



# WA Primary Health Alliance PHN Primary Mental Health Care Perth North 2024/25- 2027/28 Activity Summary View

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



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



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH-H2H

### Activity Number

1030

### Activity Title

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

### Existing, Modified or New Activity

Existing



## Activity Priorities and Description

### Program Key Priority Area

Mental Health Priority Area 1: Low intensity mental health services

### Aim of Activity

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

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

The Service aims to promote a standardised assessment to identify individuals' current needs and make a referral to community based and digital mental health services to enable:

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

### Description of Activity

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

- Undertake or action an initial assessment.

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

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

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

The local service will:

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

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

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

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

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

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

Individuals do not need a referral to access this service. However, if referred to the service by a general practitioner and/or referrer, feedback to the referring service is required within seven days of initial assessment. Sharing of information, on consent, with an individual's general practitioner is required for individuals self-referred to the service and assessed as having an IAR-Decision Support Tool (DST) assigned Level of Care 3 or above.

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

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

Follow up:

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

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

The Medicare Assessment and Referral Phone Service development, procurement and implementation has been guided by WAPHA's Aboriginal Cultural Competency and Capability Framework, LGBTIQ+ Equity and Inclusion Framework and Multicultural Competency and Capability Framework.

These frameworks continue to facilitate opportunities to improve the cultural competence and clinical safety of services through continuous quality improvement and support programs. The frameworks assist the PHN to reflect on current practice, identify areas that will improve cultural safety for communities, and develop cultural competence in internal employees and external stakeholders including commissioned services, resulting in better health and wellbeing outcomes for Aboriginal, multicultural communities and LGBTQIA+ communities.

#### Activities

- Undertake consultation with consumers, carers, health service providers (HSP) and other local stakeholders to ensure the service meets local needs.
- Ensure the service offers a culturally safe response to the needs of Aboriginal and Torres Strait Islander people, in line with the principles of the Gayaa Dhuwi (Proud Spirit) Declaration and the diverse needs of multicultural communities and Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQ+) people.
- Provision of remunerated online training for GPs in use of the Initial Assessment and Referral Decision Support Tool (IAR-DST), to determine the most appropriate level of care for individuals seeking mental health support.
- Expand referral pathways to link consumers into a broader range of community-based mental health and support services. This should include enhanced integration with other digital platforms and services funded by the Commonwealth and state and territory governments.
- Promote the Medicare Mental Health phone line to enhance stakeholder awareness and increase number of referrals.
- Provision of training commissioned service providers to better understand referrals from the service.
- Utilise service data to identify quality improvement opportunities.

### 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
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

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

Please note that additional IAR decision support tools will be approved for future use targeting those 5-17 years of age and, 65 plus years of age, as well as Aboriginal and Torres Strait Islander persons specifically. Until these additional decision support tools are made available, any consumers outside of the 18-64 year age range will be offered advice and information regarding cultural and age-appropriate service providers in their area.

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

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

Key stakeholders for this service include:

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

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

- consumer and carer peak bodies and consumer associations
- Australian Government Department of Health, Disability and Ageing
- National Mental Health Commission
- Child and Adolescent Health Service
- Women and Newborn Health Service
- Royal Australian College of General Practice
- WA Local Governments

- Aboriginal Health Council of WA
- Aboriginal Advisory Groups
- Australian Medical Association (WA)

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

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

Protocols will be developed for the interface between the Assessment and Referral Phone Line service, local community services and emergency departments to enable seamless referrals of people when needed. Priority stakeholders for facilitating smooth referrals will initially focus on WA-based PHN-funded services and key State providers:

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

### Collaboration

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

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



### Activity Milestone Details/Duration

#### Activity Start Date

30/06/2022

#### Activity End Date

29/06/2026

#### Service Delivery Start Date

1/07/2022

#### Service Delivery End Date

30/06/2026

#### Other Relevant Milestones

Activity Work Plans	Due 30/04/25, 30/04/26
Annual Mental Health and Suicide Prevention 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



## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
H2H Intake and Assessment Phone Service	\$1,725,467.00	\$2,081,971.00	\$2,641,010.99	\$0.00	\$0.00	\$6,448,448.99
<b>Total</b>	<b>\$1,725,467.00</b>	<b>\$2,081,971.00</b>	<b>\$2,641,010.99</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$6,448,448.99</b>



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



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH

### Activity Number

1010

### Activity Title

MH 1010 - Support for communities impacted by the Gaza conflict

### Existing, Modified or New Activity

Existing



## Activity Priorities and Description

### Program Key Priority Area

Mental Health Priority Area 7: Stepped care approach

### Aim of Activity

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

### Description of Activity

WAPHA will commission mental health activities for Jewish and Arabic community groups impacted by the Gaza conflict. Activities, which will be promoted to Jewish and Arabic communities and leaders, will include:

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

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

### Needs Assessment

WAPHA Needs Assessment 2025-2027

## Priorities

Priority	Page reference
Enable access to culturally appropriate mental health care for people from multicultural communities experiencing mental health challenges (Metro).	28



## Activity Demographics

### Target Population Cohort

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

### Indigenous Specific

No

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Consultation has occurred with Jewish and Arabic community leaders, consumers of mental health services from community groups impacted by the Gaza Conflict and service providers.

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

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

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

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

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

## Collaboration

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

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



## Activity Milestone Details/Duration

### Activity Start Date

30/04/2024

### Activity End Date

29/06/2026

### Other Relevant Milestones

Activity Work Plan	Due: 30/04/25, 30/04/26
Annual Needs Assessment	Due: 15/11/25
12-month Performance Report	Due: 30/09/25, 30/09/26
Final Performance Report	Due: 30/09/26



## Activity Commissioning

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

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** Yes

**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	\$99,763.00	\$150,595.00	\$148,804.18	\$0.00	\$0.00	\$399,162.18
<b>Total</b>	<b>\$99,763.00</b>	<b>\$150,595.00</b>	<b>\$148,804.18</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$399,162.18</b>

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



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH

### Activity Number

1020

### Activity Title

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

### Existing, Modified or New Activity

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.

