



WA Primary Health Alliance PHN Primary Mental Health Care Perth South 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 and Referral decision support to



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

Activity Prefix

MH

Activity Number

1020

Activity Title

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

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.
- Collecting, collating, and summarising data for 12-month and other mandated reporting.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to culturally appropriate early intervention suicide prevention services and support primary health care providers in identifying Aboriginal people at risk (Metro)	45
Enable access to safe, quality and culturally appropriate primary mental health care for young people experiencing mental health issues (Metro).	27
Support the mental health of older people and assist primary care providers to identify older people who may need additional support or referrals to services (Metro).	28



Activity Demographics

Target Population Cohort

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

In Scope AOD Treatment Type

Indigenous Specific

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consultation is planned to occur with:

- WA Mental Health Commission.
- WA Primary Health Alliance (WAPHA) contracted services providers.
- Aboriginal Community Controlled Health services.
- 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

31/05/2021

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
Annual Mental Health and Suicide Prevention & Indigenous Mental Health Activity Needs Assessment	Due 15/11/24
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	\$265,682.10	\$523,557.20	\$0.00	\$0.00	\$0.00	\$789,239.30
Total	\$265,682.10	\$523,557.20	\$0.00	\$0.00	\$0.00	\$789,239.30

MH 2000 - Low Intensity Services



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

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 underserved groups may obtain improved access to free low intensity psychological treatments.

Description of Activity

Low intensity treatment services will be delivered through a range of modalities including in person or web-based and telephone interventions, provided individually or in groups and be consistent with a stepped care approach.

Services are to be time-limited structured psychological interventions that use fewer resources in terms of health professionals 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) are based on the principles of cognitive behavioural therapy (CBT). The CBT model can be used to formulate clinical problems and plan interventions. As such, the CBT model is a very powerful framework within which to design and apply LIPIs, to support people with mild mental health issues to develop confidence in their own ability to manage their mental health more effectively, with support from health services as required. Common LIPIs include the use of psychoeducation, extensive self-help materials with limited clinician guidance, and between-session homework.

Other interventions that are based on principles that are demonstrably consistent with CBT principles (e.g., narrative therapy and clinical yarning) can be utilised when identified as most appropriate for an individual (and their support network where suitable). The 'low intensity' of LIPI is in reference to the input effort of health professionals and is not to be interpreted to be low intensity for individuals, who may have to invest significant time and effort to work through guided self-help material.

Low intensity services can be accessed with or without a referral from a general practitioner.

To enable services to develop manualised low-intensity treatments suitable for their treatment populations, WAPHA commissioned Prof. Peter McEvoy from Curtin University (one of the authors of the Oxford Handbook for low-intensity CBT) to produce a guidance manual that can be used to develop, standardise and validate low intensity treatment offerings (McEvoy, P., Landwehr, E., 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 illness, to prevent escalating acuity. The use of the two digital intervention sets in combination Peer Support Intervention (PSI) and Psychological Therapy (PT), to greatly increase the reach of peer support beyond traditional mental health settings as well as extend the evidence-base and treatment efficacy of MindSpot GP psychological treatment. As further guidance and information is released, the activities required of the commissioned services may be refined and modified. This will be conducted in partnership and collaboration with relevant stakeholders. If it is determined that the current service provider does not have the capacity or capability to continue/undertake the service, then WAPHA will consider the most appropriate commissioning method and approach the market to support or find another suitable service provider. Services will consistently demonstrate communication and engagement that is respectful of cultural differences and tailored to meet specific cultural needs and expectations.

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

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

Activities

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

Priority Locations

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

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

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to safe, quality and culturally appropriate primary mental health care for young people experiencing mental health issues (Metro).	27
Support primary health care providers to refer to appropriate mental health services, including telehealth-enabled services (Metro).	9
Enable timely access to community-based support services and primary mental health care for people experiencing anxiety, depression, psychological distress or engaging in self-harm (Metro)	9
Enable access to culturally appropriate mental health care for people from multicultural communities experiencing mental health challenges (Metro).	28



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

Key stakeholders for this activity include:

- Consumers
- Commissioned service providers
- GPs and general practices
- Health Service Providers
- WA Mental Health Commission
- Local Mental Health and Social Service providers
- Orygen
- MQ Health (Macquarie University)
- Centre for Clinical Interventions (CCI)
- Curtin University

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

- Australian Government Department of Health, 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

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 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): Yes

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	\$1,525,357.00	\$1,997,894.76	\$1,512,633.49	\$2,164,981.00	\$0.00	\$7,200,866.25
Total	\$1,525,357.00	\$1,997,894.76	\$1,512,633.49	\$2,164,981.00	\$0.00	\$7,200,866.25

MH 3000 - Psychological Therapies for Underserviced Groups



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

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 survived a suicide attempt, or are at low risk of, suicide and self-harm and who require follow-up within seven days of referral (i.e. risk level deemed acceptable for primary care-based intervention).

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

The Perth South PHN will aim to:

- Integrate psychological therapy services into a stepped care approach.
- Consolidate and strengthen linkages to other services.
- Address service gaps and optimise equitable access to psychological therapies for underserviced groups.
- Strengthen local regional mental health and suicide prevention planning.
- Commission services that meet the needs of the target group and use innovative service delivery models.
- Ensure clinical governance of commissioned services is in situ.
- Promote partnerships with GPs, other stakeholders and consumers.
- Foster linkages to local crisis services and pathways.
- Promote evidence-based practice and the collection of data that demonstrates impact of interventions.

