

# Nepean Blue Mountains - Primary Mental Health Care 2022/23 - 2026/27 Activity Summary View



## MH - 1 - 2023-24 MH-1 Stepped Care Approach



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

1

#### Activity Title \*

2023-24 MH-1 Stepped Care Approach

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Mental Health Priority Area 7: Stepped care approach

#### Other Program Key Priority Area Description

#### Aim of Activity \*

This activity aims to utilise the stepped care approach as a central platform that will guide NBMPHN's commissioning and coordination of primary mental health care services in the region to ensure a range of service types and choices are available for consumers. NBMPHN will make best use of what is available within the local region but also build capacity where there are gaps to enhance service provision to better match individual and population needs. An early intervention approach where people with mental health problems and mental illness have their needs addressed early will be incorporated where possible into service co-design.

**Description of Activity \***

Key activities that will support the development and implementation of the stepped care approach include:

1. Joint regional mental health and suicide prevention plan between NBMPHN and NBMLHD. This 5-year plan represents a commitment of governance to jointly address issues and create an environment where mental health and suicide prevention services are connected, safe and equitable. The implementation is set out over 5 years and will be led by a joint position that will in 2022-23 establish joint governance arrangements and an operational plan of action.
2. Implementation of the NBMPHN Initial Assessment and Referrals (IAR) Clinical Intake Service as the central point of triage and service allocation for PHN commissioned services. Currently this is applied to all Head to Health service referrals. The IAR Decision Support Tool that is used in all intake assessments will support referrers in aligning the right service to an individual's needs in accordance with the Stepped care approach. A gradual induction of commissioned services through the IAR Clinical Intake Service will support the rollout across the region, commencing with mental health nursing services for complex coordinated care and psychological therapy services.
3. Socialisation of the Stepped care approach to local referrers, specifically in the first instance with GPs, will apply the underpinning change management principles. The gradual induction of services through the IAR will assist this process as it is further socialised with commissioned service providers
4. Consultation and collaboration with key stakeholders including consumers, carers, those with lived experience and local mental health professions will continue through formal steering committees that will provide advice on service planning and monitoring throughout 2022-23 in support of the stepped care rollout.
5. A GP Psychiatry Support Line delivering psychiatry advice to GPs via telephone and other identified electronic platforms Monday to Friday will support a Step up of care and advice for mental health needs of primary care patients. This is including but not limited to; clinical and diagnostic advice, medication and prescribing, assistance in developing patient safety plans, input from a psychiatrist with a specialty interest, localised referral pathways and information.
6. Continued development and or refresh of mental health and suicide prevention HealthPathways. These pathways provide localised clinical and referral guidelines to local primary care providers to support consistent and more timely access criteria to services.
7. Refresh/redevelopment of NBMPHN Mental Health online Navigation decision support tool and website will assist consumers and carers with identification of the right level of care for individuals navigating the mental health space.

**Needs Assessment Priorities \*****Needs Assessment**

Needs Assessment 2021/22 - 2023/24

**Priorities**

| Priority  | Page reference |
|---|----------------|
| Reduce fragmentation through improved integration of mental health services | 285            |
| Address service System Integration and interoperability                     | 291            |

**Activity Demographics****Target Population Cohort**

Consumes who span across the stepped care range of need

**In Scope AOD Treatment Type \*****Indigenous Specific \***

No

**Indigenous Specific Comments****Coverage****Whole Region**

Yes

| SA3 Name                   | SA3 Code |
|----------------------------|----------|
| Blue Mountains - South     | 12402    |
| Penrith                    | 12403    |
| Dural - Wisemans Ferry     | 11502    |
| Fairfield                  | 12702    |
| Bathurst                   | 10301    |
| Rouse Hill - McGraths Hill | 11504    |
| Lithgow - Mudgee           | 10303    |
| St Marys                   | 12405    |
| Richmond - Windsor         | 12404    |
| Hawkesbury                 | 11503    |
| Blue Mountains             | 12401    |

**Activity Consultation and Collaboration****Consultation**

Stakeholder engagement, consultation and collaboration are an integral component in achieving a local implementation of stepped care. Engagement will ensure that stakeholders are involved across a range of mental health service developments. NBMPHN has established several committees to assist in this, including the Mental Health Professionals Advisory Committee, the Joint NBM PHN/LHD Aboriginal Advisory Committee for Drug & Alcohol and Mental Health, the Mental Health Consumer and Carer Mental Health Advisory Committee and the Regional Suicide Prevention Working Group. These committees continue to meet to support the mental health reform work and will continue to do so during 2023-2024. Further, the NBMPHN Clinical Council and GP Advisory Committee will continue to be consulted during the reporting period as appropriate. Stakeholder engagement will also continue with allied health providers, the wider GP community and other stakeholder specific to the priority areas as required

**Collaboration**

NBMLHD - the operationalisation of the Joint Regional Mental Health and Suicide Prevention 5-year Plan. GPs, Allied Health, consumers and carers and other entities- to inform co-design and delivery of service developments and models of care



## Activity Milestone Details/Duration

**Activity Start Date**

30/06/2019

**Activity End Date**

29/06/2025

**Service Delivery Start Date**

01 July 2019

**Service Delivery End Date**

30 June 2025

**Other Relevant Milestones**

The implementation of Initial Assessment & Referral (IAR) Clinical Intake Service in 2021/22 has supported GPs and clinicians with facilitating connection of consumers to appropriate level of care for a person seeking mental health support.



## Activity Commissioning

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

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

**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

Yes

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

N/A

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

Yes



## MH - 2 - 2023-24 MH-2 Psychological Therapy Services, including moderate to Severe Mental Illness



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

2

**Activity Title \***

2023-24 MH-2 Psychological Therapy Services, including moderate to Severe Mental Illness

**Existing, Modified or New Activity \***

Modified



### 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

**Other Program Key Priority Area Description****Aim of Activity \***

The service aims to continue to address regional service gaps in the provision of psychological therapies for under-serviced/hard to reach groups, including people with mild, moderate and in some cases severe mental illness and for people at risk of suicide. Services provided under this priority area form a crucial part of the suite of mental health services delivered locally under a stepped care approach. It is expected that as a result of this activity more people with diagnosed mental illness who are identified as hard to reach/or underserviced will be able to access low or medium intensity psychological service interventions in the region. The service provision does not duplicate current Medicare services. Service provision will be delivered for people who are unable to otherwise afford to pay for psychological therapies.

This approach will support people to access services based on their needs, at the right time and where possible in their local community.

A clear and accessible pathway to care will be clearly defined for consumers and clinician referrers.

**Description of Activity \***

This activity will provide short term low or medium intensity psychological service interventions for people with a diagnosable mild, moderate or in some cases severe mental illness. The service also offers psychological interventions for people who have attempted or are at risk of suicide or self-harm where access to other services is not available or appropriate. The service will reduce barriers for underserviced groups experiencing access issues to MBS based psychological interventions. The service will maintain where possible engagement of local mental health professionals to deliver services and strengthen local capacity within the NBM Region .

These primary mental health care services will be delivered under a stepped care approach that will support people to access care based on their needs, at the right time and where possible in their local community with flexibility to step up or down according to the level of need.

This activity will:

- Provide clear and accessible pathways to care for people with mental health concerns according to levels of intensity/acuity.
- Address access for underserved and hard to reach groups
- Incorporate strategic and operational design of Stepped Care service delivery.
- Provide referrers and service providers an understanding on how to navigate, refer to and provide services using a stepped care approach.

## Needs Assessment Priorities \*

### Needs Assessment

Needs Assessment 2021/22 - 2023/24

#### Priorities

| Priority   | Page reference |
|--|----------------|
| Address prevalence of diagnosed mental health disorders, including mild, moderate, and severe mental illness, and high prevalence of high or very high psychological distress among adults | 277            |
| Address inadequate psychiatric services across the region  | 284            |



## Activity Demographics

### Target Population Cohort

People experiencing mental health distress and barriers to accessing psychological support within the region. This includes priority populations of under-serviced/hard to reach groups, including people with mild, moderate and in some cases severe mental illness and for people at risk of suicide.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

| SA3 Name                   | SA3 Code |
|----------------------------|----------|
| Blue Mountains - South     | 12402    |
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| Richmond - Windsor         | 12404    |
| Hawkesbury                 | 11503    |
| Blue Mountains             | 12401    |



## Activity Consultation and Collaboration

### Consultation

Key stakeholder consultations, including through the PHN's established network of relevant advisory committees, including the Mental Health Professionals and Consumer and Carer Advisory Committees, GP and Allied Health Clinical Councils and the Community Advisory Committee. Consultation will ensure this activity continues to support oversight of needs against service delivery outcomes.

### Collaboration

GPs, other medical specialist advisors, allied health providers, mental health service providers currently engaged with NMBPHN and the Local Health District all have a role in supporting oversight of outcomes against need and providing advice on service development as required.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2025

### Service Delivery Start Date

01 July 2019

### Service Delivery End Date

30 June 2025

### Other Relevant Milestones

N/A





## Activity Commissioning

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

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

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

N/A

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

Yes



## MH - 3 - 2023-24 MH-3 Mental Health Care Services for People with Severe and Complex Mental Illness



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

3

#### Activity Title \*

2023-24 MH-3 Mental Health Care 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

#### Other Program Key Priority Area Description

#### Aim of Activity \*

The model continues to address regional gaps in the provision of clinical care services for people with severe and complex mental illness managed in primary care. The service will form an important part of the stepped care approach by providing a nurse-led service for the management and support of people with severe and complex mental illness within the primary care setting.

Under the MHNIP, mental health nurses work in collaboration with Psychiatrists and General Practitioners to provide services such as:

- Periodic reviews of patients' mental health support needs
- Support with patients medication management
- Providing information and support to access integrated services from general practitioners, psychiatrists and allied health workers to address patients physical and mental health needs
- Support in accessing community services
- Support to test for the NDIS where appropriate, in collaboration with NBMPHN commissioned psychosocial providers.

#### Description of Activity \*

Service delivery includes clinical care coordination for people with severe and complex mental illness managed in primary care. Under the model, the former Mental Health Nurse Incentive Program guidelines have been adapted and expanded and include clearer discharge guidelines. It further considers the current unequal distribution of services across the region while acknowledging that this will be limited by the availability of the workforce.