#### Indigenous Specific

No

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Consultation is planned to occur with:

- WA Mental Health Commission.
- WA Primary Health Alliance (WAPHA) contracted services providers.
- Aboriginal Community Controlled Health Services.
- Medicare Mental Health Services.
- Royal Australian College of General Practitioners.
- Other mental health primary care providers.

## Collaboration

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



## Activity Milestone Details/Duration

### Activity Start Date

03/02/2022

### Activity End Date

29/06/2025

### Service Delivery Start Date

01/06/2022

### Service Delivery End Date

30/06/2025

### Other Relevant Milestones

Activity Work Plans	Due 30/04/25
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	\$277,382.10	\$547,921.20	\$0.00	\$0.00	\$0.00	\$825,303.30
<b>Total</b>	<b>\$277,382.10</b>	<b>\$547,921.20</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$825,303.30</b>

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# MH 2000 - Low Intensity Services



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH

### Activity Number

2000

### Activity Title

MH 2000 - Low Intensity Services

### Existing, Modified or New Activity

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 (LIPs) 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 LIPs, 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 LIPs 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, multicultural communities 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 multicultural communities and Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQ+) people.
- Program direction and oversight processes developed and maintained.
- Support continuous program improvement.

### Needs Assessment Priorities

#### Needs Assessment

WAPHA Needs Assessment 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 Start Date**

01/07/2019

##### **Service Delivery End Date**

30/06/2027

##### **Other Relevant Milestones**

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



## Activity Commissioning

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

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

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

Yes



## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Flexible	\$2,188,734.78	\$2,762,609.88	\$1,797,578.82	\$2,064,568.00	\$0.00	\$8,813,491.48
<b>Total</b>	<b>\$2,188,734.78</b>	<b>\$2,762,609.88</b>	<b>\$1,797,578.82</b>	<b>\$2,064,568.00</b>	<b>\$0.00</b>	<b>\$8,813,491.48</b>

# MH 2050 - Mental Health multidisciplinary team into general practice



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH

### Activity Number

2050

### Activity Title

MH 2050 - Mental Health multidisciplinary team into general practice

### Existing, Modified or New Activity

Existing



## Activity Priorities and Description

### Program Key Priority Area

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

### Aim of Activity

#### Background

The National Health Reform Agreement (NHRA) aims to:

- Deliver safe, high-quality care in the right place at the right time
- To prioritise prevention and help people manage their health across their lifetime
- Drive best-practice and performance using data and research
- Improve efficiency and ensure financial sustainability

Central to achieving these aims are General Practitioners (GP), typically a patient's first port of call when needing physical or mental health support. To ensure their patients have access to the care they need, some medical centres host different allied health practitioners such as podiatrists, dieticians and social workers to service their patients at the medical centre while others provide a referral to external practitioners located nearby.

For patients with mental illness, the level of care and support can benefit (or require) the services of a suitably qualified mental health: social worker, nurse, and/or psychologist, within a clinical coordination approach. While a GP can refer a patient to an organisation offering these services, they are rarely able to offer such services within their practice – often due to cost.

To achieve the NHRA aims, the Commonwealth is focused on providing support to GPs and, in response, WAPHA has been commissioning services, such as clinical care coordination, non-prescribing pharmacists and social workers, to support GPs.

The aim of this activity is to further support GPs build a multidisciplinary team to support patients with mental illness and evaluate the service model's effectiveness, scalability and sustainability.

### Description of Activity

Perth North PHN will:

- i. Engage with General Practitioners in Perth North locations, identified by the needs analysis and priority populations, to identify general practices that are willing and able to 'host' a mental health support resource.
- ii. Commission a workforce provider to provide mental health resources to identified GPs, using a flexible multidisciplinary team that will be mobilised based on need to nominated general practices.

The activity will support:

- General practitioners managing individuals with severe mental illness who would benefit from additional support, who can be appropriately supported in a primary care setting as part of a stepped care approach within their practice.
- Patient access to mental health support within their general practice
- Multidisciplinary teams (which could include psychologists, social workers, mental health nurses, Aboriginal mental health professionals, and peer workers), that will actively collaborate with the general practitioner and coordinate care, improving patient care.
- The implementation of the primary care relevant actions of the Equally Well National Consensus Statement for improving the physical health and wellbeing of people living with mental 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).

### 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
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 who can most appropriately be managed in a primary care setting.

#### Indigenous Specific

No

#### Coverage

##### Whole Region

Yes





## Activity Consultation and Collaboration

### Consultation

The PHN has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of mental health services for people with severe and complex mental illness in the Perth North PHN. These have been conducted at both a national, state, and local level, and are used to inform, strengthen, and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.

Key stakeholders for this activity include:

- Consumers
- Commissioned service providers
- General practitioners and general practices
- Health Service Providers
- WA Mental Health Commission
- Local mental health and social service providers
- Orygen
- MQ Health (Macquarie University)
- Centre for Clinical Interventions
- Curtin University
- Australian Government Department of Health, Disability and Ageing
- The Office of the Chief Psychiatrist
- Child and Adolescent Health Service
- Aboriginal Health Council of WA
- Aboriginal advisory groups
- District Health Advisory Councils
- Consumer and carer peak bodies and consumer associations.

