WA Primary Health Alliance PHN - Primary Mental Health Care - Country WA 2024/25 - 2027/28

Activity Summary View

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

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

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

1020

Activity Title

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

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

Mental Health Priority Area 7: Stepped care approach

Aim of Activity

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

Description of Activity

The Program Guidance for Primary Health Network Initial Assessment and Referral Training and Support Officers (Dec 2021) guide the activity.
An IAR Training & Support Officer (TSO) will lead the IAR stepped care model implementation by:
• Securing a platform to host required e-learning.
• Establishing a central administration and payment process to manage training bookings and incentive payments to individual GPs.
• Identifying and targeting training participants including GPs, Health to Head services, Aboriginal Community Controlled Health Organisations, related commissioned services and building relationships with all stakeholders.
• Developing a communication and marketing plan to promote training opportunities.
• Facilitating access to Part 1 (e-learning) training for training participants.
• Delivering and evaluating Part 2 (face to face/ virtual) training and paying participating General Practitioners as per incentive payment schedule.

• Communicating avenues to promote education and resources to the primary care workforce on the value and impact of IAR.
• Promoting the Communication and Marketing Plan (June 2023), with Training to commence as per the project plan, in 2023.
• Collect, collate, and summarise data for 12-month and other mandated reporting.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Support General Practices in identifying people at risk of suicide and referring to appropriate services, including telehealth mental health providers (South West).	118
Support General Practices in identifying people at risk of suicide and referring to appropriate services, including telehealth mental health providers (Wheatbelt).	141
Support General Practices in identifying people at risk of suicide and referring to appropriate services, including telehealth mental health providers (Mid West).	71
Enable access to mental health services (Great Southern).	30

Activity Demographics

Target Population Cohort

General practitioners, Medicare Mental Health Services, relevant commissioned services and Aboriginal Community Controlled Health Organisations.

Indigenous Specific

No

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.
• Medicare Mental Health Services.

- Royal Australian College of General Practitioners
- Other mental health primary care providers.

Collaboration

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

Activity Milestone Details/Duration

Activity Start Date

03/02/2022

Activity End Date

29/06/2025

Service Delivery Start Date

01/06/2022

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Activity Work Plans	Due 30/04/25
Assessment	Due 15/11/25
12-month performance report	Due 30/09/25
Financial Acquittal Report	Due 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 in scope for data collection under the Mental Health National Minimum Dataset?

No

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Initial Assessment and Referral	$226,232.10	$451,528.20	$0.00	$0.00	$0.00	$677,760.30
Total	**$226,232.10**	**$451,528.20**	**$0.00**	**$0.00**	**$0.00**	**$677,760.30**

MH 2000 - Low Intensity Services

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

2000

Activity Title

MH 2000 - Low Intensity Services

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

Mental Health Priority Area 1: Low intensity mental health services

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 underserviced 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. Services are to be time-limited structured psychological interventions that use fewer resources in terms of health professional's time than conventional psychological therapies and emphasise and support self-directed skills development, with the aim of relieving distress and improving daily functioning. Evidence-supported for the presenting clinical problems, Low Intensity Psychological Interventions (LIPIs) 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., Pearcy, C., & Campbell, B. (2021).

A clinician's guide to low intensity psychological interventions (LIPIs) 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 four to six 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 essence of LIPIs is that they use nil or relatively little qualified mental health professional time and are targeted at people with, or at risk of, mild mental health issues. The CSP may utilise mental health professionals (if the workforce availability permits) or individuals with appropriate training and competencies to deliver LIPI, however they must ensure training, skills, qualifications and supervision arrangements are appropriate.
The CSP must ensure that employees delivering LIPIs are trained in the use of interventions that are demonstrably consistent with Cognitive Behavioural Therapy (CBT) principles as a minimum core competency.
Peer workers are employed for the expertise developed from their personal lived experience of mental health issues and recovery, or their lived experience as a carer, family member, and/or significant other. Peer workers can be a key conduit between an individual and their support person/network and other services they use.
The inclusion of both consumer and carer peer workers in the workforce can help to improve the culture and recovery focus of services and help to reduce stigma within the workforce. Appropriate supervision and mentoring should be provided.

The commissioned, low intensity treatment services include telephone and web-based services, in person interventions offered as part of community treatment services and services funded from other streams including psychological treatment services in Residential Aged Care Facilities and 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 health conditions, 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 LGBTIQA+ 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.
To consider the local context, reference to General Practice and/or General Practitioners (GPs) throughout this document encompasses the following:
· Local GPs.
· Aboriginal Medical Services (AMSs).
· WA Country Health Service (WACHS) remote clinics.

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

Priority Locations
Services will be commissioned in locations where there is existing infrastructure, 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 overserviced 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 2025-2027

Priorities

Priority	Page reference
Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people (South West).	118
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Pilbara).	95
Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people (Wheatbelt).	141
Enable access to culturally appropriate mental health services for people who experience mental health challenges across the spectrum (Kimberley).	49
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Kimberley).	49
Enable access to mental health services (Great Southern).	30
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Great Southern).	29

Activity Demographics

Target Population Cohort

Individuals aged 16 and above at risk of, or experiencing, mild mental health issues, who do not require the traditional services provided through existing primary mental health care intervention pathways.
Priority Populations:
· Aboriginal people.
· Culturally and linguistically diverse (CaLD) people.
· LGBTIQA+ people.
· People experiencing socioeconomic disadvantage and/or are unable to equitably access Medicare Benefits Schedule (MBS) treatments, due to factors such as low income, job insecurity, limited personal resources, poor health literacy or social isolation.

Indigenous Specific

No

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

WA Primary Health Alliance has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of Low Intensity services in the Country WA PHN region. These have been conducted at both a national, state, regional and local level, and are used to inform, strengthen and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.
Key stakeholders for this activity include:
• Consumers
• Commissioned service providers
• 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 Country WA PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:
• Australian Government Department of Health, Disability and Ageing
• 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

29/06/2027

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/20267

Other Relevant Milestones

Activity Work Plans	Due 30/04/25; 30/04/26, 30/04/27
Needs Assessment	Due 15/11/25, 15/11/26
12-month performance report	Due 30/09/25, 30/09/26, 30/09/27
Financial Acquittal Report	Due 30/09/25, 30/09/26, 30/09/27
Final Report	Due 30/09/27

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Flexible	$4,493,173.35	$4,426,564.91	$4,049,163.53	$3,984,080.50	$0.00	$16,952,982.29
Total	**$4,493,173.35**	**$4,426,564.91**	**$4,049,163.53**	**$3,984,080.50**	**$0.00**	**$16,952,982.29**

MH 2050 - Mental Health multidisciplinary team into general practice

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

2050

Activity Title

MH 2050 - Mental Health multidisciplinary team into general practice

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

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

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 allied health 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 health conditions, the level of care and support can benefit (or require) the services of a suitably qualified mental health: social worker, , nurse, psychologist, and/or Aboriginal mental health professional. 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 health conditions and evaluate the service model's effectiveness, scalability and sustainability.

Description of Activity

Country WA PHN will work to:
i. Engage with general practitioners in Country WA locations identified by the needs analysis and priority populations to identify general practices that are willing and able to 'host' a mental health support resource.
ii. Commission a workforce provider to provide mental health resources to identified GPs using a flexible multidisciplinary team that will be mobilised based on need to nominated general practices.
The activity will support:
• General practitioners managing individuals with severe mental health conditions who would benefit from additional support who can be appropriately supported in a primary care setting as part of a stepped care approach within their practice.
• Patient access to mental health support within their general practice.
• Multidisciplinary team such as psychologist, social worker, mental health nurse, Aboriginal health professionals, peer workers) 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 health conditions in Australia (National Mental Health Commission (NMHC), Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental health conditions in Australia, Sydney NMHC, 2016).

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Goldfields-Esperance).	6
Enable access to culturally appropriate mental health services for people who experience mental health challenges across the spectrum (Kimberley).	49
Enable access to mental health services (Great Southern).	30

Activity Demographics

Target Population Cohort

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

Indigenous Specific

No

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 health conditions in the Country WA PHN. These have been conducted at both a national, state, and local level, and are used to inform, strengthen, and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.
Key stakeholders for this activity include:
• Consumers
• Commissioned service providers
• General practitioners and general practices
• Health Service Providers
• WA Mental Health Commission
• Local mental health and social service providers
• Orygen
• MQ Health (Macquarie University)
• Centre for Clinical Interventions
• Curtin University
• Australian Government Department of Health, Disability and Ageing
• 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

29/06/2027

Service Delivery Start Date

01/09/2024

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans	Due 30/04/25, 30/04/26, 30/04/27
Needs Assessment	Due 15/11/25, 15/11/26
12-month performance report	Due 30/09/25, 30/09/26, 30/09/27
Financial Acquittal Report	Due, 30/09/25, 30/09/26, 30/09/27
Final Report	Due 30/09/27

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Flexible	$0.00	$200,000.00	$200,000.00	$0.00	$0.00	$400,000.00
Total	**$0.00**	**$200,000.00**	**$200,000.00**	**$0.00**	**$0.00**	**$400,000.00**

MH 3000 - Psychological Therapies for Underserviced Groups

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

3000

Activity Title

MH 3000 - Psychological Therapies for Underserviced Groups

Existing, Modified or New Activity

Existing

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

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 health conditions or for people who have attempted, or are at low risk of, suicide and self-harm and who require follow-up within seven days of referral (i.e. risk level deemed acceptable for primary care-based intervention).
Age and culturally appropriate psychological therapy services are a core component of the stepped care approach and will aim to increase access to free treatment for underserviced populations with linkages to other services; thereby aiming to meet an individual's clinical needs and improve their mental health.
The Country WA PHN will aim to:
• Integrate psychological therapy services into a stepped care approach.
• Consolidate and strengthen linkages to other services.
• Address service gaps and optimise equitable access to psychological therapies for underserviced groups.
• Strengthen local regional mental health and suicide prevention planning.
• Commission services that meet the needs of the target group and use innovative service delivery models.
• Ensure clinical governance of commissioned services is in situ.
• Promote partnerships with GPs, other stakeholders and consumers.
• Foster linkages to local crisis services and pathways.
• Promote evidence-based practice and the collection of data that demonstrates impact of interventions.

