



WA Primary Health Alliance PHN - Commonwealth Psychosocial Support Perth North 2024/25 - 2027/28 Activity Summary View

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PSD 1000 - Psychosocial Service Delivery



Activity Metadata

Applicable Schedule

Commonwealth Psychosocial Support - Perth North

Activity Number

1000

Activity Title

PSD 1000 - Psychosocial Service Delivery

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

Aim of Activity

Psychosocial support services have been commissioned to support people with a history of severe mental illness and associated psychosocial functional impairment who are not receiving psychosocial support services funded through the National Disability Insurance Scheme (NDIS).

A primary aim of this service provision is to reduce the avoidable need for more intensive and/or acute clinical services. Psychosocial support services provided build psychosocial functional capacity to address individual needs and complement clinical mental health and physical health services.

Services provided under the Commonwealth Psychosocial Support (CPS) Program will be complementary to those available within the region through other government funded psychosocial initiatives and mental health programs, with a recovery and person-centred focus.

These services will aim to:

- Increase individuals' functional capacity to live independently in the community
- Reduce the need for acute mental health services.
- Increase connection and reduce isolation.
- Increase knowledge and skills.
- Increase engagement in daily activities, relationships and the community.
- Improve or stabilise mental health and wellbeing.
- Improve self-confidence and independence.
- Move towards personal recovery goals.
- Support access to appropriate supports, including the NDIS where appropriate.

Description of Activity

Commissioned psychosocial support services play a role in assisting individuals to effectively utilise mainstream mental and physical health services. Commissioned services will have strong links to their local community, appropriate assessment processes, and clear referral pathways (including mainstream and clinical services).

Services delivered will include a range of non-clinical supports, which might be provided at an individual or a group level, with a strong recovery focus. Individuals targeted through this initiative generally require less intensive and shorter-term psychosocial support than services provided within the NDIS. The support will be provided at times when it is most needed, rather than on an ongoing basis. Ideally services will be embedded within or linked to clinical services to support an integrated team approach to meeting the needs of people with severe mental illness, and form part of a multi-agency care plan.

Commissioned service provision will be person centred, trauma informed and include an emphasis on the holistic treatment of physical and mental illness. A measurable focus on timely access and ease of navigation will also be embedded in the model design.

Services will provide equitable access for all individuals, ensuring that age, gender, Aboriginal status, Culturally and Linguistically Diverse (CaLD) status, income, geographic location, or any other demographic variable will not result in poorer access to care.

Services will consistently demonstrate communication and engagement that is respectful of cultural differences and tailored to meet specific cultural needs and expectations.

WAPHA has developed a Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQA+) Equity and Inclusion Framework, a Multicultural Competency and Capability Framework, and an Aboriginal Cultural Capability Framework, that encompass 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. Perth North PHN will reflect on current practice, identify and support approaches that will improve cultural safety for communities, and develop cultural competence within the PHN and external stakeholders (including commissioned services), resulting in better health and wellbeing outcomes for Aboriginal, CaLD and LGBTIQA+ individuals and communities.

The PHN will continue to consult with the WA Mental Health Commission, WA Health Service, National Disability Insurance Agency and the Aboriginal Community Controlled Organisations to ensure gaps between Commonwealth and State/Territory mental health systems are addressed in a flexible and carefully planned way. Activities will complement, and not duplicate, support available. This will also ensure eligible people receive support through the state specialised mental health system and, where appropriate, receive psychosocial support through Commonwealth Psychosocial Support or a complementary State Government funded service. This will occur as outlined in the Bilateral Agreement between the Commonwealth and Western Australia - National Psychosocial Support Measure (the Bilateral Agreement).

The PHN will ensure service providers are engaged with Local Health Networks to support localised strategies and ensure commissioned psychosocial support arrangements are embedded in local regional mental health and suicide prevention plans.