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

### Collaboration

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

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

- WA Mental Health Commission and Child and Adolescent Health Service, who will support the building of capability and will promote integration across the sector.
- General practitioners who will support the development and strengthening of referral pathways across primary care, and to promote the Head to Health website.
- The Aboriginal Health Council of WA and Aboriginal Medical Services who will assist to promote and strengthen culturally appropriate and accessible primary mental health care services.
- PHN commissioned service providers who will strengthen partnerships and integration of services into the stepped care strata.

All collaborative activities are aimed at ensuring the commissioning of effective and sustainable mental health services for people with severe and complex issues, building capacity, capability, and integration across the sector, consolidating, and strengthening care pathways within primary care, and involving consumers and carers where possible.



## Activity Milestone Details/Duration

**Activity Start Date**

31/08/2024

**Activity End Date**

29/06/2027

**Service Delivery Start Date**

01/09/2024

**Service Delivery End Date**

30/06/2026

**Other Relevant Milestones**

Activity Work Plans - Due 30/04/25, 30/04/2026, 30/04/2027  
 Annual Mental Health and Suicide Prevention Activity Needs Assessment - Due 15/11/24, 15/11/25, 15/11/26  
 12-month performance report - Due 30/09/25, 30/09/26, 30/09/27  
 Financial Acquittal Report - Due 30/09/25, 30/09/26, 30/09/27  
 Final Report - Due 30/09/27



## Activity Commissioning

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

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** Yes

**Expression Of Interest (EOI):** Yes

**Other Approach (please provide details):** No

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

Yes



## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Flexible	\$0.00	\$716,087.92	\$759,129.99	\$0.00	\$0.00	\$1,475,217.91
<b>Total</b>	<b>\$0.00</b>	<b>\$716,087.92</b>	<b>\$759,129.99</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,475,217.91</b>

# MH 3000 - Psychological Therapies for Underserviced Groups



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH

### Activity Number

3000

### Activity Title

MH 3000 - Psychological Therapies for Underserviced Groups

### Existing, Modified or New Activity

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 North PHN will aim to:

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

For residents of RACFs, services will also:

- Be planned and implemented in a way which considers the role, responsibilities and operational requirements of RACFs.

- Use an older adult evidence-base and be responsive to the needs of older people.
- Improve the identification of those at heightened risk of suicide, particularly men, and respond accordingly.

### Description of Activity

#### Background

Psychological Therapy services must be evidence based for the population group being targeted (e.g., cognitive behaviour therapy [CBT]), provided within a stepped care approach, delivered by suitably qualified mental health professionals, and focus on the delivery of short-term psychological interventions.

Clinical therapies utilised by clinicians must be demonstrably consistent with the clinical standards, goals, and methods of CBT.

Key features of these interventions include:

- Tailoring service levels to individual client needs and severity of mental health issues.
- Complementing Medicare benefits schedule (MBS)-funded psychological services via referrals from General Practitioners (GPs) or provisional referrals from other service providers (and/or psychiatrists, and pediatricians, where available and accessible).
- Building a multidisciplinary team-based approach that includes GPs, through the establishment and ongoing development of relationships with local GPs.
- Providing flexibility beyond MBS services, such as parent consultations and varied delivery methods.

Whilst Psychological Therapies are expected to be short term, recognising that not all clients 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.

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.

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.
  - o 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 North PHN to psychological therapy services for all those who are in need and not able to access face-to-face services. A MindSpot GP intake assessment is deemed equivalent to a GP Mental Health Care Plan for access to PHN commissioned psychological therapies. This will assist in providing an integrated model of care and fidelity of the intervention, regardless of the location where an individual is accessing it.

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

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

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

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

Service delivery will be guided by the Centre for Clinical Interventions (CCI) Psychological Therapy Therapist Manuals in addition to other resources, such as those provided by CCI at no cost.

#### 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 multicultural communities 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 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 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.
- GPs.
- Royal Australian College of General Practice.
- WA Local Governments.
- Aboriginal Health Council of WA.
- Aboriginal Advisory Groups.
- Australian Medical Association (WA).
- consumer and carer peak bodies and consumer associations.

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

### Collaboration

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

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

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



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2018

### Activity End Date

29/06/2027

### Service Delivery Start Date

01/07/2019

### Service Delivery End Date

30/06/2027

### Other Relevant Milestones

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



## Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

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

Yes



## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Mental Health Flexible	\$3,231,127.94	\$3,051,833.60	\$2,544,677.80	\$2,064,568.00	\$0.00	\$10,892,207.34
<b>Total</b>	<b>\$3,231,127.94</b>	<b>\$3,051,833.60</b>	<b>\$2,544,677.80</b>	<b>\$2,064,568.00</b>	<b>\$0.00</b>	<b>\$10,892,207.34</b>



# MH 3010 - Psychological Therapy Services - Residential Aged Care



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH

### Activity Number

3010

### Activity Title

MH 3010 - Psychological Therapy Services - Residential Aged Care

### Existing, Modified or New Activity

Existing



## Activity Priorities and Description

### Program Key Priority Area

Mental Health Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups

### Aim of Activity

The activity aims to target the mental health needs of people living in residential aged care facilities (RACFs).

The outcomes that this activity seeks to achieve are:

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

### Description of Activity

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

The services target residents with mild to moderate symptoms of common mental illness. However, residents with severe mental illness, who are not more appropriately managed by a state government older persons mental health service, and who would benefit from psychological therapy are not excluded from the service. A medical diagnosis of mental illness by a General Practitioner or psychiatrist is required to ensure that symptoms of cognitive decline, dementia or delirium are not mistaken for mental illness, and to ensure that physical illness, and medication needs are considered in the overall care plan of the individual. For this activity, the definition of mental illness is consistent with that applied to MBS Better Access items. People with dementia are included if they also have a comorbid mental illness such as anxiety or depression. There are several priority sub-groups of residents who may have particular needs.:

1. Residents with significant transition issues beyond normal sadness and/or transition issues. These residents will be identified as experiencing adjustment disorders or abnormal symptoms of grief and loss, for whom early treatment may avert descent into a more serious mood disorder.
2. Residents with mild to moderate anxiety and/or depression.
3. Residents receiving treatment for mental illness prior to being admitted, which could not continue within the facility, and ensuring patient history is understood to support continuity of care.
4. Residents who may have experienced elder abuse or past or recent trauma.
5. Residents who, in addition to their mental illness, have a level of comorbid cognitive decline and/or dementia.
6. Residents from diverse and priority communities, including lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ), culturally and linguistically diverse groups Aboriginal for whom there may be additional barriers to diagnosis and care.