Description of Activity

Background:
• Psychological Therapy services must be evidence based for the population group being targeted (e.g., cognitive behaviour therapy [CBT]), provided within a stepped care approach, delivered by suitably qualified mental health professionals, and focus on the delivery of short-term psychological interventions.
• Clinical therapies utilised by clinicians must be demonstrably consistent with the clinical standards, goals, and methods of CBT.
Key features of these interventions include:
• Tailoring service levels to individual client needs and severity of mental health issues.
• Complementing Medicare benefits schedule (MBS) -funded psychological services via referrals from General Practitioners (GPs) or provisional referrals from other service providers (and/or psychiatrists, and pediatricians, where available and accessible).
• Building a multidisciplinary team-based approach that includes GPs, through the establishment and ongoing development of relationships with local GPs.
• Providing flexibility beyond MBS services, such as parent consultations and varied delivery methods.
• Whilst Psychological Therapies are expected to be short term, recognising that not all clients will receive the same number of sessions. It is recommended that commissioned service providers (CSPs) apply the MBS session caps set by the Better Access initiative. This would mean that people can generally access two episodes of care, with up to 10 sessions per episode. CSPs may establish procedures to identify circumstances under which individuals could access more than 10 sessions. Such arrangements may involve seeking review of the individual's needs by a GP, psychologist, or psychiatrist, or some other form of assessment to ensure the additional services match the intensity and complexity of individual needs.
• To ensure episodes of care do not extend to long-term therapy, no more than two additional sessions should be provided. Workforce skills and qualifications must be commensurate with the defined suitably qualified mental health professionals, working within their scope of practice and monitored through appropriate clinical risk management, supervision and other relevant governance frameworks.
• Therapies utilised by clinicians must be demonstrably consistent with the clinical standards, goals, and methods of CBT.
Key features of these interventions include:
• Tailoring service levels to individual client needs and severity of mental health issues.
• Complementing MBS-funded psychological services via referrals from General Practitioners (GPs) or provisional referrals from other service providers (and/or psychiatrists, and paediatricians, where available and accessible).
• Building a multidisciplinary team-based approach that includes GPs, through the establishment and ongoing development of relationships with local GPs.
• Providing flexibility beyond MBS services, such as parent consultations and varied delivery methods.
• Adaptation to service design and delivery may be required to meet individual needs and to address location-based and/or population-based barriers to accessing services. In addition, more flexibility than MBS-based psychological therapy services are available to deliver services to some groups, such as discussions required with parents of young people accessing services and adaptation to ensure the cultural appropriateness of services.

The psychological therapy services will be designed to complement the role of the Better Access funded MBS psychological services (i.e., up to 10 individual and 10 group sessions per year) and provide a level of service intensity that is commensurate with the clinical needs of the individual.

MindSpot GP, a state-wide GP referral option providing telephone and web-based assessment and evidence-based treatment, will play an important role in ensuring parity of equity across the Country WA PHN to psychological therapy services for all those who are in need and not able to access face-to-face services. A MindSpot GP intake assessment is deemed equivalent to a GP Mental Health Care Plan for access to PHN commissioned psychological therapies. This will assist in providing an integrated model of care and fidelity of the intervention, regardless of the location where an individual is accessing it.
It is proposed that the following will continue to be commissioned:
• Face to face interventions offered as part of community treatment services.
• Telephone and web-based services through the MindSpot GP service.
• Psychological therapy services for residents of RACFs.

Commissioned service provision will be person-centred, trauma informed and include an emphasis on the holistic treatment of physical and mental health issues.
Services will consistently demonstrate communication and engagement that is respectful of cultural differences and tailored to meet specific cultural needs and expectations. This may include nuanced approaches to enhancing access including culturally tailored entry points.
To consider the local context in rural and remote locations, reference to General Practice and/or General Practitioners throughout this document encompasses the following:
· Local GPs.
· Aboriginal Medical Services (AMSs).
· WA Country Health Service (WACHS) remote clinics.

Suitably qualified mental health professionals:
• Clinicians who meet the requirements for registration, credentialing, or recognition, as a qualified mental health professional, including:
o Psychiatrists.
o Registered or provisionally registered psychologists (under required supervision arrangements).
o Clinical psychologists.
o Registered nurse/s.
o Occupational therapists.
o Social workers.
o Aboriginal health professionals.

In rural and remote areas, it is acknowledged that enforcing workforce parameters and clinical processes that may be suitable in metropolitan contexts, presents a significant risk that service providers will be required to compete for the same workforce due to a lack of specialised candidates and/or be unable to deliver the required services in a timely manner. In this context, a more flexible use of the available broader workforce pool of appropriately trained service providers can be undertaken, particularly in areas of workforce shortages. This approach to recruitment will be undertaken by the CSP in consultation with the WAPHA Regional Integration Manager and Contract Manager, as required. Consideration will be given to the levels of relevant experience and practice that contribute to competency for these roles, and robust clinical governance arrangements in place to ensure the quality and safety of service delivery.
Activities
• Plan services to meet the needs of underserviced groups in each PHN region for psychological therapies.
• Commission services to deliver evidence based psychological therapies to underserviced 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 underserviced 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) people, and Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQA+) people.
• Program direction and oversight processes developed and maintained.
• Support continuous program improvement.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Pilbara).	95
Enable access to culturally appropriate mental health services for people who experience mental health challenges across the spectrum (Kimberley).	49
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Kimberley).	49
Enable access to mental health services (Great Southern).	30
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Great Southern).	29

Activity Demographics

Target Population Cohort

The primary focus of this level of service within a stepped care approach should be on people with mild to moderate mental health issues and/or diagnosed condition/s who are not clinically suited to self-referred LIPIs, (e.g., self-help, and digital or self-referred low intensity services), and who are underserviced through MBS based psychological services. Some of these underserviced population groups are likely to be experiencing socioeconomic disadvantage.
In some cases, people with severe mental health needs may benefit from short term, focused psychological intervention as part of their overall care.
People who have survived a suicide attempt and/or experiencing suicidal crisis, and people engaging in, or at risk of, self-harming behaviour, are also considered eligible for psychological therapy services and are an important priority group.
Note: The fact that the service does not need to directly address all individual needs is understood. Responding to the needs of someone in this situation would be accompanied by establishing protective factors such as contacting other services to provide step down support post-discharge and contacting the person's support network. Referrals to facilitate shared multidisciplinary care or escalation to more appropriate services/care, are within the scope of the service, consistent with other service elements (i.e., if deemed the suitable response – hospital).
Eligibility should not be confused with suitability. The assessment process—including intake, multidisciplinary team review, interagency consultations, and clinical judgment.
Priority Populations
• Aboriginal people.
• Culturally and linguistically diverse (CaLD) people.
• LGBTIQA+ people.
• People experiencing socioeconomic disadvantage and/or are unable to equitably access Medicare Benefits Schedule (MBS) treatments, due to factors such as low income, job insecurity, limited personal resources, poor health literacy or social isolation.

Indigenous Specific

No

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

WA Primary Health Alliance has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of psychological therapy services in the Country WA PHN. These have been conducted at both a national, state, regional and local level, and are used to inform, strengthen and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.
The Country WA PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:
• Australian Government Department of Health, Disability and Ageing.
• National Mental Health Commission.
• WA Mental Health Commission.
• WA Country Health Service.
• Child and Adolescent Health Service.
• Women and Newborn Health Service.
• GPs.
• Royal Australian College of General Practice.
• WA Local Governments.
• Aboriginal Health Council of WA.
• Aboriginal Advisory Groups.
• Australian Medical Association (WA).
• consumer and carer peak bodies and consumer associations.
Ongoing consultation and engagement activities will be conducted through a range of methods including face-to-face and group sessions, and online platforms.

Collaboration

All collaborative activities are aimed at ensuring the commissioning of effective and sustainable face to face and virtual psychological therapy services, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving consumers and carers where possible.
The role of the key stakeholders in the implementation of the psychological therapy service will be:
• GPs will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
• PHN commissioned service providers will strengthen working relationships to enhance service delivery and clinical governance.
• Aboriginal Health Council of WA and Aboriginal Medical Services will promote and strengthen culturally appropriate and accessible primary mental health care services.
• WA Mental Health Commission, the Child and Adolescent Health Service, Women and Newborn Health Service, and the WA Country Health Service will build capability and promote integration across the sector.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Activity Work Plans	Due 30/04/25, 30/04/26, 30/04/27
Needs Assessment	Due 15/11/25, 15/11/26
12-month performance report	Due 30/09/25, 30/09/26, 30/09/27
Financial Acquittal Report	Due 30/09/25, 30/09/26, 30.09/27
Final Report	Due 30/09/27

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Flexible	$4,384,034.71	$4,977,018.08	$4,526,027.08	$3,984,080.50	$0.00	$17,871,160.37
Total	**$4,384,034.71**	**$4,977,018.08**	**$4,526,027.08**	**$3,984,080.50**	**$0.00**	**$17,871,160.37**

MH 3010 - Psychological Therapies - Residential Aged Care

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

3010

Activity Title

MH 3010 - Psychological Therapies - Residential Aged Care

Existing, Modified or New Activity

Existing

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

Aim of Activity

The Activity aims to target the mental health needs of people living in residential aged care facilities (RACFs). The outcomes that this Activity is seeking to achieve are:
1. To promote better mental health outcomes for RACF residents.
2. Offer significant benefits to RACF employees 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 health conditions 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 health conditions or assessed to be at risk of mental health conditions. 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 health conditions. However, residents with severe mental health conditions 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 health conditions by a General Practitioner or psychiatrist is required to ensure that symptoms of cognitive decline, dementia or delirium are not mistaken for mental health conditions, 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 health conditions is consistent with that applied to MBS Better Access items. People with dementia are included if they also have a comorbid mental health condition 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 health conditions 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 health conditions, have a level of comorbid cognitive decline and/or dementia.
6. Residents from diverse and priority communities, including lesbian, gay, bisexual, transgender, intersex, queer (LBGTIQ), culturally and linguistically diverse groups Aboriginal for whom there may be additional barriers to diagnosis and care.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Pilbara).	95
Enable access to culturally appropriate mental health services for people who experience mental health challenges across the spectrum (Kimberley).	49
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Kimberley).	49
Enable access to mental health services (Great Southern).	30
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Great Southern).	29

Activity Demographics

Target Population Cohort

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

Indigenous Specific

No

Coverage

Whole Region

Yes

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Activity Work Plans	Due 30/04/25, 30/04/26, 30/04/27
Needs Assessment	Due 15/11/25, 15/11/26
12-month performance report	Due 30/09/25, 30/09/26, 30/09/27
Financial Acquittal Report	Due30/09/25, 30/09/26, 30/09/27
Final Report	Due 30/09/27

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Flexible	$582,929.00	$606,986.00	$618,902.00	$628,928.00	$0.00	$2,437,745.00
Total	**$582,929.00**	**$606,986.00**	**$618,902.00**	**$628,928.00**	**$0.00**	**$2,437,745.00**

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

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

3050

Activity Title

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

Existing, Modified or New Activity

Existing

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

Aim of Activity

Country WA PHN has commissioned a multi-disciplinary Local Care Team (LCT) of 4 FTE to support intake, assessment, case management and care coordination for victim-survivors of family, domestic and/or sexual violence (FDSV) including child sexual abuse. The service aims to increase access to recovery-oriented, trauma-informed mental health services for those seeking to recover from the impact of FDSV (including sexual abuse).