For residents of RACFs, services will also:

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

Description of Activity

Background

Psychological 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 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.

Whilst Psychological Therapies are expected to be short term, recognising that not all clients would receive the same number of sessions. It is recommended that 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. Clinicians should consult the CCC nurse as part of final determination.⁴

To ensure episodes of care do not extend to long-term therapy, no more than two additional sessions should be provided. In exceptional circumstances where a clinician assesses the need for more than two additional sessions, this request must be referred to the clinical care coordinator for assessment and final determination, to approve (or reject) an exception for a maximum of a further two sessions (i.e., 14 total). The clinical care coordinator will be required to establish the parameters and definition of 'exceptional circumstances' as an operational procedure under clinical governance.⁴

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.

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.
- Aboriginal health professionals.

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

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

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

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

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

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

Activities:

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

Activity coverage

Services will be commissioned in locations where there 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 place based teams will provide information on existing local systems, collaboratives, and partnerships. Place-based decision making will also be informed by WAPHA's needs assessments, which will include population health analysis and consultation with clinicians, community, service providers and partner agencies. This will be complemented by the quantitative and qualitative data of partner agencies. Due diligence and environmental scanning will be undertaken in consultation with State Government partners, to ensure a location is not overserved and/or services are not duplicated. WAPHA has partnership arrangements and well-established communication channels with the Health Service Providers, the Mental Health Commission, Department of Health, Aboriginal Health Council of WA and industry peaks, which will help enable this process.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to integrated care pathways that address both mental and physical health concurrently (Metro)	10
Support primary health care providers to refer to appropriate mental health services, including telehealth-enabled services (Metro).	9
Enable access to culturally appropriate suicide Aftercare services for those recovering from a suicide attempt (Metro).	28
Enable access to culturally appropriate mental health care for people from multicultural communities experiencing mental health challenges (Metro).	28



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 underserved through MBS based psychological services. Some of these underserved 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 IPMHC 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.
- LGBTIQ+ 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 Perth South PHN. These have been conducted at both a national, state, regional and local level, and are used to inform, strengthen and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.

The Perth South 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.
- Child and Adolescent Health Service.
- Women and Newborn Health Service.
- General practitioners,
- Royal Australian College of General Practice.
- WA Local Governments.
- Aboriginal Health Council of WA.
- Aboriginal Advisory Groups.
- Australian Medical Association (WA).
- consumer and carer peak bodies and consumer associations.

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

Collaboration

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

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

- GPs who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
- PHN commissioned service providers who will strengthen working relationships to enhance service delivery and clinical governance.
- Aboriginal Health Council of WA and Aboriginal Medical Services who will promote and strengthen culturally appropriate and accessible primary mental health care services.
- WA Mental Health Commission, the Child and Adolescent Health Service, and the Women and Newborn 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 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	\$3,706,181.00	\$3,080,896.76	\$2,884,878.79	\$2,164,981.00	\$0.00	\$11,836,937.55
Total	\$3,706,181.00	\$3,080,896.76	\$2,884,878.79	\$2,164,981.00	\$0.00	\$11,836,937.55

MH 3010 - Psychological Therapy Services - Residential Aged Care



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

Activity Prefix

MH

Activity Number

3010

Activity Title

MH 3010 - Psychological Therapy Services - 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-served 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 RACF residents with mental illness access to evidence-based psychological therapies that are person-centred and tailored to meet residents' needs against a stepped care framework. The service provides in-reach psychological therapy to residents with a diagnosis of mental illness or assessed to be at risk of mental illness. Service provision builds on already existing relationships and arrangements for commissioning psychological services. Guidance for intervention is provided by the National Institute of Clinical Excellence and Beyond Blue's 'What works to promote emotional wellbeing in older people'.

The services target residents with mild to moderate symptoms of mental illness. However, residents with severe mental illness, who are not more appropriately managed by a state government older persons mental health service, and who would benefit from psychological therapy, are not excluded from the service. A medical diagnosis of mental illness by a general practitioner or psychiatrist is required to ensure that symptoms of cognitive decline, dementia or delirium are not mistaken for mental illness, and to ensure that physical illness, and medication needs are considered in the overall care plan of the individual. For this activity, the definition of mental illness is consistent with that applied to MBS Better Access items.

People with dementia are included if they also have a comorbid mental illness such as anxiety or depression.

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

1. Residents with significant transition issues beyond normal sadness and/or transition issues. These residents will be identified as experiencing adjustment disorders or abnormal symptoms of grief and loss, for whom early treatment may avert descent into a more serious mood disorder.
2. Residents with mild to moderate anxiety and/or depression.
3. Residents receiving treatment for mental illness prior to being admitted, which could not continue within the facility, and ensuring patient history is understood to support continuity of care.
4. Residents who may have experienced elder abuse or past or recent trauma.
5. Residents who, in addition to their mental illness, have a level of comorbid cognitive decline and/or dementia.
6. Residents from diverse and priority communities, including lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ), or 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 integrated care pathways that address both mental and physical health concurrently (Metro)	10
Support the mental health of older people and assist primary care providers to identify older people who may need additional support or referrals to services (Metro).	28



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 Consultation and Collaboration

Consultation

WA Primary Health Alliance has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of psychological therapy services in RACFs in the Perth South PHN.

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

The Perth South PHN consults and engages a variety of stakeholders to ensure that all commissioned services complement and add value to the impact and contribution of other mental health activity at a state, national and regional level. These include the Australian Government Department of Health, Disability and Ageing; the National Mental Health Commission; the WA Mental Health Commission; South and East Metropolitan Health Service; Child and Adolescent Health Service; Women and Newborn Health Service; General Practitioners; the Royal Australian College of General Practice; WA Local Governments, the Aboriginal Health Council of WA; Aboriginal advisory groups; the Australian Medical Association (WA) and consumer and carer peak bodies and consumer associations.