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

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

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

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

### Collaboration

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



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2018

### Activity End Date

29/06/2027

### Service Delivery Start Date

01/02/2019

### Service Delivery End Date

30/06/2027

### Other Relevant Milestones

Activity Work Plans	Due 30/04/25, 30/04/26, 30/04/27
Needs Assessment	Due 15/11/25, 15/11/26
12-month performance report	Due 30/09/25, 30/09/26, 30/09/27
Financial Acquittal Report	Due 30/09/25, 30/09/26, 30/09/27
Regional Mental Health and Suicide Prevention Plan	
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	\$1,042,312.00	\$1,001,077.00	\$1,046,116.80	\$1,063,064.00	\$0.00	\$4,152,569.80
<b>Total</b>	<b>\$1,042,312.00</b>	<b>\$1,001,077.00</b>	<b>\$1,046,116.80</b>	<b>\$1,063,064.00</b>	<b>\$0.00</b>	<b>\$4,152,569.80</b>

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



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH

### Activity Number

4000

### Activity Title

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

### Existing, Modified or New Activity

Existing



## Activity Priorities and Description

### Program Key Priority Area

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

### Aim of Activity

To improve the access, provision and coordination of treatment and support for individuals with severe mental illness, particularly those individuals with concurrent physical illness including the physical health consequences of prescribed treatments, who are most appropriately managed in primary care by general practitioners, within specified locations.

The activity is to support:

- General practitioners managing individuals with severe mental health conditions who would benefit from additional clinical support and needs-based care planning and coordination - who can be appropriately supported in a primary care setting as part of a stepped care approach.
- The implementation of the primary care relevant actions of the Equally Well National Consensus Statement for improving the physical health and wellbeing of people living with mental illness in Australia (National Mental Health Commission (NMHC), Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia, Sydney NMHC, 2016).

The PHN will:

- Support general practitioners and their patients with severe mental health conditions within specified locations whose needs can most appropriately be met in primary care settings (i.e. individuals who do not require more specialised and intensive service delivery within the state and territory managed specialised mental health system). This includes:
  - o Working collaboratively with all related service providers to improve the integration and local coordination of care.
  - o Consolidating and strengthening relationships and linkages with providers of healthcare, social and other related services including alcohol and other drugs services.

- o Promoting the use of multi-agency care plans.
- o Planning for the provision and support of services for people across the lifespan, including youth (from 18 years).
- o Promoting referral pathways for the physical health needs of people with severe mental illness, particularly via general practitioners.
- o Establishing linkages between clinical services and psychosocial support services.
  - Work with general practitioners and their patients, carers, and families to design and implement Equally Well care pathways within specific locations including:
  - Requiring all in-scope commissioned mental health providers to screen for physical health conditions that people with mental health conditions are at higher risk of developing.
- o Requiring all in-scope commissioned mental health services incorporate pathways to refer to other services that provide prevention and lifestyle interventions, including interventions aimed at improving diet and increasing physical activity.
- o Ensuring general practitioners and other in scope professionals in commissioned services have access to the training and support they need to provide person-centred, effective, and coordinated care to people with comorbidities.
- o Ensuring people with severe mental health conditions and their carers have access to / are empowered to use information on physical health problems, managing medications and their side-effects, and the range of care and treatment options available to them.
- o Ensuring the Equally Well Consensus Statement actions are a priority consideration for inclusion in joint regional mental health and suicide prevention plans.

### **Description of Activity**

#### **Background**

Approximately 3.1% of the adult population are estimated to have severe mental health conditions. The Fifth National Mental Health and Suicide Prevention Plan highlights the need for greater coordination and support of people with severe mental health conditions and complex needs at a regional level. There is an increasing focus on the importance of ensuring the physical health needs of people with severe mental health conditions are identified and addressed. Compared to the general population, people with severe mental health conditions are: six times more likely to have a dental health issue; six times more likely to die of cardiovascular disease; four times more likely to die of respiratory disease; two to four times more likely to die of infectious diseases; likely to die 20 years earlier.

Perth North PHN will work with general practitioners to develop approaches that increase the efficiency and effectiveness of medical care for individuals with severe mental health conditions particularly those individuals with concurrent physical illness whose needs can most appropriately be met in primary care settings, including individuals taking Clozapine. This involves two related activities:

1. Funding the provision of clinical care coordination within specified locations.
  - Clinical care coordination will be premised upon a GP-led model using a single, standardised multi-agency GP Mental Health Treatment Plan and premised on meeting the individual's needs and preferences. Services will be personalised and recovery focused. This will include:
    - o Initial and ongoing assessment.
    - o Coordination of treatment and support services that address mental and physical health issues, including the mental and physical consequences of psychoactive substance use, particularly alcohol.
    - o Liaison with an individual's support network.
    - o Monitoring progress and treatment compliance (including undertaking routine mental state and physical health checks).
    - o Tracking and reporting progress and outcomes.
    - o Providing health literacy and education to individuals, family and carers as appropriate.
    - o Proactive management of clinical deterioration including the involvement of family and carers.
    - Clinical care coordination services for people with severe mental health conditions will be delivered by mental health competent, suitably skilled and qualified registered nurses working within the scope of their practice and the expectation that the same nurse will provide the nursing care requirements to the extent possible for any individual.