## Needs Assessment Priorities \*

### Needs Assessment

Needs Assessment 2021/22 - 2023/24

### Priorities

| Priority   | Page reference |
|--|----------------|
| Address prevalence of diagnosed mental health disorders, including mild, moderate, and severe mental illness, and high prevalence of high or very high psychological distress among adults | 277            |
| Address inadequate psychiatric services across the region  | 284            |



## Activity Demographics

### Target Population Cohort

The target population for the proposed activities are adults with severe and complex mental illness who are managed in the community through primary care.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

| SA3 Name                   | SA3 Code |
|----------------------------|----------|
| Blue Mountains - South     | 12402    |
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| St Marys                   | 12405    |
| Richmond - Windsor         | 12404    |
| Hawkesbury                 | 11503    |
| Blue Mountains             | 12401    |



## Activity Consultation and Collaboration

### Consultation

Stakeholder consultations have occurred with currently contracted credentialed mental health nurses. Consultations with the GP Advisory Committee, Mental Health Professionals Advisory Committee and the Consumer and Carer Advisory Committee, mental health nurses and practice nurses, LHD, and Australian College of Mental Health Nurses will continue to be undertaken as required

### Collaboration

NBMPHN will continue to collaborate with the Allied Health Professionals working in mental health, GPs, private practice mental health nurses, LHD mental health services and consumers/carers to assist in the operation of the activity.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2025

### Service Delivery Start Date

01 July 2019

### Service Delivery End Date

30 June 2025

### Other Relevant Milestones

N/A



## Activity Commissioning

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

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

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

N/A

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

Yes



## MH - 4 - 2023-24 MH-4 Psychiatry Services



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

4

#### Activity Title \*

2023-24 MH-4 Psychiatry Services

#### Existing, Modified or New Activity \*

Modified



### Activity Priorities and Description

#### Program Key Priority Area \*

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

#### Other Program Key Priority Area Description

#### Aim of Activity \*

1. Increased access to Psychiatry assessment and treatment plans for those who experience financial barriers to psychiatry services.
2. Improved access to psychiatry services for Aboriginal and Torres Strait Islander residents.
3. Increased support for GPs managing mental health illness throughout the region.

#### Description of Activity \*

The Commissioned Telepsychiatry Service provides initial assessment and brief intervention to people experiencing a severe and persistent mental illness with barriers to accessing a psychiatrist (e.g. financial hardship). It also provides advice, opinion and capacity building to GPs to better support the persons care and is open for all ages.

A dedicated psychiatry clinic will be commissioned for Aboriginal and Torres Strait Islander residents to operate within a local Aboriginal service facilitating a joined-up approach.

This service is designed to augment the delivery of care currently provided to residents of the region through the Mental Health Nurse Incentive Program and the Psychological therapies programs.

#### Needs Assessment Priorities \*

#### Needs Assessment

Needs Assessment 2021/22 - 2023/24

**Priorities**

| Priority   | Page reference |
|--|----------------|
| Address prevalence of diagnosed mental health disorders, including mild, moderate, and severe mental illness, and high prevalence of high or very high psychological distress among adults | 277            |
| Address lack of culturally safe mental health services for Aboriginal communities  | 283            |
| Address inadequate psychiatric services across the region  | 284            |

**Activity Demographics****Target Population Cohort**

This new service is available to patients living in the Blue Mountains, Hawkesbury, Lithgow and Penrith local government areas who are experiencing mental illness and are not currently engaged with public psychiatry services and hold a Centrelink issued healthcare, family healthcare, or pension card with a GP referral.

All Aboriginal and Torres Strait Islander residents experiencing mental illness are eligible.

**In Scope AOD Treatment Type \*****Indigenous Specific \***

No

**Indigenous Specific Comments****Coverage****Whole Region**

Yes

**Activity Consultation and Collaboration****Consultation**

Consultation has occurred through a variety of existing committees including the General Practice Clinical Council, the Consumer and Carer Committee and the Mental Health Services advisory committee.

**Collaboration**

Ongoing collaboration will continue with the Consumers, Carers, GPs and Allied Health professionals to monitor, evaluate and adapt the service to the needs of the region.



## Activity Milestone Details/Duration

**Activity Start Date**

30/11/2023

**Activity End Date**

29/06/2024

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**



## 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 being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

na

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

Yes





## MH - 5 - 2023-2024 MH-5 Psychological Treatment Services for People with Mental Illness Living in RACFs



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

5

**Activity Title \***

2023-2024 MH-5 Psychological Treatment Services for People with Mental Illness Living in RACFs

**Existing, Modified or New Activity \***

Modified



### 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

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of this activity is to ensure RACFs, and support services increase their capacity to identify and respond to residents at heightened risk of suicide, and to promote service integration for people with complex needs including specialist dementia services and Older People's Mental Health Services. Longer term it is envisaged that we will achieve observable benefits for RACF residents accessing psychological services, including mood improvements, reduction in anxiety and stress, increased ability to cope with life changes, and greater engagement in activities and social connections within RACFs.

**Description of Activity \***

Continue to commission psychological services targeting the mental health needs of people living in Residential Aged Care Facilities (RACFs) across the NBM region. These services are intended to enable residents with mental illness to access needed mental health services similar to those available in the community.

Services delivered under this priority provide crucial referral pathways for GPs or the RACF's Registered Nurse, to enable residents with mild to moderate mental illness to access evidence based short term psychological therapies. This also includes residents who are experiencing early symptoms and are assessed as 'at risk' of developing a diagnosable mental illness over the following 12 months.

Services are provided by both individually and organisational commissioned psychologists, clinical psychologists, mental health social workers or mental health nurses who work in conjunction with the referrer, to provide evidence-based short term

psychological therapies. Services are offered either by individual or group settings. Providers commissioned also deliver an Education, Awareness and Expansion project to assist RACF's staff in identifying the mental health needs of residents and create clear pathways for referrals to the most appropriate services based on individual need. All 29 RACFs in the NBM region are participating in this program.

**Needs Assessment Priorities \***

**Needs Assessment**

Needs Assessment 2021/22 - 2023/24

**Priorities**

| Priority  | Page reference |
|---|----------------|
| Address high rates of mental health disorder hospitalisations | 278            |



**Activity Demographics**

**Target Population Cohort**

Residents of aged care facilities assessed as living with a mental illness who meet the access criteria

**In Scope AOD Treatment Type \***

**Indigenous Specific \***

No

**Indigenous Specific Comments**

**Coverage**

**Whole Region**

Yes

| SA3 Name                   | SA3 Code |
|----------------------------|----------|
| Blue Mountains - South     | 12402    |
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| Fairfield                  | 12702    |
| Bathurst                   | 10301    |
| Rouse Hill - McGraths Hill | 11504    |
| Lithgow - Mudgee           | 10303    |
| St Marys                   | 12405    |
| Richmond - Windsor         | 12404    |
| Hawkesbury                 | 11503    |
| Blue Mountains             | 12401    |



## Activity Consultation and Collaboration

### Consultation

Initial consultation took place through an advisory committee established to consider the staged implementation of this activity. Through this and other key stakeholder networks, further consultation will take place including GPs, residents of aged care facilities, service providers and the aged care sector. NBMPHN will use the establishment phase of the pilot to further consolidate learning and shape future commissioning of services across the region. Ongoing consultation with this cohort is taking place through service delivery and evaluation activities.

### Collaboration

NBMPHN will continue to collaborate with local RACFs and their staff, GPs, local service providers and aged care residents. Further work will involve the LHD and a variety of health care providers as we work towards leveraging local relationships and expertise to form standard service delivery procedures and build strong working relationships that better facilitate access and robust governance structures.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2026

### Service Delivery Start Date

01 July 2019

### Service Delivery End Date

30 June 2026

**Other Relevant Milestones**

N/A



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

**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

N/A

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

Yes



## MH - 6 - 2023-2024 MH-6 Mental Health Services for those affected by Floods



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

6

#### Activity Title \*

2023-2024 MH-6 Mental Health Services for those affected by Floods

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Mental Health Priority Area 1: Low intensity mental health services

#### Other Program Key Priority Area Description

#### Aim of Activity \*

This activity aims to increase NBMPHN's capacity to provide mental health services to meet the short- and medium-term needs arising from trauma and loss associated with the 2022 south east Queensland and New South Wales floods, providing psychological therapies and support in conjunction with community wellbeing and resilience grants.

#### Description of Activity \*

The Activities that will be undertaken are:

1. Implementation of a dedicated psychological therapy stream (PTS) for those directly impacted by flood within the NBMPHN region to be provided by clinicians throughout the region with expertise in trauma informed care. It is expected that because of this activity more people with diagnosed mental illness who are identified as hard to reach/or underserved will be able to access low or medium intensity psychological service interventions in the region.
2. Maintain, where possible, engagement of local mental health professionals to deliver services and strengthen local capacity within the NBM Region.
3. Introduction of a self-referral pathway to Flood PTS services through the IAR Clinical Intake Service ensuring that the stepped care approach is applied to enable that best fit of service availability to consumer need is applied along with consumer input into decision making.
4. Headspace Lithgow will enhance existing headspace services in communities impacted by disasters and flood by implementing a mobile outreach treatment service delivering targeted group programs in collaboration with local high schools.
5. Wellbeing and resilience grants to promote community led wellbeing and resilience activities in flood affected areas which

encourage social cohesion, connectedness, and supportive relationships, as well as promote mental health healing and recovery for communities are being made available to those impacted by the floods.