Description of Activity

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

• Invest in a thorough understanding of the need, service supply, delivery opportunities and risks across Country WA's seven health regions in relation to FDSV (including child sexual abuse).

• Select a region from Country WA for implementation of the pilot that is most likely to deliver greatest benefits. This assessment will take into account prevalence and need, existing service supply, feasibility, workforce, market for delivery and appropriateness of the service delivery model for the local population as well as availability of complementary services for the Care Team to refer to (e.g. housing, legal, children's services).

• Work closely with internal and external stakeholders to foster understanding of the National Plan to End Violence Against Women and Children, the associated Aboriginal and Torres Strait Islander Action Plan, the emerging role of Primary Health Networks and the purpose of the Supporting Recovery pilot.

• Refine the scope and requirements of the LCT, within boundaries of the draft service model, using input from key state government agencies and local stakeholders.

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

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Increase the capacity of homeless healthcare services to respond appropriately to the primary care needs of people experiencing or at risk of experiencing homelessness (Mid West).	72
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Mid West).	72
Support General Practices in identifying people at risk of suicide and referring to appropriate services, including telehealth mental health providers (Mid West).	71

Activity Demographics

Target Population Cohort

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

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Mid West	51104

Activity Consultation and Collaboration

Consultation

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

Protocols are being developed to enhance integration between the LCTs and other services, to enable seamless referrals and reduce the need for victim-survivors to repeat their story. Protocols will be developed with the trauma-informed mental health service, local community services and emergency departments. The service provider holds existing strong relationships with the Midwest Family Violence Alliance Group, Desert Blue, Mission Australia, City of Greater Geraldton RAP Committee, Midwest Multicultural Association and CALD Community – these support collective impact in the FDSV Pilot

Extensive consultation was undertaken pre-procurement with the following state government stakeholders and the relevant peak body, and this will continue throughout the commissioning and establishment process:
• Department of Communities (Child Protection and Family Support) - Office for Prevention of Family and Domestic Violence (WA)
• Sexual Assault Resource Centre
• Women and Newborn Health Service - Women's Strategy and Programs Unit (North Metro Health Service – statewide unit)
• WA Country Health Service
• WA Police Family Domestic Violence unit
• Aboriginal Health Council of WA
Centre for Women's Safety and Wellbeing.

Collaboration

The Supporting Recovery services are being delivered by a collaboration between Ruah Community Services and Communicare. During service establishment, the PHN's Regional Integration Manager and FDSV Activity Lead will support the provider to enhance existing collaborative partnerships by integrating the Medicare Mental Health phone service, Geraldton Regional Hospital and primary care referral pathways

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Activity Milestone Details/Duration

Activity Start Date

08/10/2023

Activity End Date

29/06/2026

Service Delivery Start Date

01/08/2024

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Preferred service provider identified	Due by 31/03/2025
Service commencement	Due by Early September 2025
Multi-year Activity Work Plans	Due, 30/04/25, 30/04/26
Annual Needs Assessment	Due 15/11/24, 15/11/25
12-month Performance Report	Due 30/09/25, 30/09/26
Financial Acquittal Report	Due 30/09/25, 30/09/26
Final performance Report	Due 30/09/26

Activity Commissioning

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

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

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

No

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Operational	$472,376.00	$236,188.00	$635,120.23	$0.00	$0.00	$1,343,684.23
Supporting Recovery Pilot	$1,202,333.00	$1,051,066.00	$1,213,434.00	$0.00	$0.00	$3,466,833.00
Total	**$1,674,709.00**	**$1,287,254.00**	**$1,848,554.23**	**$0.00**	**$0.00**	**$4,810,517.23**

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

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

3055

Activity Title

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

Existing, Modified or New Activity

Existing

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

Aim of Activity

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

Description of Activity

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

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

Country WA PHN has commissioned trauma-informed mental health services to support recovery from family, domestic and sexual violence (FDSV) using the Supporting Recovery draft service model as a guide. To maximise the outcomes of the pilot, the PHN will:
• Invest in a thorough understanding of the need, service supply, delivery opportunities and risks across Country WA's seven health regions in relation to FDSV (including child sexual abuse).
• Select a region from Country WA for implementation of the pilot that is most likely to deliver greatest benefits.

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

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Increase the capacity of homeless healthcare services to respond appropriately to the primary care needs of people experiencing or at risk of experiencing homelessness (Mid West).	72
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Mid West).	72
Support General Practices in identifying people at risk of suicide and referring to appropriate services, including telehealth mental health providers (Mid West).	71

Activity Demographics

Target Population Cohort

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

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Mid West	51104

Activity Consultation and Collaboration

Consultation

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

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

Protocols are being developed to enhance integration between the LCTs and other services, to enable seamless referrals and reduce the need for victim-survivors to repeat their story. Protocols will be developed with the trauma-informed mental health service, local community services and emergency departments. The service provider holds existing strong relationships with the Midwest Family Violence Alliance Group, Desert Blue, Mission Australia, City of Greater Geraldton RAP Committee, Midwest Multicultural Association and CALD Community – these support collective impact in the FDSV Pilot.

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

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

Collaboration

The Supporting Recovery Mental Health Services will be delivered through a collaboration between Ruah Community Services and Communicare. PHN is committed to working supportively in partnership with these providers and partner agencies in refining the service design during its first year of operation, through the Activity Lead .

Advisory relationships have been established with the following state government and peak body stakeholders, to inform regional selection, embedding of services into the region and enrichment of the service model to successfully integrate in the local ecosystem:
• Department of Communities (Child Protection and Family Support) - Office for Prevention of Family and Domestic Violence (WA)
• Centre for Women's Safety and Wellbeing
• Women and Newborn Health Service -Women's Strategy and Programs Unit (North Metro Health Service – statewide unit)
• WA Country Health Service
• Sexual Assault Resource Centre

Activity Milestone Details/Duration

Activity Start Date

08/10/2023

Activity End Date

29/06/2026

Service Delivery Start Date

01/08/2024

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Preferred service provider identified	Due by 31/03/2025
Service commencement	Due September 2025
Multi-year Activity Work Plans	Due 30/04/25, 30/04/26
Annual Needs Assessment	Due 15/11/24, 15/11/25
12-month Performance Report	Due 30/09/24, 30/09/25, 30/09/26
Financial Acquittal Report	Due 30/09/24, 30/09/25, 30/09/26
Final performance Report	Due 30/09/26

Activity Commissioning

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

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

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Supporting Recovery Pilot	$3,072,500.00	$1,902,195.06	$5,688,183.94	$0.00	$0.00	$10,662,879.00
Total	**$3,072,500.00**	**$1,902,195.06**	**$5,688,183.94**	**$0.00**	**$0.00**	**$10,662,879.00**

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

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

4000

Activity Title

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

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

To improve the access, provision and coordination of treatment and support for individuals with severe mental health conditions, 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 health conditions 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 health conditions in Australia (National Mental Health Commission (NMHC), Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental health conditions in Australia, Sydney NMHC, 2016).
The PHN will:
• Support general practitioners and their patients with severe mental health conditions 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 health conditions, 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 health conditions 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 health conditions 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 health conditions. The Fifth National Mental Health and Suicide Prevention Plan highlights the need for greater coordination and support of people with severe mental health conditions 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 health conditions are identified and addressed. Compared to the general population, people with severe mental health conditions are: six times more likely to have a dental health issue; six times more likely to die of cardiovascular disease; four times more likely to die of respiratory disease; two to four times more likely to die of infectious diseases; likely to die 20 years earlier.

Country WA PHN will work with general practitioners to develop approaches that increase the efficiency and effectiveness of medical care for individuals with severe mental health conditions particularly those individuals with concurrent physical illness whose needs can most appropriately be met in primary care settings, including individuals taking Clozapine. This involves two related activities:
1. Funding the provision of clinical care coordination within specified locations.
• Clinical care coordination will be premised upon a GP-led model using a single, standardised multi-agency GP Mental Health Treatment Plan and premised on meeting the individual's needs and preferences. Services will be personalised and recovery focused. This will include:
o Initial and ongoing assessment.
o Coordination of treatment and support services that address mental and physical health issues, including the mental and physical consequences of psychoactive substance use, particularly alcohol.
o Liaison with an individual's support network.
o Monitoring progress and treatment compliance (including undertaking routine mental state and physical health Checks).
o Tracking and reporting progress and outcomes
o Providing health literacy and education to individuals, family and carers as appropriate.
o Proactive management of clinical deterioration including the involvement of family and carers.
Clinical care coordination services for people with severe mental health conditions 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 health conditions 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 health conditions 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 health conditions in the region, including children and young people.
• Commission clinical care coordination for people with severe mental health conditions.
• Commission high intensity primary mental health services to address service gaps for people with severe mental health conditions 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 health conditions 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 health conditions.
• Establish links between clinical services and psychosocial support for people with severe mental health conditions.
• Coordinate services for people with severe mental health conditions 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 health conditions 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 is existing infrastructure, 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 overserviced 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 2025-2027

Priorities

Priority	Page reference
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Goldfields-Esperance).	7
Enable access to culturally appropriate mental health services for people who experience mental health challenges across the spectrum (Kimberley).	49
Enable access to mental health services (Great Southern).	30
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Kimberley).	51

Activity Demographics

Target Population Cohort

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

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

Indigenous Specific

No

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

The Country WA 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 health conditions in the Country WA PHN region. These have been conducted at both a national, state, and local level, and are used to inform, strengthen, and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.
Key stakeholders for this activity include:
• Consumers
• Commissioned service providers
• General practitioners and general practices
• Health Service Providers
• WA Country Health Service
• WA Mental Health Commission
• Local MH and Social Service providers
• Orygen
• MQ Health (Macquarie University)
• Centre for Clinical Interventions (CCI)
• Curtin University
• Australian Government Department of Health, Disability and Ageing
• 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 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:
• Where relevant, the WA Mental Health Commission 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.
• 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

29/06/2027

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans	Due 30/04/25, 30/04/26, 30/04/27
Needs Assessment	Due 15/11/25, 15/11/26
12-month performance report	Due 30/09/25, 30/09/26, 30/09/27
Financial Acquittal Report	Due 30/09/25, 30/09/26, 30/09/27
Final Report	Due 30/09/27

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Flexible	$2,281,715.00	$1,908,511.99	$2,430,023.39	$2,349,310.00	$0.00	$8,969,560.38
Total	**$2,281,715.00**	**$1,908,511.99**	**$2,430,023.39**	**$2,349,310.00**	**$0.00**	**$8,969,560.38**

MH 5010 - Community Based Suicide Prevention

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

5010

Activity Title

MH 5010 - Community Based Suicide Prevention

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

Mental Health Priority Area 5: Community based suicide prevention activities

Aim of Activity

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

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

Description of Activity

Country WA PHN will work locally to:
i. Improve the capacity and capability of routine community gateways into healthcare, especially general practitioners (GPs) and PHN commissioned service providers, to recognise and respond to suicide risk and suicidality that is evidence-based, culturally appropriate, available when help is needed, and connected to services based on an individual's needs.

