people aged 12 to 25 with, or at risk of, mental illness by:

- Improving data collection and reporting on headspace wait times.
- Improving access to and integration of primary mental health care services, to ensure young people with mental illness receive the right care in the right place at the right time by reducing wait times for clinical services at designated headspace centres for young people with the highest need.

Description of Activity *

This activity is part of the headspace Wait Time Reduction Program which:

- Identifies existing headspace services experiencing high wait times for clinical services and develops and implements activities and initiatives to assist in reducing these wait times.
- Supports the long-term sustainability of the headspace program by improving access to services, appropriately managing demand, and improving the health outcomes of young people aged 12 to 25 with, or at risk of, mental illness, and their families.
- Increases access to clinical support through a dedicated online support service for young people in areas experiencing increased demand (provided by headspace National).
- Improves data collection and reporting on headspace wait times to support planning, research, and analysis of headspace service demand.

Perth North PHN (Primary Health Network) headspace Wait Time Reduction activity is a collaborative approach in partnership with headspace National and the relevant Lead Agencies. Initial priorities include:

- Improving data collection and reporting on headspace Joondalup’s wait times to support planning, research, and analysis of headspace service demand.
- Seeking long-term solutions to accessibility by developing wait time reduction strategies for young people with and without additional funding options.
- Utilising headspace National’s advice and resources to support demand management strategies including enhanced workforce and improved prioritisation and wait time reduction procedures.

The following activities will occur:

- i. headspace Midland
 - o Employ 2.65 FTE of staff to introduce a designated walk-in clinic and engagement with high priority groups to:
 - o Allow timely support through the provision of a single session therapy (SST).
 - o Provide access for young people to SST immediately, or within several days.
 - o Reduce “no shows” and calls to triage.
 - o Provide backup support to clinic staff in the event of natural disaster requests, allowing clinic staff to be first responders to emergencies; and
 - o Develop partnerships and referral pathways for young people accessing walk ins to meet their diverse needs in a timely manner.
 - Engage with local services including Koya Aboriginal Corporation and Indigo Junction to provide safe spaces to reach disengaged young people with unmet need, and reduce engagement barriers and provide services that meet their needs including low-barrier access to support onsite.
- ii. headspace Osborne Park
 - o Employ a Single Session Therapy Clinician (1FTE) to implement a walk-in, single session therapy (SST) clinic which will:
 - o Allow young people the opportunity to engage immediately with a clinician, without the need to remain on a waitlist;
 - o Offer access to those clients with mild to moderate need, at times most accessible to clients including Saturdays and two evenings a week; and
 - o Be staffed by an appropriately skilled clinician, supporting the existing headspace team to focus on other young people with higher need and complexity.
 - o Employ a dedicated Booking Coordinator (1FTE) to:
 - o Reduce administrative burden on clinicians;
 - o Monitor and manage diaries and room bookings to maximise resources; and
 - o Monitor and manage the referral waitlist to ensure young people awaiting supports are offered consultation as soon as possible.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Improve access to early intervention suicide prevention services. (Metro)	18
Increase access to low cost- local mental health services in outer-suburbs and areas with limited-service availability but high demand. (Metro)	18
Ensure integrated and stepped care services are available for people experiencing mental health issues, including younger people. (Metro)	18



Activity Demographics

Target Population Cohort

Young people aged 12 –25.

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

No

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

No

SA3 Name	SA3 Code
Swan	50403
Stirling	50502

**Activity Consultation and Collaboration****Consultation****Collaboration****Activity Milestone Details/Duration****Activity Start Date**

30/06/2021

Activity End Date

29/06/2025

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: Yes
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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
CHHP - Primary Healthcare Hubs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - Expansion of Choices Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CHHP – headspace Wait Time Reduction Program	\$487,050.13	\$558,058.12	\$560,057.00	\$0.00	\$0.00
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Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
CHHP - Primary Healthcare Hubs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - Expansion of Choices Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP – headspace Wait Time Reduction Program	\$487,050.13	\$558,058.12	\$560,057.00	\$0.00	\$0.00	\$1,605,165.25
Total	\$487,050.13	\$558,058.12	\$560,057.00	\$0.00	\$0.00	\$1,605,165.25