The PHN will commission and provide support to provider/s, via a contract manager, to:

- Implement appropriate entry and eligibility criteria, as aligned with the CPS guidance, to ensure national consistency and to contribute to nationally consistent data and reporting.
- Ensure appropriate referral pathways, reporting and management processes are in place.

The PHN will focus on the management of the performance of the contracted provider/s including reviewing, monitoring, and evaluating service provision.

Client data will be entered by the providers into the primary mental health care – national minimum data set (PMHC-NMDS). The PMHC-NMDS data will be used to measure and track provider performance. The cost effectiveness of service delivery will be monitored through unit cost information collected and analysed in conjunction with the outcome indicators. WA Primary Health Alliance's contracts management system will hold all relevant contract information.

Commissioned service providers

- 360 Health + Community.
- Black Swan Health Limited.
- Uniting WA.
- Neami National.
- Consumers of Mental Health WA
- Grow

Specific support services commissioned

A range of support services will be commissioned, including:

- Social skills and connections, including family connections.
- Day to day living skills.
- Financial management and budgeting.
- Finding and maintaining a home.
- Vocational skills and goals.
- Maintaining physical wellbeing, including exercise.
- Building broader life skills including confidence and resilience.

Clients will have an initial support period of between three (3) to six (6) months, if they do not have severe and persistent mental illness, with additional support provided if deemed appropriate following a support plan review.

If a client cannot be reached after a period of three (3) months, with a minimum of three (3) contact attempts in this time, the client shall be exited from the service.

Specific service delivery models/formats

Services will be conducted by the following formats. The majority of contacts will be face to face with some telephone and videoconferencing support as required.

Socially based, capacity building group activities, based on different needs and care:

- Informal group activities
- Structured group activities
- Targeted individual client support.

Targeted cohort and the process/tools used to determine eligibility

To be eligible to receive this service the individual must:

reside in the coverage area of the PHN where they are seeking support.

- have a severe mental illness.
- have a reduced psychosocial functional capacity as a result.
- not more appropriately supported through the NDIS.
- aged 18-65 years.
- not be restricted in their ability to fully and actively participate in the community because of their residential settings (e.g., prison or a psychiatric facility).

Commissioned service providers will use a range of assessment tools to determine eligibility to the program and to inform planning. These may include CANSAS, WHODAS 2.0, and Star Outcomes for example.

How program / client outcomes will be measured/evaluated

Outcomes will be managed through use of the K-10, K-5, or SDQ assessment tools as required by the reporting of program activities into the Primary Mental Health Care-Minimum Data Set (PMHC-MDS).

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Improve access to primary care services, early intervention, cultural safety and health literacy for multicultural communities through a care navigation service (Metro).	11



Activity Demographics

Target Population Cohort

Adults with a history of severe mental illness and resultant psychosocial disability who are not receiving psychosocial support through the NDIS

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

As indicated in the May 2021 Federal Budget, it was expected that the Psychosocial Support program would transition to the WA State Government (WA Mental Health Commission) from 1 July 2023. As a consequence, the Psychosocial Support program has been a topic of numerous meetings between WA Primary Health Alliance, WA Mental Health Commission, and WA Association of Mental Health to determine risk and consequences associated with service change in the context of potential transition.

As at April 2025, transition had not been agreed between the WA State and Commonwealth Governments.

Collaboration

The PHN will continue to build on established relationships with the WA Mental Health Commission and the WA Department of Health to ensure that the services funded through the CPS activity complement the psychosocial support services available through the State Government as outlined in the Bilateral Agreement and to facilitate the establishment of appropriate information sharing and reporting protocols to support reporting on the effectiveness and impact of the CPS activity.

The National Mental Health and Suicide Prevention Agreement outlines that States and the Commonwealth will collaboratively undertake further analysis of psychosocial supports outside of the NDIS, and this has commenced. To ensure continuity of support the Commonwealth and the States will maintain investments in current psychosocial support programs outside the National Disability Insurance scheme while the further analysis work is undertaken.