2. WA Primary Health Alliance (WAPHA) will fund work with general practitioners to develop localised approaches that increase the efficiency and effectiveness of medical care for individuals with severe mental health conditions and concurrent physical health conditions whose needs can most appropriately be met in primary care settings, including individuals taking Clozapine. This will include:

- o Requiring all in-scope commissioned services incorporate pathways to refer to other services that provide prevention and lifestyle interventions, including interventions aimed at improving diet and increasing physical activity.
- o Ensuring general practitioners and other in scope professionals in commissioned services have access to the training and support they need to provide person-centred, effective, and coordinated care to people with comorbidities.
- o Ensuring people with mental health conditions and their carers have access to / are empowered to use information on physical health problems, managing medications and their side-effects, and the range of care and treatment options available to them.
- o Ensuring the Equally Well Consensus Statement action are a priority consideration for the Joint Regional Plan for Integrated Mental Health and Suicide Prevention Services.

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

#### Activities

- Plan for the integrated provision of services for people with severe mental health conditions in the region, including children and young people.
- Commission clinical care coordination for people with severe mental health conditions.
- Commission high intensity primary mental health services to address service gaps for people with severe mental health conditions who need them.
- Support implementation of the primary care relevant actions of the Equally Well National Consensus Statement for improving the physical health and wellbeing of people living with mental health conditions in Australia.
- Co-lead the development of joint regional Mental Health and Suicide Prevention Plans with state government partners and other key stakeholders.
- Work with general practice and state government partners to reduce stigma and establish collaborative care mechanisms between specialist mental health services, general practice and community services – to support the early detection and treatment of physical health conditions, prevention of chronic disease and promotion of a healthy lifestyle for people experiencing severe mental health conditions.
- Establish links between clinical services and psychosocial support for people with severe mental health conditions.
- Coordinate services for people with severe mental health conditions who are supported in primary health care, particularly those with complex needs.
- Promote the use of single multiagency care plans.
- Supplement psychological services available through the MBS.
- Ensure pathways for severe mental health conditions include assessment, treatment, and referral advice concerning co-occurring physical health conditions, lifestyle factors (diet/exercise/smoking), alcohol and drug use, and associated medication effects in HealthPathways.
- Ensure services offer a culturally safe response to the needs of Aboriginal and Torres Strait Islander people, in line with the principles of the Gayaa Dhuwi (Proud Spirit) Declaration and the diverse needs of multicultural communities and Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQ+) people.
- Program direction and oversight processes developed and maintained.
- Support continuous program improvement.
- Review, evaluate and implement quality improvement initiatives regarding the effectiveness of existing integrated models, with an emphasis on enhancing the interface and referral pathways between commissioned services and general practice.

### Priority locations

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

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

WAPHA's 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. 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
Support primary health care providers in managing complex care cases for patients with mental and physical comorbidities (Metro)	10
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



## Activity Demographics

### Target Population Cohort

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

### Indigenous Specific

No

### Coverage

#### Whole Region

Yes





## Activity Consultation and Collaboration

### Consultation

The Perth North PHN has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of mental health services for people with severe and complex mental health conditions in the Perth North PHN region. These have been conducted at both a national, state, and local level, and are used to inform, strengthen, and build capacity and capability in the services that have been commissioned and to ensure that the best use is made of the available resources and investment in mental health services.

Key stakeholders for this activity include:

- Consumers
- Commissioned service providers
- General practitioners and general practices
- Health Service Providers
- WA Mental Health Commission
- Local MH and Social Service providers
- Orygen
- MQ Health (Macquarie University)
- Centre for Clinical Interventions (CCI)
- Curtin University
- Australian Government Department of Health, Disability and Ageing
- The Office of the Chief Psychiatrist
- Child and Adolescent Health Service
- Aboriginal Health Council of WA
- Aboriginal advisory groups
- District Health Advisory Councils
- Consumer and carer peak bodies and consumer associations.

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

### Collaboration

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

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

- Where relevant, the WA Mental Health Commission who will support the building of capability and will promote integration across the sector.
- General practitioners who will support the development and strengthening of referral pathways across primary care.
- The Aboriginal Health Council of WA and Aboriginal Medical Services who will assist to promote and strengthen culturally appropriate and accessible primary mental health care services.
- PHN commissioned service providers who will strengthen partnerships and integration of services into the stepped care strata.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2027

### Other Relevant Milestones

Activity Work Plan	Due 30/04/25, 30/04/26, 30/04/27
Annual Mental Health and Suicide Prevention Activity 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	\$1,629,031.22	\$2,164,310.00	\$2,001,702.00	\$1,934,153.00	\$0.00	\$7,729,196.22
<b>Total</b>	<b>\$1,629,031.22</b>	<b>\$2,164,310.00</b>	<b>\$2,001,702.00</b>	<b>\$1,934,153.00</b>	<b>\$0.00</b>	<b>\$7,729,196.22</b>

# MH 5010 - Community Based Suicide Prevention



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH

### Activity Number

5010

### Activity Title

MH 5010 - Community Based Suicide Prevention

### Existing, Modified or New Activity

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 North PHN will aim to:

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

### Description of Activity

Perth North PHN will work locally to:

- 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 General Practice-connected care and psychosocial support.
- Identify high-risk groups within localities.

- Develop integrated community-based pathways into care.