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



CHHP - 3000 - CHHP 3000 - Choices Expansion



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

CHHP

Activity Number *

3000

Activity Title *

CHHP 3000 - Choices Expansion

Existing, Modified or New Activity *

Existing



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 improve the health and wellbeing of people at risk of poor health outcomes and difficulty accessing appropriate services who have frequent contact with hospital emergency departments (EDs) by linking these individuals, who would previously be discharged to their own recognisance, with place-based community service providers. A key aspect of the service is the utilisation of peer workers and connecting service users to general practice.

The Choices mental health program is for people with moderate and, in some cases, severe mental illness and is targeted at those who lack the resources (material and non-material) to manage “acute” personal difficulties and, as a result, enter the healthcare system as “crisis” or “social care” presentations characterised by:

- insufficient informal personal supports to manage crises.
- mild, moderate and, in some cases, severe mental illness.
- significant associated functional impairment (days out of role).
- alcohol and other drugs comorbidity/intoxication.
- being unable to equitably access MBS (Medicare Benefit Schedule) treatments due to a constellation of overlapping factors, including:
 - o job insecurity
 - o material disadvantage

- o social isolation
- o poor health literacy
- o other social, economic, cultural, and personal reasons
- o poorly developed self-regulation and problem-solving skills.

Description of Activity *

Choices is a non-clinical service designed to in-reach into the emergency departments to assist individuals with limited personal and social supports who frequently attend metropolitan hospital emergency departments.

A unique aspect of the service is the use of peer workers to engage with people in settings that may be confronting for them. Peers provide brief interventions and immediate support and can assist clients with personalised support including, engaging with mental health and alcohol and other drug services as well as other supports such as accommodation and financial services, utilising a range of strategies such as low intensity psychological interventions, stress management, shared problem solving, goal setting and motivational interviewing.

The Choices Expansion (funded under a CHHP grant) involved two separate but connected service developments. Firstly, the provision of the Choices service at additional metropolitan hospital emergency departments (ED). Secondly, the commissioning of a single mobile clinical team to provide enhanced clinical support (called “Extra Choices”) for Choice’s clients with higher acuity and co-occurring mental health and alcohol and drug (AOD) use within EDs where Choices operates.

The Perth North and South PHNs commissioned the additional non-clinical ED in-reach service provision, and the WA Mental Health Commission were responsible for commissioning the mobile team (as per the conjoint submission requirements of the CHHP grants).

Since these services were established the environment in which Choices Expansion operates has continued to evolve. As originally planned, clients are drawn from a clinical population characterised by co-occurring alcohol and other drug and mental disorders set against a background of generalised instrumental, psychosocial, and personal dysfunction (“comorbidity-plus”). They include a significant proportion of Aboriginal and Torres Strait Islander people (~30% of the Choices cohort). However, the proportion of referrals who are at risk of harm to self – suicide, suicide attempts, and self-neglect - has increased steadily. The future development of the Choices service will need to be set against the new operational context which includes the conjoint development of targeted community-based suicide prevention and aftercare services, including embedded peer-supports and other opportunities that may arise from the National Mental Health and Suicide Prevention Agreement and the WA bilateral schedule.

WAPHA has recently developed an LGBTIQ+ Equity and Inclusion Framework committed to the development of a Cultural and Competency Framework and an Aboriginal Cultural Capability Framework, which encompass cultural awareness, cultural competency, and cultural safety. A third Framework, focusing on multicultural competency, is in development. 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.

The Choices Expansion service will cease 30 June 2024. Clients will stop being accepted into the service from 30 March 2024 at the Royal Perth Hospital Site and 30 April 2024 for the other sites. WAPHA and Ruah are working together on the communication approach to ensure consistent messaging for all stakeholders. The service is ceasing due to the maturity of the health sector in WA and other similar services now offered within the hospital.