This will include the development of aftercare for those who have attempted suicide, with active pathways to GP-connected care and psychosocial supports.
ii. Identify high-risk groups within localities.
iii. Develop integrated community-based pathways into care.
Community based suicide prevention activities will be delivered by commissioned services across parts of Country WA PHN using an integrated and systems-based approach, in partnership with Local Health Networks (to be referred to as Health Service Providers herein) and other local organisations. Evidence-informed activities will focus on improving follow up support for those who have recently attempted suicide or clinically significant suicidal ideation, who present to primary or secondary care services.

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

The Country WA PHN will also work with local communities to improve the integration of care, utilising the European Alliance Against Depression (EAAD) framework. The EAAD strategy is programmatic and comprises a four-part community-based intervention, focused on improving care and optimising treatment for individuals with depressive disorders and preventing suicidal behaviour. Key activities require engaging with general practitioners and community allied health practitioners (e.g., psychologists in private practice), health service providers and relevant agencies (such as headspace), public relation activities that destigmatise depression and talking about suicide, facilitating co-operation with domain-relevant stakeholders, and developing support pathways for high-risk individuals and their relatives, including aftercare and postvention services.

The activity will also strengthen joint regional planning and commissioning of suicide prevention activities that are integrated and linked to alcohol and other drug use, mental health and social and emotional wellbeing activities. This will help build the capability of local providers in suicide prevention.
A community-based suicide prevention activity is being commissioned to support and provide service coordination for youth at risk of suicide with a focus on youth post self-harm. The activity being commissioned in Country PHN regions, identified through the Needs Analysis, and will be collocated within selected headspace centres, but operate independently of the headspace service.
WAPHA has developed a Cultural Competency Framework, a LGBTIQA+ 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.

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.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people (South West).	118
Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people (Wheatbelt).	141

Enable access to culturally appropriate mental health services for people who experience mental health challenges across the spectrum (Kimberley).	49

Activity Demographics

Target Population Cohort

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

Indigenous Specific

No

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

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

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

Collaboration

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

The role of the key stakeholders in the design and implementation of the community-based suicide prevention activities will be:
• General practitioners who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
• Aboriginal Health Council of WA and Aboriginal medical services who will assist to promote and strengthen culturally appropriate and accessible primary mental health care services.

WA Mental Health Commission and Health Service Providers who will assist to improve and inform best practice, develop strategic partnerships, support regional planning, provide leadership and engagement in the sector, build capability and promote integration across the sector.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Activity Work Plans	Due 30/04/25, 30/04/26, 30/04/27
Needs Assessment	Due 15/11/25, 15/11/26
12-month performance report	Due 30/09/25, 30/09/26, 30/09/27
Financial Acquittal Report	Due 30/09/25, 30/09/26, 30/09/27
Final Report	Due 30/09/27

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Flexible	$1,069,730.00	$1,517,920.90	$1,317,297.00	$1,276,287.00	$0.00	$5,181,234.90
Total	**$1,069,730.00**	**$1,517,920.90**	**$1,317,297.00**	**$1,276,287.00**	**$0.00**	**$5,181,234.90**

MH-TRISP 5020 - Targeted Regional Initiatives for Suicide Prevention

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

5020

Activity Title

MH-TRISP 5020 - Targeted Regional Initiatives for Suicide Prevention

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

Mental Health Priority Area 5: Community based suicide prevention activities

Aim of Activity

Implement a systems-based approach to reduce the incidence and impact of suicidality.
Apply the European Alliance Against Depression (EAAD) systems-based approach to suicide prevention targeting communities of high need and populations identified at-risk of suicide or suicidal distress. This approach targets the primary mental health care sector, and in particular general practice, with GP-led depression management at the core of the strategy.

The Country WA PHN's primary objective will be to engage the primary care and mental health care workforce to improve their capacity and capability to identify and treat depression and prevent suicidal behaviour. This activity aligns directly to pillar 1 of the EAAD framework (Primary care and mental health care). Secondary to this, the PHN will collaborate with other National, State and local community stakeholders within regions to identify existing suicide prevention plans and activities and look to commission activities that align across the EAAD framework, particularly where gaps are identified.

Description of Activity

The Country WA PHN will recruit a Suicide Prevention Lead (SPL), to coordinate implementation of the following activities:
• Identification of communities of need and the at-risk populations within those communities, informed by data and consultation with stakeholders such as the WA Mental Health Commission (MHC).
• Map existing services/programs within these identified communities against the European Alliance Against Depression (EAAD) 4 pillar intervention framework to identify gaps and options to value-add to existing activity.

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

Priority Locations
Activities will be commissioned in locations where there is existing infrastructure, such as a defined minimum set of in-situ services, including general practice.

To help determine priority locations, a multiple criteria decision analysis, aligned to the PHN Commonwealth program guidance, will continue to be implemented.

WAPHA utilises a socio-technical decision support and planning methodology, combining a data-driven technical value for money analysis with stakeholder engagement and discussion, to identify and rank priority locations and interventions for commissioning.
WAPHA's 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 overserviced 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.

The Targeted Regional Initiatives for Suicide Prevention activity will be funded from carry over in FY25/26 as approved by the Department of Health, Disability and Ageing. WAPHA will communicate the value through the carry-over application process.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people (South West).	118
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Pilbara).	95
Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people (Wheatbelt).	141
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Kimberley).	49
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Great Southern).	29

Activity Demographics

Target Population Cohort

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

Indigenous Specific

No

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Kimberley	51001

Activity Consultation and Collaboration

Consultation

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

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

Collaboration

The PHN is committed to ongoing collaboration with the following key stakeholders:
• Consumers.
• Carers and family members.
• Commissioned service providers.
• General practitioners and general practices.
• Health Service Providers.
• WA MHC.
• WA MHC Suicide Prevention and Community Liaison Officers.
• Local mental health and social service providers.
• Culture Care Connect Program coordinators.
• 31 organisations listed in the 40 Commonwealth funded projects included in The National Suicide Prevention Leadership and Support Program, such as the Black Dog Institute.
• WA Local Government Association.
• Royal Australian College of General Practitioners.
• Existing Mental Health/Suicide Prevention Collaborative within the PHN e.g., IAR Training and Support Officers.
• MHC- WAPHA Suicide Prevention Working Group.
• MHC- WAPHA Aftercare Working Group.
• StandBy Regional Coordinators.
• Wesley Lifeforce Suicide Prevention Coordinators.
• Aboriginal Health Council of Western Australia.
• Rural Health West.
• Australian Practice Managers Association.
• Culture Care Connect Coordinators.
• All collaborative activities are aimed at ensuring the commissioning of effective and sustainable face to face and virtual low intensity services, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving consumers and carers where possible.

Activity Milestone Details/Duration

Activity Start Date

09/01/2023

Activity End Date

29/06/2026

Service Delivery Start Date

10/01/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans	Due 30/04/25, 30/04/26
Needs Assessment	Due 15/11/24,15/11/25
12-month performance report	Due 30/09/25, 30/09/26
Financial Acquittal Report	Due 30/09/25, 30/09/26
Final Report	Due 30/09/26

Activity Commissioning

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

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

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

No

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Flexible	$1,548,504.95	$2,729,097.82	$0.00	$0.00	$0.00	$4,277,602.77
Total	**$1,548,504.95**	**$2,729,097.82**	**$0.00**	**$0.00**	**$0.00**	**$4,277,602.77**

MH 6000 - Indigenous Mental Health

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

6000

Activity Title

MH 6000 - Indigenous Mental Health

Existing, Modified or New Activity

Modified

Activity Priorities and Description

Program Key Priority Area

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

Aim of Activity

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

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

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

The Country WA PHN will aim to:
• Integrate Aboriginal mental health services into a culturally appropriate stepped care approach.
• Engage local Aboriginal people and communities, in the identification of needs, co-designing of locally driven regional plans and service delivery.
• Work with local stakeholders to improve referral pathways between GPs, Aboriginal Community Controlled Health Services (ACCHS), 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 Community Controlled sector and mainstream sectors.

• Recognise and promote Aboriginal leadership by supporting Gayaa Dhuwi (Proud Spirit) Declaration implementation.
• Promote the sharing of information between agencies using informed consent as an enabler of clinical care coordination and service integration.
• Develop strategic joint regional planning for mental health and suicide prevention services with Health Service Providers and the WA Mental Health Commission, via the Joint Service Planning and Governance Committee, as part of the WA Bilateral schedule on mental health and suicide prevention.
• Ensure clinical and cultural competency of the workforce and ensure cultural safety of Aboriginal employees.
• 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 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]1

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 ACCHO/ACCHSs as leaders in Aboriginal primary healthcare, including through sustainable funding for partnerships in prevention and early intervention activities, as well as general capacity building.
• To developing cooperative partnerships to achieve the common objective of providing Aboriginal people with improved access to services and to enable continuity of care at transition points across the healthcare system.
The PHN will work in partnership with Aboriginal stakeholders and consumers to ensure new and existing service models operate within a social and emotional wellbeing framework. Services will be culturally appropriate and recognise the social, emotional, spiritual, and cultural wellbeing of a person. 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 are provided within a holistic framework that encompass their overall physical, social, emotional, spiritual, and cultural wellbeing and involves their family and/or community.

It is proposed that the following will be commissioned:
• In person interventions offered as part of community treatment services

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

WAPHA has developed Cultural Competency and Capability Frameworks focusing on three priority groups: Aboriginal people, LGBTIQA+ and Multicultural communities.

WAPHA will continue to work to implement the Aboriginal Cultural Competency Framework and LGBTIQA+ Equity and Inclusion Framework to support the improvement of cultural competency and clinical safety of Indigenous Mental Health services for Aboriginal people.
The Frameworks will:
• Be embedded into the procurement process.
• Enable the PHN to assess and make improvements to the management of Indigenous Mental Health activities.
• Assist in ensuring Indigenous Mental Health organisations provide cultural safety to their Aboriginal workforce and clients.
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 communities.