## Needs Assessment Priorities \*

### Needs Assessment

Needs Assessment 2021/22 - 2023/24

#### Priorities

| Priority   | Page reference |
|--|----------------|
| Collaboration with local councils  | 236            |
| Skills and Training Capacity   | 276            |
| Address prevalence of diagnosed mental health disorders, including mild, moderate, and severe mental illness, and high prevalence of high or very high psychological distress among adults | 277            |
| Address high burden of mental health disorders among children and youth / inadequate service provision in psychiatry and mental health for children and youth                              | 279            |
| Provide clinical support to people with severe and persistent mental illness   | 284            |
| Broaden the scope of early intervention services to enhance access for people at risk of and with mental illness   | 286            |
| Strategies to increase sector coordination and linkages to enhance understanding of referral pathways and available supports.  | 288            |
| Facilitate navigation of people to match needs and care requirements to appropriate service provision  | 289            |
| Address social isolation and stigma  | 290            |
| Support Mental Health Literacy and navigation of the local service system  | 290            |
| Maintain existing and develop new local mental health pathways   | 291            |
| Facilitate service Integration   | 296            |
| Build the capacity and capabilities of healthcare service providers and practitioners to prepare for and respond to future disasters.  | 311            |
| Address the need to improve access to primary healthcare services  | 306            |



## Activity Demographics

### Target Population Cohort

All community members experiencing distress and social dislocation as a result of multiple floods across the NBM region

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

| SA3 Name               | SA3 Code |
|------------------------|----------|
| Penrith                | 12403    |
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| Hawkesbury             | 11503    |
| Blue Mountains         | 12401    |



## Activity Consultation and Collaboration

### Consultation

Extensive consultation with more than 50 formal and informal key stakeholders providing important recovery service and support has been conducted as part of a Flood Need Assessment (2022) to identify need and gaps of the flood affected population.

### Collaboration

NBMPHN continues to collaborate closely with stakeholders from the PHN's established network of relevant advisory committees as well as the Local Health District, local government, mental health service providers, and key community groups such as neighbourhood centres and recovery workers as appropriate to each particular initiative within the activity



## Activity Milestone Details/Duration

**Activity Start Date**

29/06/2022

**Activity End Date**

29/06/2024

**Service Delivery Start Date**

30/06/2022

**Service Delivery End Date**

30/06/2024

**Other Relevant Milestones**



## Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

Yes





## MH - 8 - 2023-24 MH-8 Initial Assessment and Referral Training Support Officers



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

8

**Activity Title \***

2023-24 MH-8 Initial Assessment and Referral Training Support Officers

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 7: Stepped care approach

**Other Program Key Priority Area Description****Aim of Activity \***

The IAR Training and Support Officer (TSO) role aims to coordinate and drive the implementation of the National IAR Guidance at the regional level. The IAR Training and Support Officer (IAR TSO) will support General Practitioners (GPs) and staff in the NBMPPHN to learn about, use and embed the IAR in clinical practice and support the socialisation of the stepped care model.

**Description of Activity \***

The IAR Training and Support Officer (IAR TSO) will support as a priority, General Practitioners (GPs) and staff in the NBMPPHN to learn about, use and embed the IAR into their clinical practice. This will be in tandem with increasing awareness of stepped care model for mental health service alignment.

The TSO will deliver training primarily to GPs as well as other clinicians in Head to Health Centres and clinics, General Practices, and Aboriginal Medical Services, and with NBMPPHN commissioned providers.

The TSO will be working towards delivering training to 277 GPs across the NBM region.

Broader promotion where appropriate, will also be delivered through a staged approach to Residential Aged Care Facilities and to the NBM Local Health District to support the initial socialisation of the IAR and stepped care concepts and approach to mental health service allocation.

## Needs Assessment Priorities \*

### Needs Assessment

Needs Assessment 2021/22 - 2023/24

### Priorities

| Priority   | Page reference |
|--|----------------|
| Address gaps in systems that could support improved communication, transfers of care and conjoint care between service providers across sectors including initial assessment for service matching e-referral | 285            |



## Activity Demographics

### Target Population Cohort

GPs, Aboriginal Medical Services, NBMPHN commissioned mental health service providers, Penrith Head to Health Centre and Head to Health Pop-Up, NBMLHD

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Consultation at a national level by the Australian Department of Health and Aged Care in consultation with an Expert Advisory Group have helped to inform local implementation.

Stakeholder engagement, consultation and collaboration are a vital part of the Implementation of the local TSO model.

Engagement as outlined throughout this activity ensures that stakeholders are involved across all aspects of the NBMPHN TSO activity planning and implementation.

NBMPHNs established advisory committees including the IAR Implementation Steering Committee, GP Clinical Council, Allied Health Clinical Council, Mental Health Professionals Advisory Committee, Mental Health Consumer and Carer Mental Health Advisory Committee and Joint PHN and LHD Community Advisory Committee.

## Collaboration

NBMPHN IAR Implementation Steering Committee - provides governance, planning direction and monitoring of local implementation as well as an internal mechanism to facilitate consultation across NBMPHN programs and services which assists to inform the model.

NBMLHD Mental Health Services - leading acute care mental health services and a key integration partner

NBM Primary Care - GPs - supporting access to services

NBM Allied Health Professionals - supporting access to services

NBM Mental Health Allied Health Professionals - supporting development of best care models of access to services

NBM Consumers - supporting the consumer perspective in relation to service delivery

NBM Carers - supporting the carer perspective in relation to service delivery

NBM Mental Health NGOs - supporting features of access



## Activity Milestone Details/Duration

### Activity Start Date

14/06/2016

### Activity End Date

29/06/2025

### Service Delivery Start Date

01/07/2022

### Service Delivery End Date

30/06/2025

### Other Relevant Milestones

DOH TSO training package released March 2022

Target of training 277 GPs



## 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 being co-designed?**

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

**Decommissioning**

No

**Decommissioning details?**

na

**Co-design or co-commissioning comments**

na

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

No



## MH - 11 - 2023-24 MH-11 Joint Regional Mental Health and Suicide Prevention Plan



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

11

#### Activity Title \*

2023-24 MH-11 Joint Regional Mental Health and Suicide Prevention Plan

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

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

#### Other Program Key Priority Area Description

#### Aim of Activity \*

The aim of this activity is for the NBMPHN and NBMLHD to jointly plan for the delivery of mental health and suicide prevention services in our region, across acute, community and primary health care settings. An initial foundation plan, articulating integration enablers to support collaborative approaches and joint governance, was developed by 30 June 2019, and approved by both the PHN and LHD boards. A comprehensive joint mental health and suicide prevention strategic 5-year plan was subsequently completed and approved by the PHN and LHD boards in June 2021. The plans provide agreed guidance on shared approaches to addressing gaps in mental health & suicide prevention, postvention & Aftercare, and potential approaches to service delivery over the next 5 years

#### Description of Activity \*

NBMPHN has published a joint regional mental health and suicide prevention 5-year plan which was developed in consultation with key stakeholders and the NBMLHD, to create jointly agreed service planning priorities. The plan represents a commitment by our two organisations to address these issues and create an environment where mental health and suicide prevention services are connected, safe and equitable. The plan is a living document which reflects regionally agreed strategic priorities and objectives towards fulfilling the vision of a joined-up consumer centred mental health care across the region. From 2021-2026, the focus will be on implementing a clear governance structure for the new Joint Regional Mental Health and Suicide Prevention Plan Operational Group. This group will oversee the activities undertaken across the region to deliver the agreed priority actions outlined in the plan. DoHAC guidance and the Fifth National Mental Health and Suicide Prevention plan has been incorporated into the planning process.

The year 1 action plan (2023-24) outlines key actions to be delivered in year 1. Under the service planning priorities of Child & youth services, Suicide Prevention, People with lived experience, Aboriginal & Torres Strait Islander Mental Health, Priority Population Groups & General service priorities, as endorsed by the Joint regional Mental Health & Suicide Prevention Steering Committee.

**Needs Assessment Priorities \***

**Needs Assessment**

Needs Assessment 2021/22 - 2023/24

**Priorities**

| Priority  | Page reference |
|---|----------------|
| Integrated models of care across primary and acute care in conjunction with NBM Local Health District | 236            |
| Integrated models of care across primary and acute care in conjunction with NBM Local Health District | 237            |
| Reduce fragmentation through improved integration of mental health services                           | 285            |
| Support regional services planning to consider special needs groups                                   | 295            |



**Activity Demographics**

**Target Population Cohort**

The target population are people across the NBM region with mental health issues spanning the whole spectrum from emerging to severe and persistent mental illness.

**In Scope AOD Treatment Type \***

**Indigenous Specific \***

No

**Indigenous Specific Comments**

**Coverage**

**Whole Region**

Yes



## Activity Consultation and Collaboration

### Consultation

Consultations will continue with the LHD and NBMPHN committees established to support the PHN regularly with overall appropriate advice and support including clinical councils and consumer and carer networks. In addition, specifically established committees that meet regularly to progress the mental health reform work (Mental Health Professionals Advisory Committee, Joint NBMPHN/LHD Aboriginal Advisory Committee for Drug & Alcohol and Mental Health, Consumer and Carer Advisory Committee and Regional Suicide Prevention Working Group) will also be consulted as a part of the planning and although through the operationalisation process. This will include all relevant and required stakeholder engagement undertaken for priorities 1-5 from 2021 -2026.

Broader stakeholder consultation will be undertaken to ensure relevant expertise that addresses physical health, drug and alcohol and other comorbidities and specific diversities and communities are included. These stakeholders include consumers and carers with lived experience, government organisations (at federal, state and local level), community managed/not for profit organisations, GPs and allied health providers, Aboriginal organisations, CALD and LGBTQI representatives.

The PHN will guide the operationalisation development of the regional plan in conjunction with the LHD through a dedicated governance Steering Committee. The Steering Committee is representative of key stakeholders and includes health planners and staff from both the NBMPHN and NBMLHD as well as consumers and carers, GPs and Allied Health representation. Working groups will further the operationalisation of the planning process as required.