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

Collaboration

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



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2027

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	\$1,008,774.00	\$1,125,405.00	\$1,071,026.00	\$1,088,377.00	\$0.00	\$4,293,582.00
Total	\$1,008,774.00	\$1,125,405.00	\$1,071,026.00	\$1,088,377.00	\$0.00	\$4,293,582.00

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



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

Activity Prefix

MH

Activity Number

4000

Activity Title

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

Existing, Modified or New Activity

Modified



Activity Priorities and Description

Program Key Priority Area

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

Aim of Activity

To improve the access, provision and coordination of treatment through integrate care, for individuals with severe and complex mental illness, whose needs can be or are most appropriately met in primary care setting (i.e. Individuals who do not require more specialised and intensive service delivery within the state and territory managed specialised mental health system), within specified locations.

Perth South PHN will support general practitioners, relevant PHN-commissioned service providers, and their patients/clients with severe and complex mental illness within specified locations, through planning and commissioning Clinical Care Coordination (CCC) for this group. The activity aims to:

- Support individuals with severe mental illness who are, or can be, appropriately supported in primary health care, particularly those with complex needs, as part of a stepped care approach (including the use of multi-agency care plans).
- Promote an integrated approach to planning and providing coordinated care that meets the mental and physical health needs, and psychosocial needs, of people with severe and complex mental illness who access primary care.
- Ensure alignment with the Equally Well National Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia (National Mental Health Commission (NMHC), Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia, Sydney NMHC, 2016). Integrate CCC services within general practices and other PHN-commissioned mental health (and/or other relevant) services, to complement and add value to the impact of these activities. This will include integration into PHN-commissioned mental health multidisciplinary team care in general practice settings.

- Consolidate and strengthen relationships and linkages with providers of mental and physical health care, psychosocial, and other related services (including AOD services) and promote referral pathways for the physical health needs of people with severe and complex mental illness, particularly via GPs.
- Ensure GPs and other in scope professionals in PHN-commissioned services have access to the training and support they need to provide person-centred, trauma informed, and coordinated care to people with co-occurring health issues cooccurring needs.

Review, evaluate, and implement quality improvement initiatives regarding the efficacy of existing integrated models with an emphasis on enhancing the interface and referral pathways between PHN-commissioned services and general practice.

Description of Activity

Background

Approximately 3.1% of the adult population are estimated to have severe mental illness. The Fifth National Mental Health and Suicide Prevention Plan highlights the need for greater coordination and support of people with severe mental illness and complex needs at a regional level. There is an increasing focus on the importance of ensuring the physical health needs of people with severe mental illness are identified and addressed.

Compared to the general population, people with a severe mental illness are:

- Six times more likely to have a dental health issue.
- Six times more likely to die of cardiovascular disease.
- Four times more likely to die of respiratory disease.
- Two to four times more likely to die of infectious diseases.
- Likely to die 20 years earlier.

People with severe mental illness who are supported in primary care require integrated services, particularly if they have co-occurring health issues. Integrated services may encompass access to clinical mental health treatment and support (including medication management) and pathways to physical health, AOD services, psychosocial support and broader community services such as housing, education and employment.

The Fifth Plan explains that the term 'severe and complex mental illness' is not confined to people with persistent conditions, nor to people with psychosocial disability who may be eligible for the National Disability Insurance Scheme. Severe and complex mental illnesses may also include episodic illness that may impact upon and be impacted by complex social or physical health factors. These factors might include a high suicide risk, co-occurring chronic health conditions, and/or AOD issues.

Activities:

The four core components of care which PHNs may need to coordinate for this group include:

1. Clinical treatment, including suicide risk and medication management.
2. Physical health care.
3. Community support by way of psychosocial, vocational or other non-clinical support.
4. AOD services as required.

The intensity of coordination will need to vary according to the needs of the individual.

CCC will be delivered by mental health competent, suitably skilled and qualified clinicians (e.g., nurses, occupational therapists, social workers etc.). Perth South PHN will utilise this workforce to ensure these services focus on the needs of people with severe mental illness.

The CCC role will: provide clinical support and governance; work alongside the individual's GP, and if applicable, psychiatrist, to review and monitor mental and physical health and medication; liaise with health professionals; and establish linkages between clinical services and psychosocial support services.

Perth South PHN will fund work with GPs and other relevant PHN-commissioned service providers, to develop localised approaches to service delivery. This will enhance the efficacy of the care provided to individuals with severe and complex mental illness whose needs can most appropriately be met in primary care settings (particularly people who experience co-occurring physical health conditions and people diagnosed with schizophrenia who receive Clozapine pharmacotherapy with support from their GP).

CCC service provision will include:

- Initial and ongoing assessment.
- 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).
- Liaison with an individual's support network.
- Monitoring progress.
- Tracking and reporting progress and outcomes. Providing health literacy and education and other supports to individuals, and their family members, carers, and/or significant others.

CCC will be commissioned via different modalities, as relevant and appropriate to specific identified locations, including:

- GP practices where care is provided for people with severe and complex mental health needs, including practices where care is provided to people with schizophrenia (Clozapine pharmacotherapy).
- Integrated within PHN-commissioned mental health multidisciplinary team care that is providing treatment and support to people with severe and complex mental health needs (MH2050).
- Integrated with, or in support of, other PHN-commissioned services as identified through needs assessments and service planning.