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.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Pilbara).	96
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Goldfields-Esperance).	7
Support General Practices in identifying people at risk of suicide and referring to appropriate services, including telehealth mental health providers (South West).	118
Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people (South West).	118
Enable access to coordinated culturally appropriate primary care for Aboriginal people (South West).	119

Enable access to culturally appropriate mental health services in the Kimberley for people who experience mental health across the spectrum (Pilbara).	95
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Pilbara).	95
Support General Practices in identifying people at risk of suicide and referring to appropriate services, including telehealth mental health providers (Wheatbelt).	141
Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people (Wheatbelt).	141
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Mid West).	72
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Wheatbelt).	142
Support General Practices in identifying people at risk of suicide and referring to appropriate services, including telehealth mental health providers (Mid West).	71
Enable access to culturally appropriate mental health services for people who experience mental health challenges across the spectrum (Kimberley).	49
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Kimberley).	49
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Great Southern).	31
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Kimberley).	51
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Great Southern).	29

Activity Demographics

Target Population Cohort

The Aboriginal mental health services will be targeted at individuals who:
• Identify as Aboriginal and/or Torres Strait Islander.
• Are with, or at risk of developing mild to moderate and, in some circumstances, severe mental health conditions who can be most appropriately managed in primary care.
• Are 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
• Are experiencing locational disadvantage.

Indigenous Specific

Yes

Indigenous Specific Comments

The following key stakeholders will have a role in the design and implementation of these services to ensure they are appropriate for Aboriginal people:
• GPs, who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
• The Aboriginal Health Council of WA and Aboriginal Community Controlled Health Services, who will assist to promote and strengthen culturally appropriate and accessible primary mental health care, within a framework of social and emotional wellbeing.
• WA Mental Health Commission, the Child and Adolescent Health Service and the WA Country Health Service, who will build capability and promote integration across the sector.
• Mental health service providers, who will work to strengthen partnerships and ensure services are culturally appropriate and connected to country and culture.
• Alcohol and other drug service providers, who will work to strengthen cross-sectoral working.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

The PHN will be updating and working with all Indigenous Mental Health commissioned service providers over the coming 2025/65 financial year in light of the anticipated commissioning changes for this funding source.

WA Primary Health Alliance has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of mental health services for children and young people in the Country WA PHN. These have been conducted at both a national, state, regional and local level, and are used to inform, strengthen and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.
Key stakeholders for this activity include:
• Children and young people
• Parents, family members and carers
• Commissioned service providers
• General Practitioners and general practices
• Health Service Providers
• WA Mental Health Commission
• WA Department of Education
• Local mental health and social service providers
• Orygen
• Family Support Services.
In addition to those listed above, the Country WA PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:
• Australian Government Department of Health, Disability and Ageing
• 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 be updating and working with all Indigenous Mental Health commissioned service providers over the coming 2025/26 financial year in light of the anticipated commissioning changes for this funding source.

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 Community Controlled Health Services who will support and inform to promote and strengthen culturally appropriate and accessible primary mental health care services.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans	Due 30/04/25, 30/04/26
Needs Assessment	Due 15/11/25
12-month performance report	Due 30/09/25, 30/09/26
Financial Acquittal Report	Due 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 in scope for data collection under the Mental Health National Minimum Dataset?

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Operational	$220,854.00	$226,420.00	$305,795.74	$0.00	$0.00	$753,069.74
Indigenous Mental Health	$2,553,960.45	$2,722,420.19	$2,425,814.00	$0.00	$0.00	$7,702,194.64
Total	**$2,774,814.45**	**$2,948,840.19**	**$2,731,609.74**	**$0.00**	**$0.00**	**$8,455,264.38**

MH 7000 - Child and Youth Mental Health Primary Care Services

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

7000

Activity Title

MH 7000 - Child and Youth Mental Health Primary Care Services

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

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

Aim of Activity

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

This activity 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 Country WA PHN will aim to:
• Integrate youth services into a stepped care approach.
• Consolidate and strengthen linkages and referral pathways between headspace centres with primary care services, educational and vocational providers, and other local community support services.
• Strengthen local regional planning for mental health services and suicide prevention, for children and young people.
• Promote locally driven regional partnerships between primary care providers and:
o state government funded clinical services
o non-government services
o private practitioners
o other services, such as alcohol and other drug services
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 health conditions.

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 health conditions. 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 health conditions and co-occurring substance misuse. The Country WA PHN will work in partnership, where indicated, with Health Service Providers, Child and Adolescent Health Services, Family Support Service providers, Aboriginal Medical Services and other local services, to consolidate and foster local regional planning and integration.
All PHN commissioned services will provide culturally sensitive, evidence-based clinical best practice models, such as those described by Orygen - the National Centre of Excellence in Youth Mental Health.
The range of services delivered under this activity are:
• headspace services.
• youth enhanced services.
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, Disability and Ageing, Orygen, and other key stakeholders on the design, implementation and evaluation of Youth Enhanced Services (YES) in WA.
• Promote enhanced digital access to services (including MOST digital mental health service (Orygen Digital).
• Commence the development and delivery of evidence-based early intervention services for young people with, or at risk of, severe mental health conditions (being managed in primary care).
• Deliver training to build relationships and provide ongoing support to General Practitioners and clinicians 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 health conditions 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 Medicare service in line with the National Service Model.
• Program direction and oversight processes developed and maintained.
• Support continuous program improvement.

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

WA Country 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.

Priority Locations
Services will be commissioned in locations where there is existing infrastructure, 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 overserviced 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 2025-2027

Priorities

Priority	Page reference
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (South West).	118
Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people (South West).	118
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Goldfields-Esperance).	5
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Pilbara).	95
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Wheatbelt).	141
Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people (Wheatbelt).	141
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Mid West).	71
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Kimberley).	49
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Great Southern).	30

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 underserviced 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.

Indigenous Specific

No

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

WA Primary Health Alliance has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of mental health services for children and young people in the Country WA PHN. These have been conducted at both a national, state, regional and local level, and are used to inform, strengthen and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.
Key stakeholders for this activity include:
• Children and young people.
• Parents, family members and carers.
• Commissioned service providers.
• General Practitioners and general practices.
• Health Service Providers.
• WA Mental Health Commission.
• WA Department of Education.
• Local mental health and social service providers.
• Orygen.
• Family Support Services.

In addition to those listed above, the Country WA PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:
• Australian Government Department of Health, Disability and Ageing.
• Women and Newborn Health Service.
• Child and Adolescent Health Service.
• Royal Australian College of General Practice.
• WA Local Governments.
• Aboriginal Health Council of WA.
• Aboriginal advisory groups.

• Australian Medical Association (WA).
• Consumer and carer peak bodies and consumer associations.
Ongoing consultation and engagement activities will be conducted through a range of methods including face-to-face and group sessions, and online platforms.

Collaboration

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for children and young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving children, young people and their families, where possible.
The role of the key stakeholders in the implementation of this service will be:
• General practitioners, who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
• State-based Health Service Providers (Local Health Networks) will assist to strengthen partnerships, regional planning and clarify transition points into state-based services.
• Aboriginal Health Council of WA and Aboriginal Medical Services who will support and inform to promote and strengthen culturally appropriate and accessible primary mental health care services.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2028

Other Relevant Milestones

Activity Work Plans	Due 30/04/25, 30/04/26, 30/04/27, 30/04/28
Needs Assessment	Due 15/11/25, 15/11/26, 15/11/27
12-month performance report	Due 30/09/25, 30/09/26, 30/09/27, 30/09/28
Financial Acquittal Report	Due 30/09/25, 30/09/26, 30/09/27, 30/09/28
Final Report	Due 30/09/28

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Flexible	$2,518,131.97	$4,859,932.01	$2,193,535.00	$2,125,241.00	$0.00	$11,696,839.98
headspace	$12,345,669.00	$13,312,641.51	$12,710,142.00	$12,945,204.00	$13,178,218.00	$64,491,874.51
Total	**$14,863,800.97**	**$18,172,573.52**	**$14,903,677.00**	**$15,070,445.00**	**$13,178,218.00**	**$76,188,714.49**

MH-hE 7020 headspace Enhancement Albany

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

7020

Activity Title

MH-hE 7020 headspace Enhancement Albany

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

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

Aim of Activity

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.
Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people, as well as to improve workforce attraction and retention.

The headspace activity aims to:
• Provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.
• Facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues.
• Promote early help seeking.
• Contribute to an increase in the mental health literacy of young people.
• Enable better access to primary care services, including allied health and general practitioner services for young people.
• Support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues.
• Consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and other local community support services.

Description of Activity

Over many years, WA Primary Health Alliance has utilised PHN Mental Health and Suicide Prevention flexible funding to supplement the headspace specific funding of headspace Albany.

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

The headspace enhancement funding is being utilised to expand the headspace service's capacity to respond to local need, within the parameters of the headspace Model Integrity Framework.
headspace Albany is using the funds to:
• Support and retain their skilled workforce through supplementing salaries.
• Increase community engagement and awareness activities, particularly with the Aboriginal community.
• Conduct co-design functions with the community to enhance youth engagement in headspace activities.

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

headspace Enhancement funds for 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 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 the Department of Health, Disability and Ageing in relation to the higher level of funding provided for this centre on establishment ($1.435m).

As headspace Enhancement funds surplus to the $1.25m (centre) and $800k (satellite) funding floor have become available these funds have been used to fund Community Based Suicide Prevention (CBSP) roles in headspace services across Country WA PHN. The establishment of these CBSP roles has been endorsed by headspace National as is required under the headspace Enhancement Funds. A CBSP role was established at headspace Albany in 2023-24.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Great Southern).	30
Enable access to mental health services (Great Southern).	30

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).

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Albany	50901

Activity Consultation and Collaboration

Consultation

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

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

In addition to those listed above, the PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:
- Australian Government Department of Health, Disability and Ageing
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service
- Royal Australian College of General Practitioners
- WA Local Governments

• Aboriginal Health Council of WA
• Aboriginal advisory groups
• Australian Medical Association (WA)
• Consumer and carer peak bodies and consumer associations.

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

Collaboration

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving young people and their families, where possible.

The role of the key stakeholders in the implementation of this service will be:
• General practitioners, who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
• State-based Health Service Providers (Local Health Networks) will assist to strengthen partnerships, regional planning and clarify transition points into state-based services.
• Aboriginal Health Council of WA and Aboriginal Medical Services who will support and inform to promote and strengthen culturally appropriate and accessible primary mental health care services.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	$405,000.00	$422,915.33	$434,055.00	$0.00	$0.00	$1,261,970.33
Total	**$405,000.00**	**$422,915.33**	**$434,055.00**	**$0.00**	**$0.00**	**$1,261,970.33**

MH-hE 7021 - headspace Enhancement Broome

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

7021

Activity Title

MH-hE 7021 - headspace Enhancement Broome

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

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

Aim of Activity

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.
Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people, as well as to improve workforce attraction and retention.

The headspace activity aims to:
• Provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.
• Facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues.
• Promote early help seeking.
• Contribute to an increase in the mental health literacy of young people.
• Enable better access to primary care services, including allied health and general practitioner services for young people.
• Support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues.
• Consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and other local community support services.