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

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

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

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

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

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

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

## Needs Assessment Priorities

### Needs Assessment

WAPHA Needs Assessment 2025-2027

#### Priorities

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



## Activity Demographics

### Target Population Cohort

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

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

### Collaboration

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

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

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



## Activity Milestone Details/Duration

**Activity Start Date**

30/06/2018

**Activity End Date**

29/06/2027

**Service Delivery Start Date**

01/07/2018

**Service Delivery End Date**

30/06/20267

**Other Relevant Milestones**

Activity Work Plans	Due 30/04/25, 30/04/26, 30/04/27
Annual Mental Health and Suicide Prevention Activity 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	\$1,529,690.85	\$1,131,316.01	\$1,161,217.00	\$593,151.00	\$0.00	\$4,415,374.86
<b>Total</b>	<b>\$1,529,690.85</b>	<b>\$1,131,316.01</b>	<b>\$1,161,217.00</b>	<b>\$593,151.00</b>	<b>\$0.00</b>	<b>\$4,415,374.86</b>

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



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH

### Activity Number

5020

### Activity Title

MH-TRISP 5020 -Targeted Regional Initiatives for Suicide Prevention

### Existing, Modified or New Activity

Existing



## Activity Priorities and Description

### Program Key Priority Area

Mental Health Priority Area 5: Community based suicide prevention activities

### Aim of Activity

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

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

### Description of Activity

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

- Identification of communities of need and the at-risk populations within those communities, informed by data and consultation with stakeholders such as the Mental Health Commission (MHC).
- Map existing services/programs within communities against the European Alliance Against Depression (EAAD) 4-pillar intervention framework to identify gaps and options to value-add to existing activity.
- Identification and commissioning of time-limited community capacity building activities to fulfill above objectives, using evidence-based recommendations. Activities chosen will align with one of the four pillars of the EAAD framework.
- Collaborate with the WA Mental Health Commission to identify existing activity and opportunities to value-add within communities where MHC Suicide Prevention Coordinators are located. This will reduce duplication of activities and enhance the working relationship between the two organisations.

- Collaboration with the Black Dog Institute to support and identify a community within the PHN that will benefit from a Capacity Building Workshop.
- Participate in the Department of Health, 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.

#### Priority Locations

Activities will be commissioned in locations where there is existing infrastructure, such as a defined minimum set of in-situ services, including general practice. 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 place 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
Enable access to culturally appropriate early intervention suicide prevention services and support primary health care providers in identifying Aboriginal people at risk (Metro)	45
Enable access to culturally appropriate suicide Aftercare services for those recovering from a suicide attempt (Metro).	28



## Activity Demographics

### Target Population Cohort

This activity will be targeted to:

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



## Indigenous Specific

No

## Coverage

### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Consultation will continue to occur with the following key stakeholders:

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

### Collaboration

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

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



## Activity Milestone Details/Duration

### Activity Start Date

08/01/2023

### Activity End Date

29/09/2026

### Service Delivery Start Date

09/01/2023

### Service Delivery End Date

30/09/2026

## 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:** Yes

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** Yes

**Other Approach (please provide details):** No

**Is this activity 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	\$594,360.00	\$1,458,867.06	\$0.00	\$0.00	\$0.00	\$2,053,227.06
<b>Total</b>	<b>\$594,360.00</b>	<b>\$1,458,867.06</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,053,227.06</b>

# MH 6000 - Indigenous Mental Health



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH

### Activity Number

6000

### Activity Title

MH 6000 - Indigenous Mental Health

### Existing, Modified or New Activity

Existing



## Activity Priorities and Description

### Program Key Priority Area

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

### 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 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 is used to assign an appropriate level of care and inform referral decisions.

The Perth North 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 planning 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 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 such as those programs that have been developed or implemented in accordance with the nine guiding principles underpinning the National 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 Foundation Plan for Mental Health, Alcohol and Other Drug Services, and Suicide Prevention commits us to work with the WA Mental Health Commission and Health Service Providers:

- To support the implementation of the Gayaa Dhuwi (Proud Spirit) Declaration, by ensuring greater regional leadership, self-determination and capability of Aboriginal people and organisations.
- To ongoing recognition and strengthening of ACCHO/ACCHSs as leaders in Aboriginal primary healthcare, including through sustainable funding 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 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 Aboriginal people. The PHN is cognisant that for many Aboriginal peoples, connection to land, culture, spirituality, family, and community have significant impacts on health and wellbeing. The PHN will support commissioned providers to deliver culturally appropriate services, recognising the importance of the relationship between physical health, mental health, spiritual needs, and social and emotional wellbeing. Services will be holistic, tailored to individual 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 into service delivery. This will improve access to high quality, evidence-based services using culturally appropriate models of care that have both 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 done 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 provider for 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 plan. Where required, the commissioned services may be modified and additional services commissioned to help the PHN to continue to meet 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 LGBTIQA+ Equity and Inclusion Framework to improve 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 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 health conditions who can be most appropriately managed in primary care.
- Are unable to equitably access MBS treatments due to overlapping factors, indicating disadvantage, including:
  - o low income
  - o job insecurity
  - o material disadvantage
  - o limited personal resources
  - o social isolation
  - o poor health literacy
  - o other social, economic, cultural, and personal reasons
- Are experiencing locational disadvantage.

### Indigenous Specific

Yes

#### Indigenous Specific Comments

The following key stakeholders will have a role in the design and implementation of these services to ensure they are appropriate for Aboriginal people:

- GPs, who will assist to develop and strengthen referral pathways across primary care, and to specialist services where indicated.
- The Aboriginal Health Council of WA and Aboriginal Community Controlled Health Services, who will assist to promote and strengthen culturally appropriate and accessible primary mental health care, within a framework of social and emotional wellbeing.

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

## Coverage

### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

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

Key stakeholders for this activity include:

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

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

- Australian Government Department of Health and Aged Care
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service
- Royal Australian College of General Practice
- WA Local Governments
- Aboriginal Health Council of WA
- Aboriginal advisory groups
- Australian Medical Association (WA)
- Consumer and carer peak bodies and consumer associations.