This integrated approach will enable coordinated care to identify an individual's mental health, physical health, and psychosocial needs, through individualised assessments. CCC will be delivered through care that is person centred, trauma informed and includes an emphasis on the holistic treatment of physical and mental illness and addressing the social determinants of physical and mental health. A measurable focus on timely access and ease of navigation will also be embedded in the model design.

In alignment with the Equally Well Consensus Statement, the CCC service will provide equitable access and quality of care 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, or quality of, care.

Services will consistently demonstrate communication and engagement that is respectful of cultural differences and tailored to meet specific cultural needs and expectations. WA Primary Health Alliance has developed a Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQ+) 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.

Many Aboriginal people do not experience or define mental health issues based on a Western biomedical model. Treatments and supports will be underpinned by a social and emotional wellbeing approach, emphasising cultural safety for Aboriginal people accessing services and Aboriginal health workers delivering them.

Priority locations

Services will be commissioned in locations where there is existing infrastructure (e.g., a defined minimum set of in-situ services)

To help determine priority locations, a multiple criteria decision analysis, aligned to the PHN Commonwealth program guidance, will be implemented. Perth South PHN 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. Perth South's place-based teams will provide information on existing local systems, collaboratives, and partnerships. Place-based decision making will also be informed by Perth South's needs assessments, which will include population health analysis and consultation with clinicians, community, service providers and partner agencies. This will be complemented by the quantitative and qualitative data of partner agencies. Information and data regarding general practices (including previous involvement with commissioned services, accreditation, registration with MyMedicare etc) will be taken into consideration.

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

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to integrated care pathways that address both mental and physical health concurrently (Metro)	10
Support primary health care providers in managing complex care cases for patients with mental and physical comorbidities (Metro)	10
Support primary health care providers to refer to appropriate mental health services, including telehealth-enabled services (Metro).	9
Enable timely access to community-based support services and primary mental health care for people experiencing anxiety, depression, psychological distress or engaging in self-harm (Metro)	9



Activity Demographics

Target Population Cohort

Individuals with severe mental illness and complex co-occurring health issues, particularly people with concurrent physical illness, who can most appropriately have their needs met in primary care settings.

Indigenous Specific

No

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Perth South PHN has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of mental health services for people with severe and complex mental illness in the Perth South 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 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 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 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

Other Relevant Milestones

Activity Work Plans	Due 30/04/25, 30/004/26, 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	\$1,555,119.00	\$1,697,869.00	\$1,996,441.74	\$1,940,723.00	\$0.00	\$7,190,152.74
Total	\$1,555,119.00	\$1,697,869.00	\$1,996,441.74	\$1,940,723.00	\$0.00	\$7,190,152.74

MH 5010 - Community Based Suicide Prevention



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

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 Perth South 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 community approach to treatment and support for people with common mental disorders.
- Facilitate access to culturally appropriate, integrated services for Aboriginal people and communities.
- Partner and liaise with local Aboriginal people and Aboriginal Community Controlled Health Services and mainstream providers to plan, integrate, and target local suicide prevention funding where possible.
- Engage people with lived experience where indicated.

Description of Activity

Perth South PHN will work locally to:

- Improve the capacity and capability of routine community gateways into healthcare, especially general practitioners (GPs) and PHN commissioned providers, to recognise and respond to suicide risk and suicidality that is evidence-based, culturally appropriate, available when help is needed, and connected to services based on an individual's needs. This will include the development of aftercare for those who have attempted suicide, with active pathways to GP-connected care and psychosocial support.

- ii. Identify high-risk groups within localities.
- iii. Develop integrated community-based pathways into care.

Community based suicide prevention activities will be delivered by commissioned services across the Perth South 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 have clinically significant suicidal ideation, who present to primary or secondary care services.

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

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

The activity will also strengthen joint regional planning and commissioning of suicide prevention activities that are integrated and linked to alcohol and other drug use, mental health, and social and emotional wellbeing activities. This will help build the capability of local providers in suicide prevention.

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

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

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

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

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to culturally appropriate early intervention suicide prevention services and support primary health care providers in identifying Aboriginal people at risk (Metro)	45
Enable access to safe, quality and culturally appropriate primary mental health care for young people experiencing mental health issues (Metro).	27
Support primary health care providers to refer to appropriate mental health services, including telehealth-enabled services (Metro).	9
Support the mental health of older people and assist primary care providers to identify older people who may need additional support or referrals to services (Metro).	28



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

Perth South 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, South Metropolitan Health Service and East Metropolitan Health Service, Child and Adolescent Health Service, Women and Newborn Health Service, general practitioners, WA Local Governments, the Aboriginal Health Council of WA, Aboriginal Advisory Groups, Telethon Kids Institute, The National Centre of Excellence in Youth Mental Health (Orygen), Metropolitan Clinical Councils, WA Network of Alcohol and other Drug Agencies and consumer and carer peak bodies and consumer associations.

Collaboration

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

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

- General practitioners who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
- Aboriginal Health Council of WA and Aboriginal medical services who will assist to promote and strengthen culturally appropriate and accessible primary mental health care services. WA Mental Health Commission and Health Service Providers who will assist to improve and inform best practice, develop strategic partnerships, support regional planning, provide leadership and engagement in the sector, build capability and promote integration across the sector.