Needs Assessment Priorities *

Needs Assessment

WAPHA Needs Assessment 2022-2024

Priorities

Priority	Page reference
Reduce non-urgent emergency department attendances and improve access to alternative services. (Metro)	12
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management. (Metro)	11
Improve coordinated and integrated care for people experiencing complex and severe mental health who can be managed in within primary care settings. (Metro)	18



Activity Demographics

Target Population Cohort

Individuals with limited personal and social supports who frequently attend metropolitan hospital emergency departments.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Swan	50403
Joondalup	50501
Perth City	50302



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

31/12/2019

Activity End Date

29/06/2024

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Work Plan 30/04/24

Financial Acquittal report and Financial declarations 30/09/24

Final Report 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



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
CHHP - Primary Healthcare Hubs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP – headspace Wait Time Reduction Program	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - Expansion of Choices Service	\$1,291,348.00	\$819,535.73	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
CHHP - Primary Healthcare Hubs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP – headspace Wait Time Reduction Program	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - Expansion of Choices Service	\$1,291,348.00	\$819,535.73	\$0.00	\$0.00	\$0.00	\$2,110,883.73
Total	\$1,291,348.00	\$819,535.73	\$0.00	\$0.00	\$0.00	\$2,110,883.73

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



CHHP-Op - 1000 - CHHP-Op 1000 - Care planning & coordination for individuals with multi-morbidity also experiencing



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

CHHP-Op

Activity Number *

1000

Activity Title *

CHHP-Op 1000 - Care planning & coordination for individuals with multi-morbidity also experiencing

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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
CHHP - headspace Wait Time Reduction Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CHHP - Expansion of Choices Service - Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - Primary Healthcare Hubs - Operational	\$149,600.00	\$0.00	\$53,942.41	\$30,872.80	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
CHHP - headspace Wait Time Reduction Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - Expansion of Choices Service - Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - Primary Healthcare Hubs - Operational	\$149,600.00	\$0.00	\$53,942.41	\$30,872.80	\$0.00	\$234,415.21
Total	\$149,600.00	\$0.00	\$53,942.41	\$30,872.80	\$0.00	\$234,415.21

Funding From Other Sources - Financial Details

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Funding From Other Sources - Organisational Details

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CHHP-Op - 2000 - CHHP-Op 2000 - Operational - headspace Demand Management and Enhancement



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

CHHP-Op

Activity Number *

2000

Activity Title *

CHHP-Op 2000 - Operational - headspace Demand Management and Enhancement

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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
CHHP - Primary Healthcare Hubs - Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CHHP - Expansion of Choices Service - Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - headspace Wait Time Reduction Operational	\$32,268.89	\$53,847.70	\$54,040.59	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
CHHP - Primary Healthcare Hubs - Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - Expansion of Choices Service - Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - headspace Wait Time Reduction Operational	\$32,268.89	\$53,847.70	\$54,040.59	\$0.00	\$0.00	\$140,157.18
Total	\$32,268.89	\$53,847.70	\$54,040.59	\$0.00	\$0.00	\$140,157.18

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



CHHP-Op - 3000 - CHHP-Op 3000 - Operational - Choices Expansion



Activity Metadata

Applicable Schedule *

Primary Mental Health Care - Perth North

Activity Prefix *

CHHP-Op

Activity Number *

3000

Activity Title *

CHHP-Op 3000 - Operational - Choices Expansion

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 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
CHHP - Primary Healthcare Hubs - Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CHHP - headspace Wait Time Reduction Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - Expansion of Choices Service - Operational	\$120,604.00	\$30,650.73	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
CHHP - Primary Healthcare Hubs - Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - headspace Wait Time Reduction Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - Expansion of Choices Service - Operational	\$120,604.00	\$30,650.73	\$0.00	\$0.00	\$0.00	\$151,254.73
Total	\$120,604.00	\$30,650.73	\$0.00	\$0.00	\$0.00	\$151,254.73

Funding From Other Sources - Financial Details

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Funding From Other Sources - Organisational Details

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