### Collaboration

NBMLHD Mental Health, Planning and Drug and Alcohol Directorates

- Joint Regional Mental Health & Suicide Prevention Plan steering committee will provide planning governance
- Working group to operationalise the planning process
- Aboriginal Community Controlled organisations including Greater Western Sydney Aboriginal Health Service, Blue Mountains Aboriginal Coalition, Marrin Wijali, Aboriginal Community Resource Centre
- NDIS representation
- A range of key service providers delivering commissioned mental health services funded by the NBMPHN
- General Practice – primary care perspective
- Private Allied Health – primary care perspective
- Psychiatrists – local specialist perspective



## Activity Milestone Details/Duration

### Activity Start Date

29/06/2019

### Activity End Date

30/12/2026

### Service Delivery Start Date

30/06/2019

### Service Delivery End Date

31/12/2026

### Other Relevant Milestones



## 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): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

**Decommissioning**

No

**Decommissioning details?**

na

**Co-design or co-commissioning comments**

na

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

No





## MH - 12 - 2023-24 MH-12 Low Intensity mental health services



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

12

**Activity Title \***

2023-24 MH-12 Low Intensity mental health 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

**Other Program Key Priority Area Description****Aim of Activity \***

This activity is aimed at supporting people with mild to moderate mental illness, to gain access to low intensity mental health services. Low intensity services will be delivered through a variety of services targeting a range of cohorts including:

1. Low Intensity Mental Health and Group Exercise Program & 'My positive mind course' aims to deliver an outdoor & (online live offering) physical exercise program targeting people with emerging or low to moderate mental health issues, in particular depression and anxiety, with a focus on reducing social isolation and increasing mental health literacy and self-care behaviours. There is growing evidence connecting physical based lifestyle interventions with a reduced risk of developing depression and reducing symptoms of anxiety. This program demonstrates that structured exercise interventions are associated with significant benefits for people with mild to moderate forms of depression and anxiety.

The evidence-based models of care underpinning this activity, directly correlate to the stepped care concept referenced in Mental Health Reform documentation. This program provides linkages to connect participants to localised clinical pathways and services, including to the Digital Mental Health Gateway where appropriate.

2. Youth development 'Street University' will aim to provide various community based early intervention mental health services and interactive spaces for young people. It enables a 'soft entry' for young people into mental health services and support.

**Description of Activity \***

The activity includes the following deliverables:

1. Low Intensity Mental Health and Group Exercise Program will be commissioned through Live Life Get Active (LLGA) who will continue to deliver evidence-based Exercise and Mental Well-being Program consisting of three distinct sessions: yoga, boxing and

cross-training. The Program is designed to provide a positive pathway to a healthier life in an environment that is welcoming, caring and non-judgmental, and facilitates social connection. Participants also have access to my positive mind course to assist with stress management and increasing coping skills & self-efficacy. This program also engages regional General Practices to participate in social prescribing. GPs are able to social prescribe and make referrals directly to the program via a portal. The model meets the low intensity guidelines.

2. Youth development 'Street University' is commissioned through the Noffs Foundation. The Street University model is delivered in Penrith and will also be offered from its Katoomba base. This model uses trained directors, mentors and facilitators to deliver a multifaceted range of youth work, counselling and community development techniques in order to combine progressive approaches to social work with grassroots community participation.

### Needs Assessment Priorities \*

#### Needs Assessment

Needs Assessment 2021/22 - 2023/24

#### Priorities

| Priority   | Page reference |
|--|----------------|
| Address prevalence of diagnosed mental health disorders, including mild, moderate, and severe mental illness, and high prevalence of high or very high psychological distress among adults | 277            |
| Address poor incorporation of lifestyle interventions into routine care for people with a mental health condition within primary and tertiary care settings                                | 279            |



### Activity Demographics

#### Target Population Cohort

1. Individuals and groups identified by GPs and other allied health professionals as being at risk of developing mental illness, and likely to benefit from greater social connectedness and/or physical lifestyle interventions as a result of participating in the program.
2. Youth development 'Street University' target population is young people aged up to 24 who are at risk of developing mental ill health
3. Peer Led Group Program is designed for people and groups with emerging mental health needs and could benefit from additional psychoeducation to assist in developing greater mental health literacy, personal resilience and social connection.

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

#### Whole Region

Yes

| SA3 Name                   | SA3 Code |
|----------------------------|----------|
| Blue Mountains - South     | 12402    |
| Penrith                    | 12403    |
| Dural - Wisemans Ferry     | 11502    |
| Fairfield                  | 12702    |
| Bathurst                   | 10301    |
| Rouse Hill - McGraths Hill | 11504    |
| Lithgow - Mudgee           | 10303    |
| St Marys                   | 12405    |
| Richmond - Windsor         | 12404    |
| Hawkesbury                 | 11503    |
| Blue Mountains             | 12401    |



## Activity Consultation and Collaboration

### Consultation

Continue targeted stakeholder consultations including with GPs, Allied Mental Health Professionals (AHPs) Lived Experience representatives and the NBMLHD (through the established Mental Health Professionals Advisory Committee and Mental Health Consumer and Carer Advisory Committee)

### Collaboration

The Mental Health Professionals Advisory Committee (which includes representation from GPs, AHPs, LHD Mental Health, Lived Experience representatives) and the Mental Health Carer and Consumer Advisory Committee will continue to assist in supporting the oversight and monitoring of the local low intensity programs against needs and outcomes.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2024

### Service Delivery Start Date

01 July 2019

### Service Delivery End Date

30 June 2024

**Other Relevant Milestones**

N/A



**Activity Commissioning**

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

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

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

na

**Co-design or co-commissioning comments**

na

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

Yes



## MH - 14 - 2023-24 MH-14 Youth Enhanced (YES) Program



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

14

#### Activity Title \*

2023-24 MH-14 Youth Enhanced (YES) Program

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

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

#### Other Program Key Priority Area Description

#### Aim of Activity \*

The aim of this activity is to enhance and expand access to quality evidence based clinical mental health services for young people living with severe (non-psychotic) mental illness.

Hospitalisation for self-harm in young people is above the NSW average, particularly in the Penrith and Lithgow LGAs. There is a need for services in primary care for young people with and/or at risk of severe non-psychotic mental illness.

#### Description of Activity \*

This activity is funded in all four Local Government areas. In the Penrith, Blue Mountains, and Lithgow LGAs the Youth Enhanced Support Service (YESS) provides a suite of clinical services, with one entry point for young people with severe mental illness not suitable for headspace or the headspace Youth Early Psychosis program. This activity focuses on the provision of coordinated wrap around care including help psychological and social interventions, peer work, employment services, psychiatry and/or family work. In the Lithgow LGA the Youth Plus service is a brief intervention service that offers young people aged 12-25, who are in crisis, a set of specific individual appointments. During these sessions, a clinician will talk with the young person and provide support, help navigate their way through the crisis, and link them into further services as needed. Youth Plus provides support for young people experiencing impulsive and self-destructive behaviours, changing emotions and strong, overwhelming feelings, problems with identity and sense of self, and thoughts and feelings of suicide and self-harm.

The nature of the services was co-designed with key stakeholders and with the LHD Child and Youth Mental Health Service during the second part of 2017-18 to ensure suitable referral pathways could be developed which avoid duplication of service provision. NBMPHN also works closely with Orvgen and the lead agencies in the continued co-design of these service to ensure they meet

local need.

## Needs Assessment Priorities \*

### Needs Assessment

Needs Assessment 2021/22 - 2023/24

#### Priorities

| Priority  | Page reference |
|---|----------------|
| Address high levels of self-harm and self-harm hospitalisations   | 275            |
| Address high rates of mental health disorder hospitalisations   | 278            |
| Address high burden of mental health disorders among children and youth / inadequate service provision in psychiatry and mental health for children and youth             | 279            |
| Address inadequate psychiatric services across the region   | 284            |
| Access to GP care - identified need to improve consumer access to GP clinical care, in particular for those who may be in mental health crisis.                           | 287            |
| Address high proportion of young people have contemplated suicide or developed a suicide plan, and high rate of intentional self-harm hospitalisations among young people | 272            |



## Activity Demographics

### Target Population Cohort

Youth aged 12-25 years with mental health issues not suitable for headspace, primary care or the headspace Youth Early Psychosis program.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

| SA3 Name                   | SA3 Code |
|----------------------------|----------|
| Blue Mountains - South     | 12402    |
| Penrith                    | 12403    |
| Dural - Wisemans Ferry     | 11502    |
| Fairfield                  | 12702    |
| Bathurst                   | 10301    |
| Rouse Hill - McGraths Hill | 11504    |
| Lithgow - Mudgee           | 10303    |
| St Marys                   | 12405    |
| Richmond - Windsor         | 12404    |
| Hawkesbury                 | 11503    |
| Blue Mountains             | 12401    |



## Activity Consultation and Collaboration

### Consultation

The nature of the services was co-designed with key stakeholders and with the LHD Child and Youth Mental Health Service during the second part of 2017-18 to ensure suitable referral pathways could be developed which avoid duplication of service provision. NBMPHN also works closely with Orygen and the lead agencies, Uniting (YESS) and Marathon Health (Youth Plus), as well as other key stakeholders including headspace National, young people and their family and carers, local youth services and the Mental Health Advisory Committee in the continued co-design of these service to ensure they meet local need.

### Collaboration

NBMPHN continues working in close collaboration with Uniting (YESS) and Marathon Health (Youth Plus) to support the youth enhanced support services. Other important key stakeholders that will be collaborated with regularly, as necessary, are the LHD Child & Youth Mental Health Services, Orygen, headspace National, young people and their family and carers, local youth services and the Mental Health Advisory Committee.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2025

### Service Delivery Start Date

01 July 2019

### Service Delivery End Date

30 June 2025

**Other Relevant Milestones**



**Activity Commissioning**

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

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

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

N/A

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

Yes





## MH - 15 - 2023-24 MH-15 Penrith headspace Youth Early Psychosis Program (hYEPP)



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

15

#### Activity Title \*

2023-24 MH-15 Penrith headspace Youth Early Psychosis Program (hYEPP)

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

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

#### Other Program Key Priority Area Description

#### Aim of Activity \*

This activity aims to address the needs of young people with and/or at risk of developing psychosis or presenting with first episode psychosis. This activity aligns with the requirement to continue to fund the existing Youth Early Psychosis Program within the PHN region until 30 June 2025 under the Primary Mental Health Care schedule.