Description of Activity

Over many years, WA Primary Health Alliance has utilised PHN Mental Health and Suicide Prevention flexible funding to supplement the headspace specific funding of headspace Broome. The enhancement funds are therefore being utilised to augment and support resources already in place at this service.

The activities described in this section need to be considered in this context. The Mental Health and Suicide Prevention flexible funding has been withdrawn at this headspace site, and has been utilised to commission additional mental health activity as reported via the PMHC MDS.
The headspace enhancement funding is being utilised to expand the headspace service's capacity to respond to local need, within the parameters of the headspace Model Integrity Framework.

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

headspace Enhancement funds for 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 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 the Department of Health, Disability and Ageing in relation to the higher level of funding provided for this centre on establishment ($1.435m).

As headspace Enhancement funds surplus to the $1.25m (centre) and $800k (satellite) funding floor have become available these funds have been used to fund Community Based Suicide Prevention (CBSP) roles in headspace services across Country WA PHN. The establishment of these CBSP roles has been endorsed by headspace National as is required under the headspace Enhancement Funds. A CBSP role was established at headspace Broome in 2023-24.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to culturally appropriate mental health services for people who experience mental health challenges across the spectrum (Kimberley).	49

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.

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Kimberley	51001

Activity Consultation and Collaboration

Consultation

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

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

In addition to those listed above, the PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:
• Australian Government Department of Health, Disability and Ageing
• WA Country Health Services
• Women and Newborn Health Service
• Child and Adolescent Health Service
• Royal Australian College of General Practitioners
• WA Local Governments
• Aboriginal Health Council of WA
• Aboriginal advisory groups
• Australian Medical Association (WA)
• Consumer and carer peak bodies and consumer associations.

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

Collaboration

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving young people and their families, where possible.

The role of the key stakeholders in the implementation of this service will be:
• General practitioners, who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
• State-based Health Service Providers (Local Health Networks) will assist to strengthen partnerships, regional planning and clarify transition points into state-based services.
• Aboriginal Health Council of WA and Aboriginal Medical Services who will support and inform to promote and strengthen culturally appropriate and accessible primary mental health care services.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	$405,000.00	$422,915.33	$434,055.00	$0.00	$0.00	$1,261,970.33
Total	**$405,000.00**	**$422,915.33**	**$434,055.00**	**$0.00**	**$0.00**	**$1,261,970.33**

MH-hE 7022 - headspace Enhancement Bunbury

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

7022

Activity Title

MH-hE 7022 - headspace Enhancement Bunbury

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

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

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 Bunbury is using the funds to:
• Increase employee retention through supplementing salaries.
• Recruit additional clinical and non-clinical employees for the growing service, notably to improve care coordination, referral pathways and service integration.
• Increase community awareness and engagement activities.

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

headspace Enhancement funds for 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 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 the Department of Health, Disability and Ageing in relation to the higher level of funding provided for this centre on establishment ($1.435m).

As headspace Enhancement funds surplus to the $1.25m (centre) and $800k (satellite) funding floor have become available these funds have been used to fund Community Based Suicide Prevention (CBSP) roles in headspace services across Country WA PHN. The establishment of these CBSP roles has been endorsed by headspace National as is required under the headspace Enhancement Funds. A CBSP role was established at headspace Bunbury in 2023-24.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people (South West).	118

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.

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Bunbury	50102

Activity Consultation and Collaboration

Consultation

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

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

In addition to those listed above, the PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:
• Australian Government Department of Health, Disability and Ageing
• WA Country Health Services
• Women and Newborn Health Service
• Child and Adolescent Health Service
• Royal Australian College of General Practitioners
• WA Local Governments
• Aboriginal Health Council of WA
• Aboriginal advisory groups
• Australian Medical Association (WA)
• Consumer and carer peak bodies and consumer associations.

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

Collaboration

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving young people and their families, where possible.

The role of the key stakeholders in the implementation of this service will be:
• General practitioners, who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
• State-based Health Service Providers (Local Health Networks) will assist to strengthen partnerships, regional planning and clarify transition points into state-based services.

• Aboriginal Health Council of WA and Aboriginal Medical Services who will support and inform to promote and strengthen culturally appropriate and accessible primary mental health care services.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	$405,000.00	$422,915.33	$434,055.00	$0.00	$0.00	$1,261,970.33
Total	**$405,000.00**	**$422,915.33**	**$434,055.00**	**$0.00**	**$0.00**	**$1,261,970.33**

MH-hE 7023 - headspace Enhancement Busselton

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

7023

Activity Title

MH-hE 7023 - headspace Enhancement Busselton

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

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

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 Busselton is using the funds to:
• Increase employee retention through supplementing salaries.
• Recruit additional clinical and non-clinical employees for the growing service, notably to improve care coordination, referral pathways and service integration.
• Increase community awareness and engagement activities.

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

headspace Enhancement funds for 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 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 the Department of Health, Disability and Ageing in relation to the higher level of funding provided for this centre on establishment ($1.435m).

As headspace Enhancement funds surplus to the $1.25m (centre) and $800k (satellite) funding floor have become available these funds have been used to fund Community Based Suicide Prevention (CBSP) roles in headspace services across Country WA PHN. The establishment of these CBSP roles has been endorsed by headspace National as is required under the headspace Enhancement Funds. A CBSP role was established at headspace Busselton in 2023-24.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people (South West).	118

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.

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Augusta - Margaret River - Busselton	50101

Activity Consultation and Collaboration

Consultation

headspace Busselton actively involves young people and their families and friends in the development, implementation and evaluation of services.
Key stakeholders for this activity include:
• Young people aged 12 to 25 years
• Parents, family members and carers
• Commissioned service providers
• General practitioners and general practices
• Health Service Providers
• WA Mental Health Commission
• WA Department of Education
• Local mental health and social service providers
• Orygen
• Family Support Services

In addition to those listed above, the PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:
• Australian Government Department of Health, Disability and Ageing
• WA Country Health Services
• Women and Newborn Health Service
• Child and Adolescent Health Service
• Royal Australian College of General Practitioners
• WA Local Governments
• Aboriginal Health Council of WA
• Aboriginal advisory groups
• Australian Medical Association (WA
• consumer and carer peak bodies and consumer associations.

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

Collaboration

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving young people and their families, where possible.

The role of the key stakeholders in the implementation of this service will be:
• General practitioners, who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
• State-based Health Service Providers (Local Health Networks) will assist to strengthen partnerships, regional planning and clarify transition points into state-based services.
• Aboriginal Health Council of WA and Aboriginal Medical Services who will support and inform to promote and strengthen culturally appropriate and accessible primary mental health care services.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	$405,000.00	$422,915.33	$434,055.00	$0.00	$0.00	$1,261,970.33
Total	**$405,000.00**	**$422,915.33**	**$434,055.00**	**$0.00**	**$0.00**	**$1,261,970.33**

MH-hE 7024 - headspace Enhancement Geraldton

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

7024

Activity Title

MH-hE 7024 - headspace Enhancement Geraldton

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

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

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 Geraldton is using the funds to:
• Supplement salaries to assist retention of their multidisciplinary workforce.
• Provide professional development, with a focus on upskilling employees in providing culturally appropriate care.

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

headspace Enhancement funds for 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 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 the Department of Health, Disability and Ageing in relation to the higher level of funding provided for this centre on establishment ($1.435m).

As headspace Enhancement funds surplus to the $1.25m (centre) and $800k (satellite) funding floor have become available these funds have been used to fund Community Based Suicide Prevention (CBSP) roles in headspace services across Country WA PHN. The establishment of these CBSP roles has been endorsed by headspace National as is required under the headspace Enhancement Funds. A CBSP role is yet to be established at headspace Geraldton pending available enhancement funds.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Mid West).	71

Activity Demographics

Target Population Cohort

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

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Mid West	51104

Activity Consultation and Collaboration

Consultation

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

Key stakeholders for this activity include:
• Young people aged 12-25 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, Disability and Ageing
• WA Country Health Services
• Women and Newborn Health Service
• Child and Adolescent Health Service
• Royal Australian College of General Practitioners
• WA Local Governments
• Aboriginal Health Council of WA
• Aboriginal advisory groups
• Australian Medical Association (WA)
• Consumer and carer peak bodies and consumer associations.

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

Collaboration

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving young people and their families, where possible.

The role of the key stakeholders in the implementation of this service will be:
• General practitioners, who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
• State-based Health Service Providers (Local Health Networks) will assist to strengthen partnerships, regional planning and clarify transition points into state-based services.

• Aboriginal Health Council of WA and Aboriginal Medical Services who will support and inform to promote and strengthen culturally appropriate and accessible primary mental health care services.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	$205,000.00	$211,660.00	$434,055.00	$0.00	$0.00	$850,715.00
Total	**$205,000.00**	**$211,660.00**	**$434,055.00**	**$0.00**	**$0.00**	**$850,715.00**

MH-hE 7025 - headspace Enhancement Port Hedland

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

7025

Activity Title

MH-hE 7025 - headspace Enhancement Port Hedland

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

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

Aim of Activity

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.
Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people, as well as to improve workforce attraction and retention.

The headspace activity aims to:
• Provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.
• Facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues.
• Promote early help seeking.
• Contribute to an increase in the mental health literacy of young people.
• Enable better access to primary care services, including allied health and general practitioner services for young people.
• Support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues.
• Consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and other local community support services.

Description of Activity

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

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

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

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

The aim of the Youth Engagement Worker role is to:

- Increase engagement of young people in the community.
- Provide mental health support to a broader cohort of young people.
- Enhance service integration.
- Build relationships across the community to improve referral pathways.
- Work with consortium members, local agencies, community groups and sector networks to increase access to appropriate services for young people in the Hedland community.
- Increase awareness and understanding of mental health challenges.
- Encourage positive help-seeking behaviours of young people.

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

headspace Enhancement funds for 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 the Department of Health, Disability and Ageing in relation to the higher level of funding provided for this centre on establishment ($1.435m).

As headspace Enhancement funds surplus to the $1.25m (centre) and $800k (satellite) funding floor have become available these funds have been used to fund Community Based Suicide Prevention (CBSP) roles in headspace services across Country WA PHN. The establishment of these CBSP roles has been endorsed by headspace National as is required under the headspace Enhancement Funds. A CBSP role is to be established at headspace Hedland in 2025-26.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Pilbara).	95
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Pilbara).	95

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.

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
East Pilbara	51002

Activity Consultation and Collaboration

Consultation

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

Key stakeholders for this activity include:
- Young people
- Parents, family members and carers
- Commissioned service providers
- General practitioners and general practices
- Health Service Providers
- WA Mental Health Commission
- WA Department of Education

• Local mental health and social service providers
• Orygen
• Family Support Services

In addition to those listed above, the PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:
• Australian Government Department of Health, Disability and Ageing
• WA Country Health Services
• Women and Newborn Health Service
• Child and Adolescent Health Service
• Royal Australian College of General Practitioners
• WA Local Governments
• Aboriginal Health Council of WA
• Aboriginal advisory groups
• Australian Medical Association (WA)
• Consumer and carer peak bodies and consumer associations.