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2027

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	\$1,112,354.00	\$1,220,618.00	\$1,250,572.00	\$620,554.00	\$0.00	\$4,204,098.00
Total	\$1,112,354.00	\$1,220,618.00	\$1,250,572.00	\$620,554.00	\$0.00	\$4,204,098.00

MH TRISP 5020 - Targeted Regional Initiatives for Suicide Prevention



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

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

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

- Collaborate with the WA MHC 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.

Activity coverage Activities will be commissioned in locations where there is existing infrastructure, such as a defined minimum set of in-situ services, including general practice. Armadale is a key focus area, in the Perth South PHN region. Some activities are statewide.

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

WAPHA's placed based teams will continue to provide information on existing local systems, collaboratives, and partnerships. Place-based decision making will also be informed by WAPHA's needs assessments, which will include population health analysis and consultation with clinicians, community, service providers and partner agencies. This will be complemented by the quantitative and qualitative data of partner agencies. Due diligence and environmental scanning will be undertaken in consultation with State Government partners, to ensure a location is not overserved and/or services are not duplicated. WAPHA has partnership arrangements and well-established communication channels with the Health Service Providers, the Mental Health Commission, Department of Health, Aboriginal Health Council of WA and industry peaks, which will help enable this process.

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
Support primary health care providers in managing complex care cases for patients with mental and physical comorbidities (Metro)	10
Enable access to culturally appropriate early intervention suicide prevention services and support primary health care providers in identifying Aboriginal people at risk (Metro)	45
Support primary health care providers to refer to appropriate mental health services, including telehealth-enabled services (Metro).	9
Support the mental health of older people and assist primary care providers to identify older people who may need additional support or referrals to services (Metro).	28



Activity Demographics

Target Population Cohort

This activity will be targeted to:

- Children & Youth
- People at risk of suicidal ideation, attempted suicide or who are bereaved by suicide.
- People living in locationally disadvantaged communities.
- Residents of Residential Aged Care Facilities.
- Aboriginal and Torres Strait Islander people.
- LGBTQIA+ 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 Perth South 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.

Consultation will continue to occur with the following key stakeholders:

- 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 Mental Health Commission (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 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?

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	\$508,000.00	\$1,020,710.00	\$0.00	\$0.00	\$0.00	\$1,528,710.00
Total	\$508,000.00	\$1,020,710.00	\$0.00	\$0.00	\$0.00	\$1,528,710.00

MH 6000 - Indigenous Mental Health



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

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 Perth South PHN will aim to:

- Integrate Aboriginal mental health services into a stepped care approach.
- Engage local Aboriginal people and communities, where possible, 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, 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].

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

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

The PHN will work in partnership with Aboriginal stakeholders and consumers to ensure new and existing service models operate within a social and emotional wellbeing framework. Services will be culturally appropriate and recognise the social, emotional, spiritual, and cultural wellbeing of a person. 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 individuals are provided within a holistic framework that encompass their overall physical, social, emotional, spiritual, and cultural wellbeing and involves their family and/or community.

It is proposed that the following will be commissioned:

- In person interventions offered as part of community treatment services.
- Clinical care coordination services.

- Suicide prevention services.
- Services provided through headspace.
- Aboriginal specific mental health services.

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

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

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

WAPHA will continue to work to implement the Aboriginal Cultural Competency Framework and LGBTIQ+ 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.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to culturally appropriate early intervention suicide prevention services and support primary health care providers in identifying Aboriginal people at risk (Metro)	45
Support primary health care providers in identifying Aboriginal people at risk of suicide and providing culturally appropriate support (Metro).	43



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 illness 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 South Metropolitan Health Service and East Metropolitan Health Service, who will build capability and promote integration across the sector.
- Mental health service providers, who will work to strengthen partnerships and ensure services are culturally appropriate and connected to country and culture.
- Alcohol and other drug service providers, who will work to strengthen cross-sectoral working.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The PHN will be updating and working with all Indigenous Mental Health commissioned service providers over the coming 2023/24 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 Perth North PHN. These have been conducted at both a national, state, regional and local level, and are used to inform, strengthen and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.

Key stakeholders for this activity include:

- Children and young people
- Parents, family members and carers
- Commissioned service providers
- General Practitioners and general practices
- Health Service Providers

- WA Mental Health Commission
- WA Department of Education
- Local mental health and social service providers
- Orygen
- Family Support Services.

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

- Australian Government Department of Health, 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.



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

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	\$64,787.00	\$92,438.00	\$107,681.61	\$0.00	\$0.00	\$264,906.61
Indigenous Mental Health	\$916,482.89	\$952,969.17	\$892,493.00	\$0.00	\$0.00	\$2,761,945.06
Total	\$981,269.89	\$1,045,407.17	\$1,000,174.61	\$0.00	\$0.00	\$3,026,851.67

MH 7000 - Child and Youth Mental Health Primary Care Services



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

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 Perth South 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 illness.

Description of Activity

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

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

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

The range of services delivered under this activity are:

- headspace services
- youth enhanced services

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 Early Psychosis Youth Services (EPYS) and Youth Enhanced Services (YES) in WA.
- Implement the WAPHA headspace strategy, including enhanced digital access to services (including MOST 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 illness (being managed in primary care).
- Deliver training to build relationships with and provide ongoing support to general practitioners and clinicians in Kids Head to Health Centres as the IAR is adapted for specific cohorts.
- Work with Health Service Providers, Child and Adolescent Health Services, Aboriginal Medical Services, Aboriginal Mental Health Services, Family Support Services and other regional organisations to ensure appropriate pathways for referral and support are available for children and young people with or at risk of mental illness in the context of implementation of regional mental health and suicide prevention plans.
- Promote resources for clinical and non-clinical professionals available under Orygen – the National Centre of Excellence for Youth Mental Health.
- Support the WA Mental Health Commission (MHC) and relevant state departments to determine the commissioning approach as well as the establishment and operation of the Midland Kids H2H service in line with the Head to Health Kids National Service Model.
- 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 illness. A measurable focus on timely access and ease of navigation will also be embedded in the model design.