#### Description of Activity \*

The headspace Youth Early Psychosis Program (hYEPP) provides youth friendly extended hours specialist treatment and care intervention for young people aged 12-25 years at risk of developing or with first episode psychosis. Families and friends are included in the treatment process. The program has two streams: hYEPP 1 for young people at ultra-high risk of developing psychosis and hYEPP 2 for young people with first episode psychosis. The program works on recovery-based principles. The program is integrated into headspace Penrith and currently forms a spoke of the 'hub and spoke service provided by the lead agency (Uniting- previously Parramatta Mission) in three western Sydney headspace services (Parramatta spoke), (Mount Druitt hub) and (Penrith spoke). The service offers a specialist, clinical mobile assessment, and treatment team (which will continue to be shared across the three sites) and a continuing care team, based at headspace Penrith to ensure young people receive planned, tailored and evidence-based treatment and mental health support within a primary care setting and/or at home or other suitable and mutually agreed places. Referrals can occur from any source, including self-referrals. Young people qualifying for hYEPP 1 (ultra-high risk) receive treatment for up to six months. They may be referred to hYEPP 2 during that period if they meet the criteria or are referred to the standard headspace services at the end of six months or any other suitable service to support the recovery journey.

Young people qualifying for hYEPP 2 (with first episode psychosis) will receive an initial two years of specialist care which may be extended if necessary.

**Needs Assessment Priorities \***

**Needs Assessment**

Needs Assessment 2021/22 - 2023/24

**Priorities**

| Priority  | Page reference |
|---|----------------|
| Address high levels of self-harm and self-harm hospitalisations   | 275            |
| Address high rates of mental health disorder hospitalisations   | 278            |
| Address high burden of mental health disorders among children and youth / inadequate service provision in psychiatry and mental health for children and youth | 279            |
| Address high proportion of Aboriginal people hospitalised for mental health disorders   | 282            |
| Address lack of culturally safe mental health services for Aboriginal communities   | 283            |
| Address the need to improve access to culturally appropriate health services  | 306            |



**Activity Demographics**

**Target Population Cohort**

Youth aged 12-25 years with and/or at risk of developing psychosis or presenting with first episode psychosis.

**In Scope AOD Treatment Type \***

**Indigenous Specific \***

No

**Indigenous Specific Comments**

**Coverage**

**Whole Region**

No

| SA3 Name           | SA3 Code |
|--------------------|----------|
| Penrith            | 12403    |
| St Marys           | 12405    |
| Richmond - Windsor | 12404    |
| Hawkesbury         | 11503    |



## Activity Consultation and Collaboration

### Consultation

Consultation with the lead agency Uniting and Western Sydney PHN (as the funder of the hub and another spoke) will continue throughout the funding period. NBMPHN will continue to participate in hYEPP specific meetings organised by Orygen and joint national meetings between Orygen, the department and the various hYEPP programs.

### Collaboration

NBMPHN works in close collaboration with the lead agency to ensure continuity of service for both young people already enrolled in hYEPP and young people newly joining hYEPP through the Penrith spoke during the funding period.

NBMPHN will continue to collaborate with WentWest (Western Sydney PHN), the funder of the hYEPP hub (Mt Druitt) and other spoke (Parramatta) to enable the delivery a coherent hYEPP hub and spoke model across the two regions. NBMPHN will continue its collaboration with Orygen and headspace National to support delivery of the program.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2025

### Service Delivery Start Date

01 July 2019

### Service Delivery End Date

30 June 2025

### Other Relevant Milestones

NA



## Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A

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

Yes



## MH - 16 - 2023-24 MH-16 Katoomba headspace satellite



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

16

#### Activity Title \*

2023-24 MH-16 Katoomba headspace satellite

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

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

#### Other Program Key Priority Area Description

#### Aim of Activity \*

This activity aims to ensure that a high-quality commissioned service is delivered to meet the mental health, alcohol and/or other drugs, and other needs of young people within the Blue Mountains local government area. In particular, the service aims to address the needs of young people at risk of, with emerging mental illness or with a mild to moderate mental illness and/or at risk of suicide. This activity aligns with the requirement to establish and run a satellite service in Katoomba until 30 June 2025 under the Primary Mental Health Care schedule.

#### Description of Activity \*

The headspace Katoomba satellite service provides evidence based early intervention mental health, alcohol and/or other drugs and vocational services for people 12-25 years of age. The satellite service does not currently offer in house services for physical and sexual health due to the size of the centre, however it has close linkages with local GP practices and the Women's service. The satellite service is supported by headspace Penrith who is the parent headspace service. Referrals can occur from any source, including self-referrals. The services are delivered either face to face or via telehealth, depending on the preference of the young person.

#### Needs Assessment Priorities \*

#### Needs Assessment

Needs Assessment 2021/22 - 2023/24

**Priorities**

| Priority  | Page reference |
|---|----------------|
| Address high burden of mental health disorders among children and youth / inadequate service provision in psychiatry and mental health for children and youth             | 279            |
| Address the need for culturally appropriate Services  | 302            |
| Address high proportion of young people have contemplated suicide or developed a suicide plan, and high rate of intentional self-harm hospitalisations among young people | 272            |

**Activity Demographics****Target Population Cohort**

Youth aged 12-25 years.

**In Scope AOD Treatment Type \*****Indigenous Specific \***

No

**Indigenous Specific Comments****Coverage****Whole Region**

No

| SA3 Name               | SA3 Code |
|------------------------|----------|
| Blue Mountains - South | 12402    |
| Blue Mountains         | 12401    |

**Activity Consultation and Collaboration****Consultation**

NBMPHN partnered with Uniting the lead agency and headspace Penrith to establish and continue to support the Satellite Service. Prior to establishment, consultations were held with key stakeholders including LHD Child and Youth Mental Health Services, young people, local high schools, local youth services, the local youth interagency, local council and allied health providers. These key stakeholders continue to be consulted as necessary to assist the lead agency in providing a locally relevant Satellite service.

Key stakeholders sit on and have representation on the consortium for headspace Katoomba which provides advice and in-kind services to the centre. Local young people are also active members of the Youth Advisory Committee and advise the headspace centre from a youth perspective, as well as assist in recruitment, community events and guiding promotional and key materials at the headspace centre. Similarly, friends and families of young people have an advisory committee that functions in the same way as the youth advisory committee.

### Collaboration

NBMPHN continues working in close collaboration with Uniting, the lead agency and headspace Penrith to support the Satellite service. Other important key stakeholders that will be collaborated with regularly, as necessary, are the LHD Child & Youth Mental Health Services, young consumers, local high schools, local youth services, the local youth interagency, allied mental health providers and headspace National.



### Activity Milestone Details/Duration

#### Activity Start Date

19/04/2020

#### Activity End Date

29/06/2025

#### Service Delivery Start Date

1 July 2020

#### Service Delivery End Date

30/06/2025

#### Other Relevant Milestones



### Activity Commissioning

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

**Not Yet Known:** No

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

**Direct Engagement:** No

**Open Tender:** No

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

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

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

The headspace service was co-designed with the lead agency, local young people, local relevant youth services, high schools, and local council, keeping in line with headspace National Guidelines. This was achieved through a round-table event and regular one on one or group consultations with stakeholders. No further co-designs are planned at this stage as the service has been established now, however these key stakeholders are represented on the headspace Katoomba consortium, youth advisory committee and friends and family committee and consulted as needed.

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

Yes





## MH - 17 - 2023-24 MH-17 Lithgow headspace satellite



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

17

**Activity Title \***

2023-24 MH-17 Lithgow headspace satellite

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

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

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of this activity is to ensure that a high-quality commissioned service is delivered to meet the mental health, alcohol and/or other drugs, and other needs of young people within the Lithgow local government area. In particular, the service aims to address the needs of young people at risk of, with emerging mental illness or with a mild to moderate mental illness and/or at risk of suicide. This activity aligns with the requirement to establish and run a satellite service in Lithgow until 30 June 2025 under the Primary Mental Health Care schedule.

**Description of Activity \***

The headspace Lithgow satellite service provides evidence based early intervention mental health, alcohol and/or other drugs, physical and sexual health and vocational services for people 12-25 years of age. The satellite service is supported by headspace Bathurst who is the parent headspace service. Referrals can occur from any source, including self-referrals. The services are delivered either face to face or via telehealth, depending on the preference of the young person.

**Needs Assessment Priorities \*****Needs Assessment**

Needs Assessment 2021/22 - 2023/24

**Priorities**

| Priority  | Page reference |
|---|----------------|
| Address high burden of mental health disorders among children and youth / inadequate service provision in psychiatry and mental health for children and youth             | 279            |
| Address the need for culturally appropriate Services  | 302            |
| Address high proportion of young people have contemplated suicide or developed a suicide plan, and high rate of intentional self-harm hospitalisations among young people | 272            |

**Activity Demographics****Target Population Cohort**

Youth aged 12-25 years.

**In Scope AOD Treatment Type \*****Indigenous Specific \***

No

**Indigenous Specific Comments****Coverage****Whole Region**

No

| SA3 Name         | SA3 Code |
|------------------|----------|
| Bathurst         | 10301    |
| Lithgow - Mudgee | 10303    |

**Activity Consultation and Collaboration****Consultation**

NBMPHN partnered with Marathon Health the lead agency and headspace Bathurst to establish and continue to support the Satellite Service. Prior to establishment, consultations were held with key stakeholders including LHD Child and Youth Mental Health Services, young people, local high schools, local youth services, the local youth interagency, local council and allied health providers. These key stakeholders continue to be consulted as necessary to assist the lead agency in providing a locally relevant

Satellite service. Key stakeholders sit on and have representation on the consortium for headspace Bathurst and Lithgow which provides advice and in-kind services to the centre. Local young people are also active members of the Youth Advisory Committee and advise the headspace centre from a youth perspective, as well as assist in recruitment, community events and guiding promotional and key materials at the headspace centre. Similarly, friends and families are able to have input at the centre through various formats such as surveys, feedback forms and consultations.

### Collaboration

NBMPHN continues working in close collaboration with Marathon Health, the lead agency and headspace Bathurst to support the Satellite service. Other important key stakeholders that will be collaborated with regularly, as necessary, are the LHD Child & Youth Mental Health Services, young consumers, local high schools, local youth services, the local youth interagency, allied mental health providers and headspace National.