WA Primary Health Alliance will work closely with the WA Mental Health Commission to ensure the needs of priority groups identified in the Unmet Needs Analysis of Psychosocial Supports Outside of the NDIS report (2024) are considered in the commissioning of psychosocial supports.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

29/06/2027

Other Relevant Milestones

Service contact data reported via the PMHC-MDS	Due 30 days following service contact Due 30/9/25; 30/9/26; 30/9/27
12-month reports and financial acquittal	Due 28/5/25; 30/4/26; 30/4/27
AWP review and update	Due 30/9/27
Final report	



Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Psychosocial Service Delivery	\$5,156,265.19	\$6,361,543.05	\$4,864,836.43	\$4,971,870.11	\$0.00	\$21,354,514.78
Total	\$5,296,681.61	\$6,487,231.10	\$4,864,836.43	\$4,971,870.11	\$0.00	\$21,620,619.25

PAE 2000 - Psychosocial Access Enablers



Activity Metadata

Applicable Schedule

Commonwealth Psychosocial Support - Perth North

Activity Number

2000

Activity Title

PAE 2000 - Psychosocial Access Enablers

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

Aim of Activity

To commission psychosocial support services to support new and existing eligible consumers under one consolidated program. Services provided under the CPS Program will be complementary to those available within the region through other government funded psychosocial initiatives and mental health programs, with a recovery and person-centred focus. These services will aim to:

- Increase individuals' functional capacity to live independently in the community.
- Reduce the need for acute mental health services.
- Increase connection and reduce isolation.
- Increase knowledge and skills.
- Increase engagement in daily activities, relationships and the community.
- Improve or stabilise mental health and wellbeing.
- Improve self-confidence and independence.
- Move towards personal recovery goals.
- Support access to appropriate supports, including the NDIS where appropriate.

Description of Activity

Service navigation (including housing connections)

The PHN will commission service providers to deliver service navigation in the PHN region that will help ensure:

- Consumers, families and carers have a better understanding of the service options available across a range of service domains.
- Consumers have increased their choice in accessing a broader range of relevant health and support services to achieve recovery goals and manage their conditions on a day-to-day basis in the community.

- Support for consumers to access and engage with dedicated and specialised support services to meet their social needs, particularly access to safe and appropriate housing.
- General Practitioners (GPs), program managers and service provider staff have a better understanding of services available in their regions to support the social, mental and physical health needs of people with severe mental illness and promote effective multidisciplinary care.
- PHNs, Local Hospital Networks and Local Area Coordinators develop a joint understanding of psychosocial consumer referral pathways, available supports, service gaps and emerging issues. Where there is capacity, strategies are implemented to mitigate identified barriers to this objective.
- Appropriate support for consumers, together with their families and carers, to access the supports needed to promote mental and physical health; and
- Consumers are assisted to access stable, safe and appropriate housing, given the strong link between stable housing and positive mental health outcomes.

The service navigation activity will aim to improve integration of local health services, promote multi disciplinary care, and make the health system more accessible to people with severe mental illness and associated psychosocial disorders.

Providers will receive further Access Enabler funding as a package of Remote Loading funding, NDIS Testing Support funding, and Capacity Assessment funding to use according to local need.

Commissioned service navigation will be person centred, trauma informed and include an emphasis on the holistic treatment of physical and mental illness. A measurable focus on timely access and ease of navigation will also be embedded in the model design.

Services will provide equitable access for all individuals, ensuring that age, gender, Aboriginal status, Culturally and Linguistically Diverse (CaLD) status, income, geographic location, or any other demographic variable will not result in poorer access to care.

Services will consistently demonstrate communication and engagement that is respectful of cultural differences and tailored to meet specific cultural needs and expectations. WAPHA has developed a Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQA+) Equity and Inclusion Framework, a Multicultural Competency and Capability Framework, and an Aboriginal Cultural Capability Framework, that encompass 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. Perth North PHN will reflect on current practice, identify and support approaches that will improve cultural safety for communities, and develop cultural competence within the PHN and external stakeholders (including commissioned services), resulting in better health and wellbeing outcomes for Aboriginal, CaLD and LGBTIQA+ individuals and communities.