Services will provide equitable access for all young people, 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 (LGBTIQ+) Equity and Inclusion Framework, a Multicultural Competency and Capability Framework, and an

Aboriginal Cultural Capability Framework, that encompass cultural awareness, cultural competency, and cultural safety. These frameworks will help identify opportunities to support the improvement of cultural competence and clinical safety of services.

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

Activity coverage

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 overserved and/or services are not duplicated. WAPHA has partnership arrangements and well-established communication channels with the Health Service Providers, the Mental Health Commission, Department of Health, Aboriginal Health Council of WA and industry peaks, which will help enable this process.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to safe, quality and culturally appropriate primary mental health care for young people experiencing mental health issues (Metro).	27



Activity Demographics

Target Population Cohort

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

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 Perth South 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:

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

In addition to those listed above, the Perth South 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	\$2,722,173.01	\$3,544,509.14	\$1,988,853.00	\$1,921,763.00	\$0.00	\$10,177,298.15
headspace	\$5,556,939.11	\$6,177,443.11	\$5,407,979.00	\$5,506,041.00	\$5,605,150.00	\$28,253,552.22
Total	\$8,279,112.12	\$9,721,952.25	\$7,396,832.00	\$7,427,804.00	\$5,605,150.00	\$38,430,850.37

MH-hE 7020 - headspace Enhancement Armadale



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

Activity Prefix

MH

Activity Number

7020

Activity Title

MH-hE 7020 - headspace Enhancement Armadale

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 Armadale is using the funds to:

- Recruit employees, including a social worker and a CALD community engagement officer.
- Provide training and professional development to employees in the following focus areas: cultural competency, trauma informed care and suicide prevention.
- Improve care coordination, referral pathways and service integration, through the development of a clinical pathways diagram shared with related services.
- Enhance engagement and raise awareness of headspace activities within priority populations by participating in community events such as LGBTQI+ Wear it Purple Day and the Lumen Christi NAIDOC event.

The funds are enabling headspace Armadale to expand its capacity, to better meet youth needs within a diverse multicultural community.

Data collection

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

Headspace Enhancement funding allocation

headspace Enhancement funds for Perth South 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.

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 Perth South 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 Armadale in 2024-25.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to safe, quality and culturally appropriate primary mental health care for young people experiencing mental health issues (Metro).	27



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
Armadale	50601



Activity Consultation and Collaboration

Consultation

headspace Armadale 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.
- Women and Newborn Health Service.
- Child and Adolescent Health Service.
- Royal Australian College of General Practitioners.
- WA Local Governments.
- Aboriginal Health Council of WA.
- Aboriginal advisory groups.
- Australian Medical Association (WA).
- Consumer and carer peak bodies and consumer associations. Ongoing consultation and engagement activities will be conducted through a range of methods including face-to-face and group sessions, and online platforms.

Collaboration

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

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

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



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans - Due 30/04/25, 30/04/26
 Mental Health and Suicide Prevention Activity & Indigenous Mental Health Activity Needs Assessment - Due 115/11/25
 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
Headspace Enhancement	\$0.00	\$211,319.56	\$214,477.50	\$0.00	\$0.00	\$425,797.06
Total	\$0.00	\$211,319.56	\$214,477.50	\$0.00	\$0.00	\$425,797.06

MH-hE 7021 - headspace Enhancement Cannington



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

Activity Prefix

MH

Activity Number

7021

Activity Title

MH-hE 7021 - headspace Enhancement Cannington

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

- Recruit employees including a social worker, CALD community engagement officer and youth access worker.
- Provide professional development and training for employees, with a focus on culturally safe care provision, trauma informed care, multicultural awareness and suicide prevention.
- Improve care coordination, referral pathways and service integration through the development of a clinical pathways diagram shared with related services.

Externally the funds are being used to enhance engagement and awareness of headspace activities, by conducting workshops at universities, high schools and various community events. Workshop content focuses on improving mental health literacy and supporting young people to become future leaders in the LGBTQI+ space (in collaboration with the Town of Victoria Park and local Pride community groups/organisations).

The funds are enabling headspace Cannington to meet youth needs within a diverse multi-cultural community through targeted employee recruitment for their multi-disciplinary workforce, engagement strategies, raising community awareness and engagement, and delivering workshops targeted to priority populations.

Headspace Enhancement funding allocation

headspace Enhancement funds for Perth South 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.

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 Perth South 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 Cannington in 2024-25.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to safe, quality and culturally appropriate primary mental health care for young people experiencing mental health issues (Metro).	27



Activity Demographics

Target Population Cohort

Young people aged 12 –25 with, or at risk of, mild to moderate mental illness.

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Canning	50603



Activity Consultation and Collaboration

Consultation

headspace Cannington 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
 - Women and Newborn Health Service
 - Child and Adolescent Health Service
 - Royal Australian College of General Practitioners
 - WA Local Governments
 - Aboriginal Health Council of WA
- Aboriginal advisory groups
- Australian Medical Association (WA)
 - consumer and carer peak bodies and consumer associations.

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

Collaboration

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

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

- General practitioners, who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.