### Activity Milestone Details/Duration

#### Activity Start Date

30/06/2019

#### Activity End Date

29/06/2025

#### Service Delivery Start Date

01 July 2019

#### Service Delivery End Date

30 June 2025

#### Other Relevant Milestones



### Activity Commissioning

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

**Not Yet Known:** No

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

**Direct Engagement:** No

**Open Tender:** No

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

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

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

N/A

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

Yes



## MH - 18 - 2023-24 MH-18 Penrith headspace



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

18

**Activity Title \***

2023-24 MH-18 Penrith headspace

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

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

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of this activity is to ensure that a high-quality commissioned service is delivered to meet the mental health, alcohol and/or other drugs, and other needs of young people within the Penrith local government area. In particular, the service aims to address the needs of young people at risk of, with emerging mental illness or with a mild to moderate mental illness and/or at risk of suicide. This activity aligns with the requirement to establish and run a full headspace service in Penrith until 30 June 2025 under the Primary Mental Health Care schedule.

**Description of Activity \***

The headspace Penrith service provides evidence based early intervention mental health, alcohol and/or other drugs, physical and sexual health, and vocational services for people 12-25 years of age. Referrals can occur from any source, including self-referrals. The services are delivered either face to face or via telehealth, depending on the preference of the young person.

**Needs Assessment Priorities \*****Needs Assessment**

Needs Assessment 2021/22 - 2023/24

**Priorities**

| Priority  | Page reference |
|---|----------------|
| Address high burden of mental health disorders among children and youth / inadequate service provision in psychiatry and mental health for children and youth             | 279            |
| Broaden the scope of early intervention services to enhance access for people at risk of and with mental illness  | 286            |
| Address the need for culturally appropriate Services  | 302            |
| Address high proportion of young people have contemplated suicide or developed a suicide plan, and high rate of intentional self-harm hospitalisations among young people | 272            |

**Activity Demographics****Target Population Cohort**

Youth aged 12-25 years.

**In Scope AOD Treatment Type \*****Indigenous Specific \***

No

**Indigenous Specific Comments****Coverage****Whole Region**

No

| SA3 Name | SA3 Code |
|----------|----------|
| Penrith  | 12403    |
| St Marys | 12405    |

**Activity Consultation and Collaboration****Consultation**

Consultation with the lead agency Uniting and headspace National will continue throughout the funding period.

Key stakeholders sit on and have representation on the consortium for headspace Penrith which provides advice and in-kind services to the centre. Local young people are also active members of the Youth Advisory Committee and advise the headspace centre from a youth perspective, as well as assist in recruitment, community events and guiding promotional and key materials at the headspace centre. Similarly, friends and families of young people have an advisory committee that functions in the same way as the youth advisory committee.

### Collaboration

NBMPHN continues working in close collaboration with Uniting, the lead agency to support headspace Penrith. Other important key stakeholders that will be collaborated with regularly, as necessary, are the LHD Child & Youth Mental Health Services, young consumers, local high schools, local youth services, the local youth interagency, allied mental health providers and headspace National.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2025

### Service Delivery Start Date

01 July 2019

### Service Delivery End Date

30 June 2025

### Other Relevant Milestones

Additional funding announced by Health Minister in March, was allocated to provide an assertive outreach service in the Hawkesbury LGA including early intervention and crisis support services. This activity is articulated under MH19. This funding is to provide interim services to young people in Hawkesbury until the Hawkesbury Headspace service is established (due to be by 1 December 2023). This recognises the impact of the high number of disasters and floods Hawkesbury has been subject to over a short period of time.



## Activity Commissioning

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

**Not Yet Known:** No

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

**Direct Engagement:** No

**Open Tender:** No

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

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

Is this activity being co-designed?

No

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

N/A

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

Yes





## MH - 19 - 2023-24 MH-19 Hawkesbury headspace



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

19

**Activity Title \***

2023-24 MH-19 Hawkesbury headspace

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

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

**Other Program Key Priority Area Description**

**Aim of Activity \***

This activity aims to ensure that a high-quality commissioned service is delivered to meet the mental health, alcohol and/or other drugs, and other needs of young people within the Hawkesbury local government area. In particular, the service aims to address the needs of young people at risk of, with emerging mental illness or with a mild to moderate mental illness and/or at risk of suicide. This activity aligns with the requirement to establish and run a satellite service in the Hawkesbury until 30 June 2025 under the Primary Mental Health Care schedule 2016-2025.

**Description of Activity \***

Once established, the headspace Hawkesbury service will provide evidence based early intervention mental health, alcohol and/or other drugs, physical and sexual health, and vocational services for people 12-25 years of age. Referrals will occur from any source, including self-referrals. The services will be delivered either face to face or via telehealth, depending on the preference of the young person.

While headspace Hawkesbury is being established, Penrith will enhance existing headspace services in Hawkesbury communities impacted by disasters and flood implementing a mobile outreach treatment service delivering both one on one and group services at various locations such as neighbourhood centres and local high schools.

**Needs Assessment Priorities \*****Needs Assessment**

Needs Assessment 2021/22 - 2023/24

**Priorities**

| Priority  | Page reference |
|---|----------------|
| Address high rates of suicide deaths and intentional self-harm hospitalisations   | 269            |
| Address high rates of mental health disorder hospitalisations   | 278            |
| Address high burden of mental health disorders among children and youth / inadequate service provision in psychiatry and mental health for children and youth   | 279            |
| Address high proportion of young people have contemplated suicide or developed a suicide plan, and high rate of intentional self-harm hospitalisations among young people   | 272            |
| Recognise of 'at-risk' populations and communities in service planning including: <ul style="list-style-type: none"> <li>• Young people 25-34 years</li> <li>• LGBTIQ+ communities</li> <li>• Unemployed males</li> <li>• Older males</li> <li>• Persons separated from their relative</li> </ul> | 274            |

**Activity Demographics****Target Population Cohort**

Youth aged 12-25 years.

**In Scope AOD Treatment Type \*****Indigenous Specific \***

No

**Indigenous Specific Comments****Coverage****Whole Region**

No

| SA3 Name               | SA3 Code |
|------------------------|----------|
| Dural - Wisemans Ferry | 11502    |
| Hawkesbury             | 11503    |



## Activity Consultation and Collaboration

### Consultation

Community engagements and consultations were undertaken as part of a proposal for a headspace service in the Hawkesbury in 2019 and 2020.

Consultation with the lead agency Uniting and headspace National will continue throughout the establishment of this new service in 2023 and the remaining funding period until 30 June 2025.

Throughout the establishment phase, consultations are planned with key stakeholders including LHD Child and Youth Mental Health Services, young people, local high schools, local youth services, the local youth interagency, local council and allied health providers. These key stakeholders will be consulted as necessary to assist the lead agency in providing a locally relevant headspace service.

Key stakeholders will have representation on the consortium for headspace Hawkesbury and local young people will be invited to be members of the Youth Advisory Committee and advise the headspace centre from a youth perspective, as well as assist in recruitment, community events and guiding promotional and key materials at the headspace centre. Similarly, friends and families of young people will have an advisory committee that functions in the same way as the youth advisory committee.

### Collaboration

NBMPHN continues working in close collaboration with Uniting, the lead agency and headspace National to establish this new headspace centre in the Hawkesbury, scheduled to open in December 2023. Other important key stakeholders that will be collaborated with regularly, as necessary, are the LHD Child & Youth Mental Health Services, young consumers, local high schools, local youth services, the local youth interagency and allied mental health providers.



## Activity Milestone Details/Duration

### Activity Start Date

22/12/2022

### Activity End Date

29/06/2025

### Service Delivery Start Date

01/12/2023

### Service Delivery End Date

30/06/2025

### Other Relevant Milestones



## Activity Commissioning

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

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

**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

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

Yes



## MH - 22 - 2023-2024 MH-22 Targeted Regional Initiatives Suicide Prevention



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

22

#### Activity Title \*

2023-2024 MH-22 Targeted Regional Initiatives Suicide Prevention

#### Existing, Modified or New Activity \*

New Activity



### Activity Priorities and Description

#### Program Key Priority Area \*

Mental Health Priority Area 5: Community based suicide prevention activities

#### Other Program Key Priority Area Description

#### Aim of Activity \*

The aim of the activity is to adopt a community-led and systems-based approach to suicide prevention targeting populations identified at risk of suicide or suicidal distress.

The activities aim to:

i. improve care coordination and service pathways for people at risk of or bereaved by suicide.

The Suicide Prevention Collaborative (led by the Regional Suicide Prevention Coordinator) is established to support engagement, planning, coordination & integration of service pathways for Suicide prevention activities across the region. The collaborative will disseminate communications, training opportunities, connect key stakeholders by ensuring the right people are always in the room. The main objective of the collaborative is assuming a role to enhance & integrate activities & services in the region. The Suicide Prevention Collaborative will also work to develop easily understood and accessible referral pathways, improved continuity and transfer of care, and culturally safe suicide prevention for aboriginal people.

ii. commission and/or adapt services, activities and training packages for at-risk cohorts in the community to identify and respond early to distress.

Capacity-building workshops which are lived experience informed, designed and delivered by professional facilitators who also have a personal lived experience of suicide will upskill at-risk cohorts in the community and the local workforce to foster service linkages, early identification and responding to this distress. Prioritizing early intervention & prevention activities, and effective empowerment of people affected or bereaved by suicide.

iii. build the capacity and capability of the local workforce to respond to suicide and distress and link people with appropriate supports and services.

iv. commission peer support and mentorship programs for people at risk or impacted by suicide.

The commissioning of a Peer Educator (with Lived Experience of Suicide), is to provide supervision & support to the Suicide Prevention Peer workers & Lived Experience members of the suicide prevention collaborative; provide secondary consultation to services in the region to support the engagement, upskilling and retention of a Suicide prevention peer workforce.

**Description of Activity \***

The NBMPHN Needs Assessment highlights the need for general population awareness of support for suicide prevention, upskilling & capacity building training for primary health care providers and non-clinical workers (peer workers), easily understood and accessible referral pathways, improved continuity and transfer of care, and culturally safe suicide prevention for aboriginal people.

Capacity-building workshops which are lived experience informed, designed and delivered by professional facilitators who also have a personal lived experience of suicide will upskill at-risk cohorts in the community and the local workforce to foster service linkages, early identification and responding to this distress

The commissioning of a Peer Educator (with Lived Experience of Suicide), will provide support to the Suicide Prevention Peer workers & Lived Experience members of the suicide prevention collaborative; and provide secondary support with development of a peer workforce across the NBM region.