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

### Collaboration

WA Primary Health Alliance has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of health services for children and young people in the Perth North PHN region. These have been conducted at both a national, state, regional 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
- 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 digital platforms.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2018

### Activity End Date

29/06/2026

### Service Delivery Start Date

01/07/2018

### Service Delivery End Date

30/06/2026

### Other Relevant Milestones

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



## Activity Commissioning

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

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** 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	\$68,329.00	\$68,744.00	\$254,561.93	\$0.00	\$0.00	\$391,634.93
Indigenous Mental Health	\$1,194,949.50	\$1,250,037.36	\$750,512.00	\$0.00	\$0.00	\$3,195,498.86
<b>Total</b>	<b>\$1,263,278.50</b>	<b>\$1,504,599.29</b>	<b>\$1,005,073.93</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$3,587,133.79</b>



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



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH

### Activity Number

7000

### Activity Title

MH 7000 - Child and Youth Mental Health Primary Care Services

### Existing, Modified or New Activity

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 North PHN will aim to:

- Integrate youth services into a stepped care approach.
- Consolidate and strengthen linkages and referral pathways between headspace centres with primary care services, educational and vocational providers, and other local community support services.
- Strengthen local regional planning for mental health services and suicide prevention, for children and young people.
- Promote locally driven regional partnerships between primary care providers and:
  - o state government funded clinical services
  - o non-government services
  - o private practitioners
  - o other services, such as alcohol and other drug services
  - o educational/social providers.
- Promote evidence-based practice and the collection of data that demonstrates the impact of interventions.
- Address service gaps and support sustainable primary mental health care provision for children and young people.

- Monitor the quality and integrity of the services being commissioned, including workforce capability.
- Identify and target young people in selected location who may be at risk of ongoing mental health conditions.

### **Description of Activity**

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

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

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

The range of services delivered under this activity are:

- headspace services
- youth enhanced services
- youth early psychosis (headspace based)

The Children and Youth Services will be delivered by a suitably skilled workforce including psychiatrists; clinical psychologists; mental health competent registered psychologists, occupational therapists, nurses, and social workers, mental health competent Aboriginal health workers and peer workers. Services will be face to face low intensity, psychological therapy, and clinical care coordination offered as part of community treatment services.

Activities

- Work collaboratively with the Australian Government Department of Health, 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.
- Promote enhanced digital access to services (including MOST digital mental health service (Orygen Digital).
- Commence the development and delivery of evidence-based early intervention services for young people with, or at risk of, severe mental health conditions (being managed in primary care).
- Work with Health Service Providers, Child and Adolescent Health Services, Aboriginal Medical Services, Aboriginal Mental Health Services, Family Support Services and other regional organisations to ensure appropriate pathways for referral and support are available for children and young people with or at risk of mental health conditions in the context of implementation of regional mental health and suicide prevention plans.
- Promote resources for clinical and non-clinical professionals available under Orygen – the National Centre of Excellence for Youth Mental Health.
- Support the WA Mental Health Commission (MHC) and relevant state departments to determine the commissioning approach as well as the establishment and operation of the Midland Medicare Kids service in line with the National Service Model.
- Program direction and oversight processes developed and maintained.
- Support continuous program improvement.

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

Services will provide equitable access for all 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 (LGBTIQA+) Equity and Inclusion Framework, a Multicultural Competency and Capability Framework, and an Aboriginal Cultural Capability Framework, that encompass cultural awareness, cultural competency, and cultural safety. These frameworks will help identify opportunities to support the improvement of cultural competence and clinical safety of services.

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

#### Priority Locations

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

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

WAPHA's 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



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

Key stakeholders for this activity include:

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

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

### Collaboration

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

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

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



## Activity Milestone Details/Duration

**Activity Start Date**

30/06/2018

**Activity End Date**

29/06/2028

**Service Delivery Start Date**

01/07/2019

**Service Delivery End Date**

30/06/2026

**Other Relevant Milestones**

Activity Work Plans	Due 30/04/25, 30/04/26, 30/04/27, 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
EPYS	\$9,853,570.00	\$10,220,657.16	\$10,221,334.00	\$0.00	\$0.00	\$30,295,561.16
Mental Health Flexible	\$1,953,035.93	\$1,941,761.00	\$1,992,655.00	\$1,884,782.00	\$0.00	\$7,772,233.93
headspace	\$3,144,551.29	\$3,161,341.10	\$3,163,318.00	\$3,220,677.00	\$3,278,650.00	\$15,968,537.39
<b>Total</b>	<b>\$14,951,157.22</b>	<b>\$15,323,759.26</b>	<b>\$15,377,307.00</b>	<b>\$5,105,459.00</b>	<b>\$3,278,650.00</b>	<b>\$54,036,332.48</b>

# MH-hE 7020 - headspace Enhancement Joondalup



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH

### Activity Number

7020

### Activity Title

MH-hE 7020 - headspace Enhancement Joondalup

### Existing, Modified or New Activity

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 Joondalup is using the funds to:

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

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

headspace Enhancement funds for Perth North 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 North 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 Joondalup 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
Joondalup	50501



## Activity Consultation and Collaboration

### Consultation

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

Key stakeholders for this activity include:

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

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

- Australian Government Department of Health and Aged Care
- WA Country Health Services
- Women and Newborn Health Service
- Child and Adolescent Health Service
- Royal Australian College of General Practitioners
- WA Local Governments
- Aboriginal Health Council of WA
- Aboriginal advisory groups
- Australian Medical Association (WA)
- consumer and carer peak bodies and consumer associations.