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



Activity Milestone Details/Duration

Activity Start Date

30/06/2018

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans - Due 30/04/25, 30/04/26
 Mental Health and Suicide Prevention Activity & Indigenous Mental Health Activity 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
Headspace Enhancement	\$0.00	\$211,319.56	\$214,477.50	\$0.00	\$0.00	\$425,797.06
Total	\$0.00	\$211,319.56	\$214,477.50	\$0.00	\$0.00	\$425,797.06

MH-hE 7022 - headspace Enhancement Fremantle



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

Activity Prefix

MH

Activity Number

7022

Activity Title

MH-hE 7022 - headspace Enhancement Fremantle

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 Fremantle. 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 Fremantle is using the funds to:

- Support and retain their skilled workforce through supplementing salaries.
- Conduct promotional and engagement activities to raise awareness of headspace services within the community.

The service provider has indicated attraction and retention of employees has been challenging in the currently competitive market. The enhancement funding has therefore enabled headspace Fremantle to retain its multidisciplinary workforce.

Headspace Enhancement funding allocation

headspace Enhancement funds for Perth South 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.

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 Fremantle in 2024-25.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to safe, quality and culturally appropriate primary mental health care for young people experiencing mental health issues (Metro).	27



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
Fremantle	50702



Activity Consultation and Collaboration

Consultation

headspace Fremantle 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
- Women and Newborn Health Service
- Child and Adolescent Health Service
- Royal Australian College of General Practitioners
- WA Local Governments
- Aboriginal Health Council of WA
- Aboriginal advisory groups
- Australian Medical Association (WA)
- Consumer and carer peak bodies and consumer associations.

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

Collaboration

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

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

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



Activity Milestone Details/Duration

Activity Start Date

30/06/2018

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans - Due 30/04/25, 30/04/26
 Mental Health and Suicide Prevention Activity & Indigenous Mental Health Activity 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
Headspace Enhancement	\$405,000.00	\$422,547.66	\$433,955.00	\$0.00	\$0.00	\$1,261,502.66
Total	\$405,000.00	\$422,547.66	\$433,955.00	\$0.00	\$0.00	\$1,261,502.66

MH-hE 7023 - headspace Enhancement Mandurah



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

Activity Prefix

MH

Activity Number

7023

Activity Title

MH-hE 7023 - headspace Enhancement Mandurah

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 Mandurah is using the funds to:

- Recruit a team member.
- Support and retain their skilled workforce through supplementing salaries.
- Provide professional development to employees.
- Provide promotional/engagement activities with key stakeholders.

headspace Mandurah has indicated the attraction and retention of employees has been challenging in the currently competitive market.

Headspace Enhancement funding allocation

headspace Enhancement funds for Perth South 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.

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 Perth South 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 Fremantle in 2024-25.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to safe, quality and culturally appropriate primary mental health care for young people experiencing mental health issues (Metro).	27



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
Mandurah	50201



Activity Consultation and Collaboration

Consultation

headspace Mandurah 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
- Women and Newborn Health Service
- Child and Adolescent Health Service
- Royal Australian College of General Practitioners
- WA Local Governments
- Aboriginal Health Council of WA
- Aboriginal advisory groups
- Australian Medical Association (WA)
- Consumer and carer peak bodies and consumer associations.

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

Collaboration

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

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

- General practitioners, who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.

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



Activity Milestone Details/Duration

Activity Start Date

30/06/2018

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans - Due 30/04/25, 30/04/26
 Mental Health and Suicide Prevention Activity & Indigenous Mental Health Activity 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
Headspace Enhancement	\$205,000.00	\$211,319.56	\$433,955.00	\$0.00	\$0.00	\$850,274.56
Total	\$205,000.00	\$211,319.56	\$433,955.00	\$0.00	\$0.00	\$850,274.56

MH-hE 7024 - headspace Enhancement Rockingham



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

Activity Prefix

MH

Activity Number

7024

Activity Title

MH-hE 7024 - headspace Enhancement Rockingham

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 Rockingham. 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 Rockingham is using the funds to:

- Recruit a team member.
- Support and retain their skilled workforce through supplementing salaries.

The service provider has indicated attraction and retention of employees has been challenging in the currently competitive market.

Headspace Enhancement funding allocation

headspace Enhancement funds for Perth South 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.

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 Rockingham in 2024-25.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to safe, quality and culturally appropriate primary mental health care for young people experiencing mental health issues (Metro).	27



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
Rockingham	50705



Activity Consultation and Collaboration

Consultation

headspace Rockingham 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
- Women and Newborn Health Service
- Child and Adolescent Health Service
- Royal Australian College of General Practitioners
- WA Local Governments
- Aboriginal Health Council of WA
- Aboriginal advisory groups
- Australian Medical Association (WA)
- consumer and carer peak bodies and consumer associations.

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

Collaboration

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

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

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



Activity Milestone Details/Duration

Activity Start Date

30/06/2018

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plans - Due 30/04/25, 30/04/26
 Mental Health and Suicide Prevention Activity & Indigenous Mental Health Activity 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
Headspace Enhancement	\$405,000.00	\$422,547.66	\$433,955.00	\$0.00	\$0.00	\$1,261,502.66
Total	\$405,000.00	\$422,547.66	\$433,955.00	\$0.00	\$0.00	\$1,261,502.66

MH 9000 - Integrated Health Precincts



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

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, with the aim of achieving a more integrated system in Armadale (specific location within the Armadale Statistical Area Level 3, to be determined).

The Precincts approach will involve several healthcare organisations including general practice, in the 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 illness and other long term health conditions.