The Suicide Prevention Collaborative (led by the Regional Suicide Prevention Coordinator) is established to support engagement, planning, coordination & integration of Suicide prevention activities across the region. The collaborative will disseminate communications, training opportunities, connect key stakeholders by ensuring the right people are in the room at all times, enhancing & integrating activities & services in the region.

Prioritizing early intervention & prevention activities, and effective empowerment of people affected or bereaved by suicide.

**Needs Assessment Priorities \***

**Needs Assessment**

Needs Assessment 2021/22 - 2023/24

**Priorities**

| Priority  | Page reference |
|---|----------------|
| Address high rates of suicide deaths and intentional self-harm hospitalisations   | 269            |
| Address high suicide rates among Aboriginal and Torres Strait Islander people / culturally safe suicide prevention for Aboriginal people  | 273            |
| Skills and Training Capacity  | 276            |
| Workforce Capacity Including Skills and Training – identified need for basic mental health training for mainstream services, including Centrelink, Housing, Police, employers, and community organisation | 285            |
| Support an increase in service provision for suicide prevention, aftercare and postvention services that meet gaps in the region through community based, ambulatory care that are accessible and afford  | 286            |
| Strategies to increase sector coordination and linkages to enhance understanding of referral pathways and available supports.   | 288            |
| Identify local research needs that will support future service planning   | 305            |

**Activity Demographics****Target Population Cohort**

Populations identified at risk of suicide or suicidal distress are;

- Aboriginal & Torres Strait Islander
- LGBTQIA+SB
- CALD and refugees
- Children and young people
- Individuals placed in Out of Home Care
- In contact with criminal justice system
- Australian Defence Force members or veterans
- People experiencing socio-economic disadvantage
- Older Australians
- Homeless or at risk of homelessness
- Residents of regional, rural and remote areas
- Experiencing or at risk of abuse and violence
- People with a disability
- People with harmful use of alcohol or other drugs
- People with lived experience of suicide

**In Scope AOD Treatment Type \***

**Indigenous Specific \***

No

**Indigenous Specific Comments**

**Coverage**

**Whole Region**

Yes



**Activity Consultation and Collaboration**

**Consultation**

Extensive consultation has occurred with Community, Service providers and Lived experience of suicide representatives to inform training needs analysis/gaps- which has assisted us to commission a suite of training & capacity building offerings

The Black Dog Institute Suicide Prevention Capacity building training has contributed to the establishment of the NBM SP Collaborative. We have also consulted with the Shoalhaven Illawarra Suicide prevention Collaborative, Program manager for suicide prevention to inform the TOR of the NBM Collaborative

**Collaboration**

Roses in the Ocean- Lived experience of Suicide representatives have informed the design of and will deliver one of the Training packages

Blue Knot- Vicarious trauma training - successive natural disasters have contributed to an increase in suicide attempts and distress- therefore our local primary care workforce, Allied health professionals and other staff working in community based support services; are at greater risk of experiencing vicarious traumas as a result of being impacted by working with people who are impacted by suicide.

Gatekeeper training- iASIST, ASIST and Safetalk trainings- we have consulted with Livingworks who are funded to deliver this training. PHN is supporting the training through the provision of operational support.



**Activity Milestone Details/Duration**

**Activity Start Date**

30/12/2022

**Activity End Date**

29/06/2025

**Service Delivery Start Date**

1 July 2023

**Service Delivery End Date**

30 June 2025

**Other Relevant Milestones**





## 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 being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

**Decommissioning**

No

**Decommissioning details?**

na

**Co-design or co-commissioning comments**

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

Yes



## MH-H2H - 7 - 2023-24 MH-H2H-7 Initial Assessment and Referral (IAR) Clinical Intake Service



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH-H2H

#### Activity Number \*

7

#### Activity Title \*

2023-24 MH-H2H-7 Initial Assessment and Referral (IAR) Clinical Intake Service

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Mental Health Priority Area 7: Stepped care approach

#### Other Program Key Priority Area Description

#### Aim of Activity \*

1. IAR Establishment: NBMPHN has established a locally based, Clinician led Initial Intake and Referral Service (IAR) for the NBM region initially in response to the impacts of the COVID environment. The IAR Clinical Intake Service will continue and aims to increase access for people to mental health services that most fit their needs. The Initial Assessment and Referral Decision Support Tool (IAR- DST) is applied to all clients on intake. The outcomes of this triage and assessment enables the most appropriate referral to mental health services which are aligned against the stepped care model. This includes access to the Head to Health Pop Up Service and the Penrith Adult Mental Health Centre.

2. IAR Enhancement: NBMPHN's broader aim is to gradually enable the IAR Clinical Intake Service to be the point of entry for all access to PHN commissioned mental health services in conjunction with the broader implementation of the stepped care model across the NBM region over time.

#### Description of Activity \*

NBMPHN is taking a staged approach to the broader implementation of the IAR Clinical Intake Service with alignment to a stepped care access for mental health services across the region as follows:

##### 1. IAR Establishment:

Phase 1 of the implementation involves establishing and implementing the IAR Clinical Intake Service systems and socialisation with the local community. This is closely linked to the activities of the IAR Training Support officer over the next 12 months.

An IAR Implementation Steering Committee supports the governance, planning direction and implementation of the activities internally.

The IAR Clinical Intake Service is accessed through the Head to Health intake and referral systems 1800 number. This ensures a single point of entry. Based on geocoding, calls are routed to the NBMPHN intake team, staffed by experienced mental health clinicians and practitioners. All referrals and enquiries are screened using a consistent state-wide Initial Assessment and Referral (IAR) Decisional Support Tool (DST). The IAR outcome score assists in clinical decision-making so consumers can access the right care. There are no restrictions on the source of referral for any consumers. Referrals may come from any source, including but not limited to:

- Self-referrals
- Carers, families, and friends (with consumer consent)
- General practitioners, psychiatrists and paediatricians
- Mental health workers
- Other health professionals
- Schools
- Community and social services
- Telephone support services such as Beyond Blue and others.

Based on the IAR tool outcome, a consumer is allocated a level of care rating from 1 – 5, with one being less intense support needs, to five requiring tertiary supports (refer Table 1). Based on the score and clinical judgement, consumers are supported to engage with the most appropriate and locally relevant service through a warm transfer. In a stepped care approach, a person presenting to the health system is matched to the least intensive level of care that most suits their current treatment need, considering the balance between intended benefits and potential risks. Warm transfer to services is key in enabling a consumer to have a smooth transition to the required service, whether that be the Hub or other required services and support. As part of the transfer, it is imperative that all information (with consent) is transferred securely to the ongoing provider to ensure that, wherever possible, the consumer is not required to repeat any information

2. IAR Enhancement:

Phase 2 will practically implement access to two pilot cohorts of service providers including the contracted Mental Health Nurses delivering mental health services for people with severe mental illness in primary care and contracted Allied Health Psychological Therapy Service (PTS) providers providing services in primary care for underserved and hard to reach populations. This will occur over the next 12 months with education and training for this group on the IAR DST in conjunction with GP training.

Phase 3 involving full Implementation and Business As Usual (BAU) will progressively develop over the next 2 years with absorption of the remaining Mental Health and other related services.

**Needs Assessment Priorities \***

**Needs Assessment**

Needs Assessment 2021/22 - 2023/24

**Priorities**

| Priority   | Page reference |
|--|----------------|
| Address prevalence of diagnosed mental health disorders, including mild, moderate, and severe mental illness, and high prevalence of high or very high psychological distress among adults                   | 277            |
| Address gaps in systems that could support improved communication, transfers of care and conjoint care between service providers across sectors including initial assessment for service matching e-referral | 285            |



## Activity Demographics

### Target Population Cohort

All residents of the NBMPHN region seeking support to manage their mental health.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Consultation has occurred at a national level by the Australian Department of Health and Aged Care in consultation with an Expert Advisory Group and continues monthly through the Head 2 Health Clinical leads program across NSW and the ACT. This assists to inform the local model.

The NBMPHN IAR Implementation Steering Committee supports the governance, planning direction and implementation of the activities internally. It also provides an internal mechanism to facilitate consultation across NBMPHN programs and services which assist to inform the model.

NBMPHN's established advisory committees including the GP Clinical Council, The Allied Health Clinical Council, The Joint PHN and LHD Community Advisory Committee, the Mental Health Professionals Advisory Committee and the Mental Health Consumer and the Carer Mental Health Advisory Committee have all contributed towards the development and implementation of the IAR Clinical Intake Service. These committees will continue to contribute through consultation as required.

Further to the above consultation, the PHN continues to develop relationships and joint approaches to integrated care with the LHD, through the operationalisation of the Joint Regional Mental Health and Suicide Prevention Plan. This work will be ongoing from 2021-2026 and constitutes a cohesive strategy to mental health service development and alignment of key service priorities across the region.

NBMPHN participates monthly with the PHN network via the Communities of Practice meetings which will continue to develop the IAR intake model; enhance uniformity and gain insights into approaches that have worked well nationally to enable localisation of strategies.

### Collaboration

NBM LHD Mental Health Services - leading acute care mental health services and a key integration partner

NBM Primary Care - GPs - supporting development of best care models of access to services

NBM Allied Health Professionals - supporting development of best care models of access to services

NBM Mental Health Allied Health Professionals - supporting development of best care models of access to services

NBM Consumers - supporting the consumer perspective in relation to service delivery

NBM Carers - supporting the carer perspective in relation to service delivery

NBM Mental Health NGOs - supporting features of access and co-design



## Activity Milestone Details/Duration

**Activity Start Date**

30/06/2021

**Activity End Date**

29/06/2026

**Service Delivery Start Date**

09/09/2021

**Service Delivery End Date**

30/06/2026

**Other Relevant Milestones**



## 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 being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

na

**Co-design or co-commissioning comments**

na



## MH-AMHCT - 10 - 2023-24 MH-H2H-10 Hawkesbury Head to Health Satellite



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-AMHCT

**Activity Number \***

10

**Activity Title \***

2023-24 MH-H2H-10 Hawkesbury Head to Health Satellite

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Other (please provide details)

**Other Program Key Priority Area Description****Aim of Activity \***

The Head to Health Satellite Hawkesbury will be transitioned from the current Head to Health Pop-Up service provided in the NBM Region and will be operational as of July 1, 2023. The Satellite will provide the following core service elements:

1. Respond to people experiencing crisis or in significant distress;
2. Provide a central point to connect people to other services in the region, including through offering information and advice about mental health, service navigation and referral pathways for individuals and their carers and family;
3. Provide in-house assessment using the Initial Assessment and Referral (IAR) decisional support tool to connect people with the most appropriate services; and
4. Provide evidence-based and evidence-informed immediate and short to medium term episodes of care, including utilisation of digital mental health platforms.

