WA Primary Health Alliance PHN National Mental Health Suicide Prevention Agreement and Bilateral PHN Program
Perth South
2024/25 - 2027/28
Activity Summary View

Approved by the Australian Government Department of Health, Disability and Ageing, September 2025

T 08 6272 4900 F 08 9277 5304 E info@wapha.org.au A level 2, 1 Hood Street Subiaco 6008 PO Box 883 Subiaco 6904 ABN 11 602 416 697

/waphaphns /wapha_phns /wapha_phns www.wapha.org.au

Contents

NAB-UAS - 2000 - Universal Aftercare Services

Activity Metadata

Applicable Schedule

NMHSPA Bilateral PHN Program - Perth South

Activity Prefix

NAB-UAS

Activity Number

2000

Activity Title

Universal Aftercare Services

Existing, Modified or New Activity

New Activity

Activity Priorities and Description

Program Key Priority Area

Other (please provide details)

Other Program Key Priority Area Description

Aftercare Services are a key initiative in the WA Bilateral Schedule on Mental Health & Suicide Prev

Aim of Activity

Address the gap in service provision in the immediate aftermath following suicidal crisis, provide a safety net for people, family, and carers in this period of heightened risk, and provide system navigation support, referral, or linkages to appropriate longer-term clinical, psychosocial, and primary care services.

Provide a proactive aftercare program, for up to 90 days, including psychosocial education, support and case management for people who have been discharged from emergency department (ED) or hospital following a suicidal crisis. Proactive follow up means that the Aftercare Services Program provider is responsible for maintaining contact with the consumer during their engagement in the Aftercare Services Program.

Description of Activity

The Aftercare Services Program will provide brief interventions, psychosocial support and case management for people who have survived a suicide attempt or have experienced, and/or are experiencing, suicidal crisis. The role of this service is to provide an interim safety net for people and their support network in this period of heightened risk and psychosocial support and coordinate access and transition into any required long-term supports.
The Aftercare Services Program is intended to complement, not duplicate, or replace mental health services, provided in the community.
A core assumption of the Aftercare Services Program (ASP) is that it will be integrated with public mental health services.

It is a requirement that the organisation(s) delivering aftercare have the skills in clinical judgment and expertise to support people who have been discharged from the hospital or ED, who are experiencing suicidal thoughts and/or recent suicidal behaviours. It is also a requirement that mental health professionals work collaboratively with care navigators who have a lived experience of suicidal crisis to ensure the program embraces the aftercare principles identified by West Australians and facilitates engagement and recovery among those engaged with the Aftercare Services Program.
The ASP will provide proactive services for people in the immediate post discharge period from the named hospitals after surviving a suicide attempt or presentation in suicidal crisis, utilising individualised support plans developed with the consumers to provide:
1. Brief interim interventions, multidisciplinary psychosocial support, and coordinated case management.
2. System navigation support, linkages, and/or management and facilitation, of outbound referrals to appropriate ongoing longer-term clinical, psychosocial, and/or primary care services as required.
Referring hospitals within the metropolitan area have been designated as follows:
• East Metropolitan Heath Service – Royal Perth Hospital.
• North Metropolitan Health Service – Sir Charles Gardener Hospital.
• South Metropolitan Health Service – Fiona Stanley Hospital.

Modality
The ASP should be delivered primarily face-to-face, particularly in the first four weeks. Following this, support can be provided by phone or face-to-face as preferred by the consumer.
The service responsible for delivering the ASP should prioritise the principles of Aboriginal people.
The Services can be provided using the following modalities:
1. Individual Face-To-Face
Services are sessions/consultations that take place face to face with an Individual.
2. Telephone
Services are sessions/consultations where the main provision of information and support is conducted via telephone. Telephone support is the strategy chosen by the organisation to deliver the service as opposed to telephone calls that are simply part of routine follow-up/administration.
3. Video
Services are sessions/consultations that take place face to face via video conferencing or similar facilities.
Regional and Remote Communities:
The service will facilitate access to aftercare for individuals unable to attend appointments in person. This can involve the provision of virtual or phone appointments in accordance with the preferences of the individual.
Factors that influence the consumer's ability to access care should be addressed at the time of crisis presentation, to facilitate successful follow up by the program. For individuals without reliable internet or phone service, alternative engagement pathways must be considered through a local community resource.
Hours of Operation
The service provider is required to align operating hours with demand modelling and adapt according to actual demand as service delivery progresses, to support highest periods of service need.
Some specific hours of service will be required to adhere to the requirement to contact a referred individual within 48 hours of discharge from hospital or ED (e.g., discharge on a Friday).
Eligibility
1. All adults, 16+ years of age.
2. People with psychosocial needs that are not currently being met through engagement with other services.
Duration
The Aftercare Services Program runs for 90 days. The individual can transition out of the service anytime during the 90 days. This should be discussed with the care navigator to enable any discharge procedures to be actioned accordingly.
However, if a referral has been made to a new service that has a waitlist extending beyond the 90-day period, the individual can continue their engagement with the Aftercare Services Program until they are able to access the new service.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to culturally appropriate early intervention suicide prevention services and support primary health care providers in identifying Aboriginal people at risk (Metro)	45
Enable access to culturally appropriate suicide Aftercare services for those recovering from a suicide attempt (Metro).	28

Activity Demographics

Target Population Cohort

People in the immediate post discharge period from the named hospitals after surviving a suicide attempt or presentation in suicidal crisis.

Indigenous Specific

No

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

The Universal Aftercare: Model of Service Guidelines for WA were used to inform the Aftercare Services Program Model of Service. The guidelines were prepared to support the delivery of a consistent model of service for people who have presented to the hospital emergency department for a suicidal crisis in WA. The guidelines were developed through extensive consultation between February 2023 to July 2023 with the following:
1. People who have a lived experience of suicidal crisis and their carers.
2. Stakeholders who work with people who have experienced a suicidal crisis.
3. Stakeholders from the mental health and suicide prevention sector.
4. Coordinators and Managers of existing aftercare programs across Australia.
5. Aboriginal and Torres Strait Islander peoples.
6. Healthcare providers from Hospital Emergency Departments (EDs), mental health professionals (Psychiatrists, psychologists, social workers) and General Practitioners (GPs).
Additionally, the guidelines were informed by evidence from national and international scientific literature and grey literature reports (e.g., evaluations of aftercare programs) conducted by the researchers from the Black Dog Institute in collaboration with an expert advisory team with representation from Telethon Kids Institute.

A technical advisory group chaired by the WA Mental Health Commission and WA Primary Health Alliance was established to advise the initiative and resulting model of service.

Activity Milestone Details/Duration

Activity Start Date

14/05/2025

Activity End Date

29/06/2026

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans	Due 02/08/25, 30/04/26
12-month performance report	Due 30/09/25, 30/09/26
Financial Acquittal Report	Due 30/09/25, 30/09/26
Needs Assessment	Due 15/11/2025
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): No
Other Approach (please provide details): No

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Universal Aftercare Services	$0.00	$6,600,039.11	$6,600,039.11	$0.00	$0.00	$13,200,078.22
Universal Aftercare Services Operational	$0.00	$421,279.09	$421,279.09	$0.00	$0.00	$842,558.18
Total	**$ 0.00**	**$7,021,318.20**	**$7,021,318.20**	**$ 0.00**	**$ 0.00**	**$14,042,636.40**