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

### Collaboration

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

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

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



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



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2018

### Activity End Date

29/06/2026

### Service Delivery Start Date

01/07/2023

### Service Delivery End Date

30/06/2026

### Other Relevant Milestones

Activity Work Plans	Due 30/04/25, 30/04/26
Annual Mental Health and Suicide Prevention Activity Needs Assessment	Due 15/11/25
12-month performance report	Due 30/9/25, 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	\$565,709.00	\$434,206.33	\$0.00	\$0.00	\$1,204,915.33
<b>Total</b>	<b>\$205,000.00</b>	<b>\$565,709.00</b>	<b>\$434,206.33</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,204,915.33</b>

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# MH-hE 7021 - headspace Enhancement Midland



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH

### Activity Number

7021

### Activity Title

MH-hE 7021 - headspace Enhancement Midland

### Existing, Modified or New Activity

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 Midland. The enhancement funds are therefore being utilised to augment and support resources already in place at this service.

The activities described in this section need to be considered in this context. The Mental Health and Suicide Prevention flexible funding has been withdrawn at this headspace site and has been utilised to commission additional mental health activity as reported via the PMHC MDS.

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

headspace Midland is using the funds to:

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

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

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

headspace Enhancement funds for Perth North 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 North 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 Midland 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
Swan	50403



## Activity Consultation and Collaboration

### Consultation

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

Key stakeholders for this activity include:

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

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

- Australian Government Department of Health, 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	
Annual Mental Health and Suicide Prevention Activity Needs Assessment		Due 15/11/25
12-month performance report	Due 30/9/25, 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	\$213,776.00	\$434,206.33	\$0.00	\$0.00	\$1,052,982.33
<b>Total</b>	<b>\$405,000.00</b>	<b>\$213,776.00</b>	<b>\$434,206.33</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,052,982.33</b>

# MH-hE 7022 - headspace Enhancement Osborne Park



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH

### Activity Number

7022

### Activity Title

MH-hE 7022 - headspace Enhancement Osborne Park

### Existing, Modified or New Activity

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



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

Externally the funds are being used to:

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

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

headspace Enhancement funds for Perth North 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 North 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 Osborne Park 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
Stirling	50502



## Activity Consultation and Collaboration

### Consultation

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

Key stakeholders for this activity include:

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

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

- Australian Government Department of Health, 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
Annual Mental Health and Suicide Prevention Activity Needs Assessment	Due 15/11/25
12-month performance report	Due 30/9/25, 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	\$208,298.00	\$434,206.34	\$0.00	\$0.00	\$1,047,504.34
<b>Total</b>	<b>\$405,000.00</b>	<b>\$208,298.00</b>	<b>\$434,206.34</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,047,504.34</b>

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# MH-Op 1000 - Operational Mental Health



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH-Op

### Activity Number

1000

### Activity Title

MH-Op 1000 - Operational Mental Health

### Existing, Modified or New Activity

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	\$2,426,223.00	\$2,931,697.53	\$3,722,907.26	\$1,571,697.00	\$656,577.00	\$11,309,101.79
<b>Total</b>	<b>\$2,426,223.00</b>	<b>\$2,931,697.53</b>	<b>\$3,722,907.26</b>	<b>\$1,571,697.00</b>	<b>\$656,577.00</b>	<b>\$11,309,101.79</b>

# MH-hE Op 7000 - headspace Enhancement Operational



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH-Op

### Activity Number

7000

### Activity Title

MH-hE Op 7000 - headspace Enhancement Operational

### Existing, Modified or New Activity

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	\$64,787.00	\$66,013.00	\$81,000.00	\$0.00	\$0.00	\$211,800.00
<b>Total</b>	<b>\$64,787.00</b>	<b>\$66,013.00</b>	<b>\$81,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$211,800.00</b>

# MH-AMHCT 8000 - Medicare Mental Health Centres



## Activity Metadata

### Applicable Schedule

Primary Mental Health Care - Perth North

### Activity Prefix

MH-AMHCT

### Activity Number

8000

### Activity Title

MH-AMHCT 8000 - Medicare Mental Health Centres

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

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

### Description of Activity

#### 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.

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

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

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

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

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

The PHN will ensure that effective monitoring and evaluation systems and processes are in situ to obtain data regarding the proportion of the population receiving commissioned psychological therapies delivered by mental health professionals; clinical outcomes of these services; average cost of the psychological therapy interventions per service contacts and episode of care; completion rates for the clinical outcome measures reported in the primary mental health care – minimum data set (PMHC MDS).

The approach taken by the PHN to capture this data includes formally training new commissioned service providers in the collection and submission of data to the PMHC-MDS, in accordance with the PMHC-MDS Specifications and Data Definitions and directing the service providers to the suite of support resources available. In addition, the provider must use the Adult Mental Health reserved data elements, as required.

## **Needs Assessment Priorities**

### **Needs Assessment**

WAPHA Needs Assessment 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
Swan	50403
Stirling	50502



## Activity Consultation and Collaboration

### Consultation

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

### Collaboration

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



## Activity Milestone Details/Duration

### Activity Start Date

04/09/2021

### Activity End Date

29/06/2028

### Service Delivery Start Date

05/09/2021

### Service Delivery End Date

30/06/2026

### Other Relevant Milestones

Activity Work Plans	Due 30/04/25, 30/04/26, 30/04/27, 30/04/28	
Annual Mental Health and Suicide Prevention Activity Needs Assessment		Due 15/11/25, 15/11/26, 15/11/27
12-month performance report	Due 30/9/25, 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



## 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	\$5,552,432.03	\$5,577,321.07	\$5,666,317.06	\$5,235,802.00	\$5,330,046.00	\$27,361,918.16
<b>Total</b>	<b>\$5,552,432.03</b>	<b>\$5,577,321.07</b>	<b>\$5,666,317.06</b>	<b>\$5,235,802.00</b>	<b>\$5,330,046.00</b>	<b>\$27,361,918.16</b>