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

Collaboration

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving young people and their families, where possible.
The role of the key stakeholders in the implementation of this service will be:
• General practitioners, who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
• State-based Health Service Providers (Local Health Networks) will assist to strengthen partnerships, regional planning and clarify transition points into state-based services.
• Aboriginal Health Council of WA and Aboriginal Medical Services who will support and inform to promote and strengthen culturally appropriate and accessible primary mental health care services.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	$0.00	$211,660.00	$214,504.33	$0.00	$0.00	$426,164.33
Total	**$0.00**	**$211,660.00**	**$214,504.33**	**$0.00**	**$0.00**	**$426,164.33**

MH-hE 7026 - headspace Enhancement Kalgoorlie

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

7026

Activity Title

MH-hE 7026 - headspace Enhancement Kalgoorlie

Existing, Modified or New Activity

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 provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.
Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people, as well as to improve workforce attraction and retention.

The headspace activity aims to:
• Provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.
• Facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues.
• Promote early help seeking.
• Contribute to an increase in the mental health literacy of young people.
• Enable better access to primary care services, including allied health and general practitioner services for young people.
• Support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues.
• Consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and other local community support services.

Description of Activity

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

The headspace enhancement funding is being utilised to expand the headspace service's capacity to respond to local need, within the parameters of the headspace Model Integrity Framework.
headspace Kalgoorlie is using the funds to support and retain their skilled workforce through supplementing salaries. The service provider reports attraction and retention of employees (including senior clinicians) has been challenging in the currently competitive market. Retention of employees will benefit young people accessing the headspace services by ensuring consistency.

headspace Enhancement funds for 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 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 the Department of Health, Disability and Ageing in relation to the higher level of funding provided for this centre on establishment ($1.435m).

As headspace Enhancement funds surplus to the $1.25m (centre) and $800k (satellite) funding floor have become available these funds have been used to fund Community Based Suicide Prevention (CBSP) roles in headspace services across Country WA PHN. The establishment of these CBSP roles has been endorsed by headspace National as is required under the headspace Enhancement Funds. A CBSP role is yet to be established at headspace Kalgoorlie pending available enhancement funds.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Goldfields-Esperance).	6

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.

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Goldfields	51103

Activity Consultation and Collaboration

Consultation

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

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

In addition to those listed above, the PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:
• Australian Government Department of Health, Disability and Ageing
• WA Country Health Services
• Women and Newborn Health Service
• Child and Adolescent Health Service
• Royal Australian College of General Practitioners
• WA Local Governments
• Aboriginal Health Council of WA
• Aboriginal advisory groups
• Australian Medical Association (WA)
• Consumer and carer peak bodies and consumer associations.

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

Collaboration

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving young people and their families, where possible.

The role of the key stakeholders in the implementation of this service will be:
• General practitioners, who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
• State-based Health Service Providers (Local Health Networks) will assist to strengthen partnerships, regional planning and clarify transition points into state-based services.
• Aboriginal Health Council of WA and Aboriginal Medical Services who will support and inform to promote and strengthen culturally appropriate and accessible primary mental health care services.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	$205,000.00	$211,660.00	$434,055.00	$0.00	$0.00	$850,715.00
Total	**$205,000.00**	**$211,660.00**	**$434,055.00**	**$0.00**	**$0.00**	**$850,715.00**

MH-hE 7027 - headspace Enhancement Karratha

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

7027

Activity Title

MH-hE 7027 - headspace Enhancement Karratha

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

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

Aim of Activity

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.
Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people, as well as to improve workforce attraction and retention.

The headspace activity aims to:
• Provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.
• Facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues.
• Promote early help seeking.
• Contribute to an increase in the mental health literacy of young people.
• Enable better access to primary care services, including allied health and general practitioner services for young people.
• Support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues.
• Consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and other local community support services.

Description of Activity

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

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

headspace Enhancement funds for 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 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 the Department of Health, Disability and Ageing in relation to the higher level of funding provided for this centre on establishment ($1.435m).

As headspace Enhancement funds surplus to the $1.25m (centre) and $800k (satellite) funding floor have become available these funds have been used to fund Community Based Suicide Prevention (CBSP) roles in headspace services across Country WA PHN. The establishment of these CBSP roles has been endorsed by headspace National as is required under the headspace Enhancement Funds. A CBSP role will be established at headspace Karratha in 2025-26.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to culturally appropriate mental health and early intervention suicide prevention services and support primary health care providers in identifying people at risk (Pilbara).	95

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.

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
West Pilbara	51003

Activity Consultation and Collaboration

Consultation

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

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

In addition to those listed above, the PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:
- Australian Government Department of Health, Disability and Ageing
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service
- Royal Australian College of General Practitioners
- WA Local Governments
- Aboriginal Health Council of WA
- Aboriginal advisory groups
- Australian Medical Association (WA)

• Consumer and carer peak bodies and consumer associations.

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

Collaboration

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving young people and their families, where possible.

The role of the key stakeholders in the implementation of this service will be:
• General practitioners, who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
• State-based Health Service Providers (Local Health Networks) will assist to strengthen partnerships, regional planning and clarify transition points into state-based services.
• Aboriginal Health Council of WA and Aboriginal Medical Services who will support and inform to promote and strengthen culturally appropriate and accessible primary mental health care services.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	$0.00	$0.00	$214,504.33	$0.00	$0.00	$214,504.33
Total	**$0.00**	**$0.00**	**$214,504.33**	**$0.00**	**$0.00**	**$214,504.33**

MH-hE 7028 - headspace Enhancement Kununurra

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

7028

Activity Title

MH-hE 7028 - headspace Enhancement Kununurra

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

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

Aim of Activity

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.
Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people, as well as to improve workforce attraction and retention.

The headspace activity aims to:
• Provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.
• Facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues.
• Promote early help seeking.
• Contribute to an increase in the mental health literacy of young people.
• Enable better access to primary care services, including allied health and general practitioner services for young people.
• Support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues.
• Consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers, and other local community support services.

Description of Activity

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

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

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

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

headspace Enhancement funds for 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 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 the Department of Health, Disability and Ageing in relation to the higher level of funding provided for this centre on establishment ($1.435m).

As headspace Enhancement funds surplus to the $1.25m (centre) and $800k (satellite) funding floor have become available these funds have been used to fund Community Based Suicide Prevention (CBSP) roles in headspace services across Country WA PHN. The establishment of these CBSP roles has been endorsed by headspace National as is required under the headspace Enhancement Funds. A CBSP role was established at headspace Kununurra in 2024-25.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Kimberley).	49
Enable access to culturally appropriate mental health services for people who experience mental health challenges across the spectrum (Kimberley).	49

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.

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Kimberley	51001

Activity Consultation and Collaboration

Consultation

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

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

In addition to those listed above, the PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:
- Australian Government Department of Health, Disability and Ageing
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service
- Royal Australian College of General Practitioners
- WA Local Governments
- Aboriginal Health Council of WA
- Aboriginal advisory groups
- Australian Medical Association (WA)
- Consumer and carer peak bodies and consumer associations.

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

Collaboration

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving young people and their families, where possible.

The role of the key stakeholders in the implementation of this service will be:
• General practitioners, who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
• State-based Health Service Providers (Local Health Networks) will assist to strengthen partnerships, regional planning and clarify transition points into state-based services.
• Aboriginal Health Council of WA and Aboriginal Medical Services who will support and inform to promote and strengthen culturally appropriate and accessible primary mental health care services.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	$0.00	$0.00	$214,504.34	$0.00	$0.00	$214,504.34
Total	**$0.00**	**$0.00**	**$214,504.34**	**$0.00**	**$0.00**	**$214,504.34**

MH-hE 7029 - headspace Enhancement Margaret River

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

7029

Activity Title

MH-hE 7029 - headspace Enhancement Margaret River

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

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

Aim of Activity

To provide young people, aged 12-25 years, with access to a suite of integrated, culturally appropriate services to holistically address their mental health and wellbeing.
Funding for the enhancement of headspace services is intended to increase access to coordinated, multi-disciplinary care for cohorts of young people, as well as to improve workforce attraction and retention.

The headspace activity aims to:
• Provide early intervention for young people aged 12-25 years at risk of developing or already experiencing mild to moderate mental health concern/illness.
• Facilitate access to evidence-based treatment for young people with mental health issues, including those with associated physical or drug and alcohol issues.
• Promote early help seeking.
• Contribute to an increase in the mental health literacy of young people.
• Enable better access to primary care services, including allied health and general practitioner services for young people.
• Support local, integrated approaches to meeting the needs of young people, particularly people with mental health, drug and alcohol, physical, educational and vocational issues.
• Consolidate and strengthen linkages and referral pathways with primary care services, educational and vocational providers and other local community support services.

Description of Activity

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

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

headspace Enhancement funds for 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 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 the Department of Health, Disability and Ageing in relation to the higher level of funding provided for this centre on establishment ($1.435m).

As headspace Enhancement funds surplus to the $1.25m (centre) and $800k (satellite) funding floor have become available these funds have been used to fund Community Based Suicide Prevention (CBSP) roles in headspace services across Country WA PHN. The establishment of these CBSP roles has been endorsed by headspace National as is required under the headspace Enhancement Funds. A CBSP role was established at headspace Margaret River in 2023-24.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (South West).	118
Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people (South West).	118

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.

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Augusta - Margaret River - Busselton	50101

Activity Consultation and Collaboration

Consultation

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

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

In addition to those listed above, the PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:
• Australian Government Department of Health, Disability and Ageing
• WA Country Health Services
• Women and Newborn Health Service
• Child and Adolescent Health Service
• Royal Australian College of General Practitioners
• WA Local Governments
• Aboriginal Health Council of WA
• Aboriginal advisory groups
• Australian Medical Association (WA)
• Consumer and carer peak bodies and consumer associations.

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

Collaboration

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving young people and their families, where possible.

The role of the key stakeholders in the implementation of this service will be:

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

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	$405,000.00	$422,915.13	$434,055.00	$0.00	$0.00	$1,261,970.13
Total	**$405,000.00**	**$422,915.13**	**$434,055.00**	**$0.00**	**$0.00**	**$1,261,970.13**

MH-hE 7030 - headspace Enhancement Northam

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

7030

Activity Title

MH-hE 7030 - headspace Enhancement Northam

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

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

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

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

headspace Enhancement funds for 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 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 the Department of Health, Disability and Ageing in relation to the higher level of funding provided for this centre on establishment ($1.435m).