Description of Activity

To foster an Integrated Healthcare Precinct, the Perth South PHN will:

- Undertake stakeholder engagement to refine the approach and to support procurement.
- Commission coordination activities to support integration at a local level.

- Leverage existing partnerships and contractual relationships (including with organisations that provide alcohol and other drug services, suicide prevention services, social and emotional wellbeing services, and Aboriginal health services in Armadale), to develop agreed referral pathways, which promote seamless patient transition between different services and service types.
- Work with local stakeholders (including organisations referred to in the point above) 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.

The PHNs role and level of engagement in supporting the Precinct in Armadale 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
Enable access to integrated care pathways that address both mental and physical health concurrently (Metro)	10



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
Armadale	50601



Activity Consultation and Collaboration

Consultation

Consultation has occurred with:

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

Collaboration

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

- 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

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 30/09/26



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	\$250,000.00	\$250,000.00	\$230,000.00	\$0.00	\$0.00	\$730,000.00
Total	\$250,000.00	\$250,000.00	\$230,000.00	\$0.00	\$0.00	\$730,000.00

MH-Op 1000 - MH Operational



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

Activity Prefix

MH-Op

Activity Number

1000

Activity Title

MH-Op 1000 - MH 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	\$2,032,690.59	\$2,316,806.01	\$2,863,128.30	\$1,820,881.00	\$881,063.00	\$9,914,568.90
Total	\$2,032,690.59	\$2,316,806.01	\$2,863,128.30	\$1,820,881.00	\$881,063.00	\$9,914,568.90

MH-AMHCT 8000 - Medicare Mental Health Centre



Activity Metadata

Applicable Schedule

Primary Mental Health Care - Perth South

Activity Prefix

MH-AMHCT

Activity Number

8000

Activity Title

MH-AMHCT 8000 - Medicare Mental Health Centre

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

Medical Mental Health Centres (MMHCs) satellites offer a low stigma, soft entry point to engagement and assessment for people who may be experiencing distress or crisis. The Centres and satellites are intended to complement, not replace or duplicate, mental health services already provided in the community. They are not designed to offer longer term care but are based on an episode of care model, delivering packages of evidence-based care and family support to cover the short to medium term, which could last from a few weeks to several months.

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 that:

- 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

Background

As part of the 2019-20 Federal Budget announcements, the first phase of Head to Health Adult Mental Health Centres were established. WA Primary Health Alliance has established Centres in Midland and Armadale, and Satellites in Mirrabooka, Gosnells, and Northam.

The intent of the original Head to Health Centre service model was to provide services to address low, moderate and high acuity mental health needs. Currently, Centres and Satellites in several locations across states and territories are operating on a model that does not include service delivery for high acuity mental health needs.

As part of the 2024 Federal Budget announcements, the Head to Health Adult Mental Health Centres are being rebranded to Medicare Mental Health Centres (MMHCs). All physical 'Head to Health' adult mental health centres and satellites are being rebranded as MMHCs, with implementation to be concluded by end-February 2025. Perth South PHN will provide funding and support sites to implement the re-brand. MMHCs will have their workforce capability increased to support consumers with moderate to high levels of acuity whose needs are not being met by other services. This will include people with conditions too complex for many current primary care services. A phased approach from 1 July 2025 will occur for Centres that are identified as feasible for the new minimum workforce requirements.

Activities

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 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.

Centres will provide an accessible, responsive service that meets immediate needs and provides expertise in assessment of needs, linkage and support, and care. Centres will have established referral pathways to integrated mental health and alcohol and other drug (AOD) services.

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

In alignment with the Equally Well Consensus Statement, MMHCs will provide equitable access and quality of care 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, or quality of, 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 our Aboriginal Cultural Competency and Capability Framework, LGBTIQ+ Equity and Inclusion Framework and Multicultural Competency and Capability Framework. These frameworks will facilitate opportunities to improve the cultural competence and clinical safety of services through continuous quality improvement and support programs. The frameworks will assist Perth South 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 LGBTIQ+ communities.

Many Aboriginal people do not experience or define mental health issues based on a Western biomedical model. Treatments and support will be underpinned by a social and emotional wellbeing approach, emphasising cultural safety for Aboriginal people accessing services and Aboriginal health workers delivering them.

Peer workers are employed for the expertise developed from their personal lived experience of mental illness and recovery, or their lived experience as a carer. Peer workers can be a key conduit between a consumer and their carers, family members and/or significant others, 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, including support from other experienced peer workers, and clinical support from other team members.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to culturally appropriate early intervention suicide prevention services and support primary health care providers in identifying Aboriginal people at risk (Metro)	45
Support primary health care providers to refer to appropriate mental health services, including telehealth-enabled services (Metro).	9
Enable timely access to community-based support services and primary mental health care for people experiencing anxiety, depression, psychological distress or engaging in self-harm (Metro)	9
Enable access to culturally appropriate mental health care for people from multicultural communities experiencing mental health challenges (Metro).	28



Activity Demographics

Target Population Cohort

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

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Armadale	50601
Gosnells	50604



Activity Consultation and Collaboration

Consultation

WA Primary Health Alliance has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of Head to Health centres and satellites in the Perth South 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 Perth South 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.
- 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

31/12/2021

Activity End Date

29/06/2028

Service Delivery Start Date

01/01/2022

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 being co-designed?

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	\$6,481,874.87	\$6,672,414.87	\$6,761,391.86	\$5,235,802.00	\$5,330,046.00	\$30,481,529.60
Total	\$6,481,874.87	\$6,672,414.87	\$6,761,391.86	\$5,235,802.00	\$5,330,046.00	\$30,481,529.60