Commissioned service navigation will be person centred, trauma informed and include an emphasis on the holistic treatment of physical and mental illness. A measurable focus on timely access and ease of navigation will also be embedded in the model design.

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These frameworks will help identify opportunities to support the improvement of cultural competence and clinical safety of services. Perth North PHN will reflect on current practice, identify and support approaches that will improve cultural safety for communities, and develop cultural competence within the PHN and external stakeholders (including commissioned services), resulting in better health and wellbeing outcomes for Aboriginal, CaLD and LGBTIQ+ individuals and communities.

Regional loading

Regional loading of funding levels will be applied in relation to consumers living in outer metropolitan areas. This is in recognition of the higher costs of delivering services in these areas and is intended to improve service availability for people with severe mental illness in those communities. There are no specific activities applied to this loading but rather a general resource functionality to support access enabler matters.

NDIS testing support

The PHN will provide NDIS testing support funding to test the eligibility of participants who appear to meet NDIS eligibility guidelines. This support assists consumers with collecting the evidence to submit an access request and to 'walk with consumers' while they take part in this process. Whilst each service provider conducts this support in accordance with their internal operations, most utilise Peer Support Workers who coordinate the testing support for individuals and assist with access/attaining information (noting each individuals needs are different) from/to including but not limited to occupational therapists, general practitioner and psychologists.

Capacity and strengths-based assessments

The PHN will provide Capacity and Strengths-based assessment funding to assist with assessing capacity and strengths-based program planning for participants. This support assists consumers with identifying individual goals and the support required. The Recovery Assessment Scale – Domains and Stages is not used as the predominate tool by service providers. Service providers generally use CANSAS, STAR and other evidence based assessment tools.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priority	Page reference
Enable timely access to community-based support services and primary mental health care for people experiencing anxiety, depression, psychological distress or engaging in self-harm (Metro).	11



Activity Demographics

Target Population Cohort

Adults with a history of severe mental illness and resultant psychosocial disability, their carers, family members and support workers.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

It was expected that the Psychosocial Support program would transition to the WA State Government (WA Mental Health Commission). As a consequence, the Psychosocial Support program has been a topic of numerous meetings between WA Primary Health Alliance, WA Mental Health Commission, and WA Association of Mental Health to determine risk and consequences associated with service change in the context of potential transition. As at April 2024, transition had not been agreed between the WA State and Commonwealth governments.

Collaboration

The PHN will continue to build on established relations with the WA Mental Health Commission to ensure that the services funded through the CPS activity complement the psychosocial support services available through the state government as outlined in the Bilateral Agreement.

As outlined in the National Mental Health and Suicide Prevention Agreement States and the Commonwealth have commenced further analysis of psychosocial supports outside of the NDIS. To ensure continuity of support the Commonwealth and the States will maintain investments in current psychosocial support programs outside the National Disability Insurance scheme while the further analysis work is undertaken.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

29/06/2027

Other Relevant Milestones

Service contact data reported via the PMHC-MDS	Due 30 days following service contact
12-month reports and financial acquittals	Due 30/9/25; 30/9/26
Annual AWP review and update	Due 28/5/25; 30/4/26; 30/4/27
Final report	Due 30/9/27



Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Psychosocial Access Enablers – Operational	\$296,008.00	\$703,059.90	\$344,247.39	\$351,821.35	\$0.00	\$1,695,136.64
Psychosocial Access Enablers - Service	\$711,718.82	\$1,014,600.97	\$528,372.65	\$539,997.64	\$0.00	\$2,794,690.08
Total	\$1,007,726.82	\$1,717,660.87	\$872,620.04	\$891,818.99	\$0.00	\$4,489,826.72