As headspace Enhancement funds surplus to the $1.25m (centre) and $800k (satellite) funding floor have become available these funds have been used to fund Community Based Suicide Prevention (CBSP) roles in headspace services across Country WA PHN. The establishment of these CBSP roles has been endorsed by headspace National as is required under the headspace Enhancement Funds. A CBSP role was established at headspace Northam in 2023-24.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Wheatbelt).	141
Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people (Wheatbelt).	141

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.

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Wheat Belt - North	50902

Activity Consultation and Collaboration

Consultation

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

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

In addition to those listed above, the PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:
• Australian Government Department of Health, Disability and Ageing
• WA Country Health Services
• Women and Newborn Health Service
• Child and Adolescent Health Service
• Royal Australian College of General Practitioners
• WA Local Governments
• Aboriginal Health Council of WA
• Aboriginal advisory groups
• Australian Medical Association (WA)
• Consumer and carer peak bodies and consumer associations.

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

Collaboration

The PHN will continue to build on existing and new relationships to ensure the commissioning of effective and sustainable services for young people, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and involving young people and their families, where possible.

The role of the key stakeholders in the implementation of this service will be:

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

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

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

Yes

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Headspace Enhancement	$405,000.00	$422,915.33	$434,055.00	$0.00	$0.00	$1,261,970.33
Total	**$405,000.00**	**$422,915.33**	**$434,055.00**	**$0.00**	**$0.00**	**$1,261,970.33**

MH 9000 - Integrated Health Precincts

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH

Activity Number

9000

Activity Title

MH 9000 - Integrated Health Precincts

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

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

Aim of Activity

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

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

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

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

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

Description of Activity

To foster an Integrated Healthcare Precinct, WA Primary Health Alliance (WAPHA) will:
• Undertake stakeholder engagement to refine the approach and to support procurement.
• Commission coordination activities to support integration at a local level.
• Work with local stakeholders to support the development of a shared vision, joint governance and leadership, planning, and funding to provide a mechanism to address fragmentation of services, duplication, and inefficiencies in service provision.
• Identify and build on assets existing in the local community and work together with the community to address gaps.
• Provide support to safeguard the ongoing involvement of a local General Practice, which is invested in the principles of the approach and has commitment, capacity, and clinical and business capability, to be part of the Precinct.
• Work with local stakeholders to develop a realistic, staged implementation plan, a detailed change management plan and a communication strategy.
WAPHA's role and level of engagement in supporting Precincts will also be informed by the commensurate location specific demand and supply characteristics.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (South West).	118
Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people (South West).	118

Activity Demographics

Target Population Cohort

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

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Bunbury	50102

Activity Consultation and Collaboration

Consultation

Consultation has occurred with:
- WAPHA member organisations
- Mental Health Commission
- Health Service Providers
- WAPHA commissioned service providers.
- Other locally based primary care providers.
- Aboriginal Community Controlled Health services
- General practices

Collaboration

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

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2022

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans	Due 30/04/25, 30/04/26
Needs Assessment	Due 15/11/24, 15/11/25
12-month performance report	Due 30/09/25, 30/09/26
Financial Acquittal Report	Due 30/09/25, 30/09/26
Final Report	Due 30/06/26

Activity Commissioning

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

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

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

No

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Flexible	$20,000.00	$250,000.00	$250,000.00	$0.00	$0.00	$520,000.00
Total	**$20,000.00**	**$250,000.00**	**$250,000.00**	**$0.00**	**$0.00**	**$520,000.00**

MH-Op 1000 - Mental Health Operational Expenditure

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH-Op

Activity Number

1000

Activity Title

MH-Op 1000 - Mental Health Operational Expenditure

Existing, Modified or New Activity

Modified

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Operational	$2,572,794.00	$3,153,036.02	$4,040,916.10	$2,527,337.00	$1,163,459.00	$13,457,542.12
Total	**$2,572,794.00**	**$3,153,036.02**	**$4,040,916.10**	**$2,527,337.00**	**$1,163,459.00**	**$13,457,542.12**

MH-hE Op 7000 - headspace Enhancement Operational

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH-Op

Activity Number

7000

Activity Title

MH-hE Op 7000 - headspace Enhancement Operational

Existing, Modified or New Activity

Existing

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Operational	$181,277.00	$198,038.00	$330,428.64	$0.00	$0.00	$709,743.64
Total	**$181,277.00**	**$198,038.00**	**$330,428.64**	**$0.00**	**$0.00**	**$709,743.64**

MH-AMHCT 8000 - Medicare Mental Health Centres

Activity Metadata

Applicable Schedule

Primary Mental Health Care - Country WA

Activity Prefix

MH-AMHCT

Activity Number

8000

Activity Title

MH-AMHCT 8000 - Medicare Mental Health Centres

Existing, Modified or New Activity

Modified

Activity Priorities and Description

Program Key Priority Area

Mental Health Priority Area 1: Low intensity mental health services

Aim of Activity

Medicare Mental Health Centres (MMHCs) (formerly Head to Health Centres) will provide a low stigma, initial entry point to engagement and assessment for people who may be experiencing psychological distress or crisis. The Centres aim to be recognised by people requiring support in the area, or those attending the Centre, as an accessible entry point to the mental health care system for the services and information they need.

The Centres and satellites are intended to complement, not replace or duplicate, mental health services already provided in the community. They are not designed to offer longer term care but 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.

MMHCs and satellites aim to provide care for individuals whose care needs are too complex for many current primary care services to meet, but who are not eligible for, or are awaiting care from, WA state public community mental health services (i.e. the 'missing middle' of service delivery).

Objectives include:
• 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 to help reduce their level of mental and emotional distress.

• Individuals experiencing high levels of psychological distress will receive the care they need from the Centre, helping to reduce the number of non-urgent presentations to local hospital emergency departments.
• Individuals will experience reduced waiting times through a 'non-exclusion criteria' approach, leading to an improved care experience.

Description of Activity

The Centres will seek to address key gaps in the system by:
• Providing a highly visible and accessible entry point to services for people experiencing psychological distress, where all feel safe and welcome.
• Offering assessment using the Intake, Assessment and Referral decision support tool (IAR-DST) to match people to the services they need.
• Providing on the spot support, treatment, and advice without prior appointments or out of pocket cost.
• Offering an episode of care model based on short to medium term multidisciplinary care, aimed at stabilising symptoms for people with moderate to high levels of mental health need, whose needs are not being met through other services.
• Operating under extended opening hours, to support better access.

It is intended that the following benefits will be generated through this approach:
• People will be supported to connect to pathways of care through integration with existing community services, WAPHA Commissioned Services, general practice, and WA state funded services, as required.
• People will receive immediate advice and care which will reduce their level of mental and emotional distress.
• Individuals experiencing high levels of psychological distress will receive the care they need from the Centre, resulting in a reduction in the number of non-urgent presentations to local hospital emergency departments.
• Individuals will experience reduced waiting times through a no wrong door approach leading to an improved care experience.
• People requiring support in the area, or those attending the centre or satellite, will recognise the centre or satellite as an accessible entry point to the mental health care system for the services and information they need.

Concurrent to this activity, WAPHA has developed our Aboriginal Cultural Competency and Capability Framework, LGBTIQA+ Equity and Inclusion Framework and Multicultural Competency and Capability Framework. These frameworks will facilitate opportunities to improve the cultural competence and clinical safety of services through continuous quality improvement and support programs. The frameworks will assist the PHN to reflect on current practice, identify areas that will improve cultural safety for communities, and develop cultural competence in internal employees 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 these frameworks.

Activities
• Co-design the localised service model with consumers, carers, health service providers (HSPs) and other local stakeholders to ensure it meets community needs.
• Ensure the model of care offers a culturally safe response to the needs of Aboriginal and Torres Strait Islander people, in line with the principles of the Gayaa Dhuwi (Proud Spirit) Declaration and the diverse needs of Culturally and Linguistically Diverse (CALD) and Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQ+) people.
• Develop and maintain program direction and oversight processes.
• Commission service providers.
• Support continuous program improvement.
• Maintain information about the service and service model on WAPHA's webpage.

Priority Locations
The Australian Government determines the locations of Health centres and satellites. WAPHA will advocate that services be commissioned in locations where there is existing infrastructure, such as a defined minimum set of in-situ services, including general practice.

To assist the Australian Government to determine priority locations, a multiple criteria decision analysis, aligned to the PHN Commonwealth program guidance, will be implemented when expansion of the program is announced.

WAPHA will utilise a socio-technical decision support and planning methodology, combining a data-driven technical value for money analysis with stakeholder engagement and discussion, to identify and rank priority locations and interventions for commissioning.

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

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

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Support General Practices in identifying people at risk of suicide and referring to appropriate services, including telehealth mental health providers (Wheatbelt).	141
Enable access to culturally appropriate mental health care and early intervention suicide prevention services, including for young people (Wheatbelt).	141
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Wheatbelt).	142

Activity Demographics

Target Population Cohort

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

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Wheat Belt - North	50902

Activity Consultation and Collaboration

Consultation

WA Primary Health Alliance has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of Medicare Mental Health centres and satellites in the Country WA PHN region. These have been conducted at both a national, state, regional and local level, and are used to inform, strengthen and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.
The Country WA PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include:

- Consumers and carers.
- Consumer and carer peak bodies and consumer associations.
- Australian Government Department of Health, Disability and Ageing.
- National Mental Health Commission.
- WA Mental Health Commission.
- WA Country Health Service.
- Child and Adolescent Health Service.
- Women and Newborn Health Service.
- GPs.
- Royal Australian College of General Practice.
- WA Local Governments.
- Aboriginal Health Council of WA.
- Aboriginal Advisory Groups.
- Australian Medical Association (WA).

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

Collaboration

All collaborative activities are aimed at ensuring the commissioning of effective and sustainable Head to Health services, building capacity, capability and integration across the sector, consolidating and strengthening care pathways within primary care, and engaging consumers and carers at all stages of the commissioning cycle.

Activity Milestone Details/Duration

Activity Start Date

30/06/2023

Activity End Date

29/06/2028

Other Relevant Milestones

Activity Work Plans	Due: 30/04/25, 30/04/26, 30/04/27, 30/04/28
Activity Needs Assessment	Due 15/11/25, 15/11/26, 15/11/27
12-month performance report	Due, 30/09/25, 30/09/26, 30/09/27, 30/09/28
Financial Acquittal Report	Due 30/09/25, 30/09/26, 30/09/27, 30/09/28
Final Report	Due 30/09/28

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

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Medicare Mental Health Centres – PMHC	$1,177,366.00	$1,487,098.00	$1,504,789.99	$1,096,553.00	$1,116,291.00	$6,382,097.99
Total	**$1,177,366.00**	**$1,487,098.00**	**$1,504,789.99**	**$1,096,553.00**	**$1,116,291.00**	**$6,382,097.99**