**Description of Activity \***

The Nepean Blue Mountains Pop Up was initially located in Penrith as the region had the highest number of cases and stricter restrictions. In December 2021, the Penrith Head to Health Centre (not the Pop Up) opened as a part of the Adult Mental Health Centre Trial funding. In response, the Nepean Blue Mountains Pop Up moved location to the Hawkesbury region. The Hawkesbury region was identified by consumers as underserved for mental health with limited transport access to Penrith. With growing cases and restrictions, the Pop Up opened its doors in Richmond within a GP Practice, as per the service guidance provided by the Department of Health.

Since its opening, the Head to Health Pop Up has worked closely with the Penrith Head to Health Centre and the NBMPHN Head to Health phone service to provide seamless and integrated mental health support for the region. This has also included the additional funding to coordinate the Head to Health promotions campaign at a state level. The NBMPHN has commissioned the same service provider as the AMHC in Penrith to establish and operate the Hawkesbury Satellite Service.

1 Feb - 30 June 2023: Establishment phase - Working with the provider selected to secure a property December including building fit out, employment of staff, development of models of care and referral pathways, etc

July 2023 to December 2023: Embedding Phase – This phase establishes and implements basic core suites of information, services and referral pathways. Relevant partnerships will have been created to support the embedding phase.

January 2023 to June 2024 and ongoing: Full Implementation Phase

## Needs Assessment Priorities \*

### Needs Assessment

Needs Assessment 2021/22 - 2023/24

#### Priorities

| Priority   | Page reference |
|--|----------------|
| Address prevalence of diagnosed mental health disorders, including mild, moderate, and severe mental illness, and high prevalence of high or very high psychological distress among adults | 277            |



## Activity Demographics

### Target Population Cohort

People of the Hawkesbury region experiencing mental health issues,

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

| SA3 Name   | SA3 Code |
|------------|----------|
| Hawkesbury | 11503    |



## Activity Consultation and Collaboration

### Consultation

Stakeholder engagement and consultation activities have been undertaken in the development of the Satellite Service and will continue throughout the establishment phase of the Satellite. This has included engagement with NBMLHD and St John of God regarding local arrangements for Hawkesbury tertiary mental health care services.

Mental health consumers in the Hawkesbury have been consulted on the location of the service and design of the Satellite premises. The Satellite will also be able to draw from extensive consultation which was conducted for the Penrith Head to Health with consumers and community which provided insight into gaps within the Hawkesbury region. In total the Penrith Head to Health consultations included 21 consumers and carers, and 16 agency stakeholders.

The commissioned service provider will continue to engage with stakeholders throughout the life of the Hawkesbury Satellite to ensure that service provision remains relevant and is adapted with stakeholder input.

### Collaboration

Role of stakeholders include:

- a) Co-designing the service (all).
- b) Form partnerships with external services to enable an integrated approach for individuals who may require transfer from one service to the other. This includes establishing and developing clearly defined communication protocols and seamless referral pathways between the AMHC and the NBMLHD, including its emergency departments, the Penrith Triage and Assessment Centre and its crisis and community mental health teams.
- c) Ongoing consultation with NSW Health to inform and to integrate services.
- d) Ongoing communication with stakeholders to inform them of the service and continually refine the model.



## Activity Milestone Details/Duration

### Activity Start Date

06/08/2021

### Activity End Date

29/06/2025

### Service Delivery Start Date

01/08/2023

### Service Delivery End Date

### Other Relevant Milestones

Premises secured April 2023



## 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 being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

na

**Co-design or co-commissioning comments**

na



## MH-CV19 - 26 - 2023-24 MH-26 COVID-19 Emergency Mental Health Support - Older People



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH-CV19

#### Activity Number \*

26

#### Activity Title \*

2023-24 MH-26 COVID-19 Emergency Mental Health Support - Older People

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Mental Health

#### Other Program Key Priority Area Description

#### Aim of Activity \*

The aim of this activity is to reduce the disproportionate impact of physical distancing measures associated with COVID-19 on the mental health and wellbeing of older people.

#### Description of Activity \*

To reduce the disproportionate impact of physical distancing measures associated with COVID-19 on the mental health and wellbeing of older people, General Practices across the region will be commissioned to deliver Health Connector activities delivered by Practice Nurses trained to:

- Connecting older people to appropriate services and support.
- Reconnecting older people with social networks.
- Restoring access to services that may have been disrupted by the pandemic.
- Enabling early intervention and, where appropriate, providing psychological evidence-based therapies to improve the mental health and wellbeing of the older person. Psychological therapies should only be provided where the older person does not receive, or have access to, other appropriate psychological services.
- Provide information to friends, family and carers on the wellbeing of the older people.

**Needs Assessment Priorities \*****Needs Assessment**

NBMPHN Needs Assessment 2019/20-2021/22

**Priorities**

| Priority                              | Page reference |
|---------------------------------------|----------------|
| Access to primary healthcare services | 477            |
| Social Isolation and stigma           | 446            |

**Activity Demographics****Target Population Cohort**

This Initiative is available to older people who are at risk of, or have, mental health issues experiencing social isolation and/or loneliness, as well as older carers. This initiative is for people over 65 or Aboriginal and Torres Strait Islander people over 55 in the Penrith and Blue Mountains LGAs expanding on the Health Connectors in Hawkesbury LGA.

**In Scope AOD Treatment Type \*****Indigenous Specific \***

No

**Indigenous Specific Comments****Coverage****Whole Region**

Yes

**Activity Consultation and Collaboration****Consultation**

- Primary care (GP, practice nurses and practice managers)
- Local Council
- Community service provider
- Community members

**Collaboration**

GPs  
Community



## Activity Milestone Details/Duration

### Activity Start Date

13/09/2020

### Activity End Date

30/12/2022

### Service Delivery Start Date

Dec 2020

### Service Delivery End Date

31 December 2022

### Other Relevant Milestones



## 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): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

General Practices were asked to express interest in participating in the delivery of this activity through an EOI process.



## MH-CV19 - 27 - 2023-24 MH-27 COVID-19 Emergency Mental Health Support - CALD Communities



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH-CV19

#### Activity Number \*

27

#### Activity Title \*

2023-24 MH-27 COVID-19 Emergency Mental Health Support - CALD Communities

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Mental Health

#### Other Program Key Priority Area Description

#### Aim of Activity \*

This activity is aimed at reducing barriers for people from a CALD background to access mental health services recognising the impact of COVID-19 on CALD communities and the challenge in accessing mental health services and navigating the system.

#### Description of Activity \*

The activity will promote the availability of mental health services and supports available in the region through a navigation support role and build capacity in service providers to support people from a CALD background to access culturally safe services. This will include providing mental health information sessions, social groups, activities to raise awareness of services available in the community and to link consumers with services they require.

#### Needs Assessment Priorities \*

#### Needs Assessment

NBMPHN Needs Assessment 2019/20-2021/22

**Priorities**

| Priority  | Page reference |
|---|----------------|
| 4.16 Culturally Appropriate Services                              | 469            |
| Mental Health Literacy and navigation of the local service system | 446            |



**Activity Demographics**

**Target Population Cohort**

CALD communities at greatest risk of social isolation due to COVID-19

**In Scope AOD Treatment Type \***

**Indigenous Specific \***

No

**Indigenous Specific Comments**

**Coverage**

**Whole Region**

Yes



**Activity Consultation and Collaboration**

**Consultation**

Nepean Blue Mountains Local Health District Multicultural Health Unit

**Collaboration**

NBMLHD Multicultural Health Unit  
 Nepean Multicultural Access  
 Refugee Health



**Activity Milestone Details/Duration**

**Activity Start Date**

13/09/2021

**Activity End Date**

30/12/2022

**Service Delivery Start Date**

14/09/2021

**Service Delivery End Date**

31 December 2022

**Other Relevant Milestones**



**Activity Commissioning**

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

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

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

After consultation two service providers were commissioned through a direct approach to enhance current service in relation to navigation of mental health services.



## MH-CV19 - 28 - 2023-24 MH-CV19-28 Additional Mental health Support- Pop Up Head to Health mental health Service



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH-CV19

#### Activity Number \*

28

#### Activity Title \*

2023-24 MH-CV19-28 Additional Mental health Support- Pop Up Head to Health mental health Service

#### 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

#### Other Program Key Priority Area Description

#### Aim of Activity \*

The Head to Health Pop Ups aim to support people, of any age, including children, young people and older adults, whose mental health is affected by the COVID-19 pandemic. Individuals accessing the Pop Up are assessed using the Initial Assessment and Referral (IAR) Decision Support Tool either in person or through the localised NBM Clinical Intake - Initial Assessment and Referral service, accessed through the centralised Head to Health phone line to ensure they receive the appropriate level of care.

#### Description of Activity \*

The Nepean Blue Mountains Pop Up was initially located in Penrith as the region had the highest number of cases and stricter restrictions. In December 2021, the Penrith Head to Health Centre (not the Pop Up) opened as a part of the Adult Mental Health Centre Trial funding. In response, the Nepean Blue Mountains Pop Up moved location to the Hawkesbury region. The Hawkesbury region was identified by consumers as underserved for mental health with limited transport access to Penrith. With growing cases and restrictions, the Pop Up opened its doors in Richmond within a GP Practice, as per the service guidance provided by the Department of Health.

Since its opening, the Head to Health Pop Up has worked closely with the Penrith Head to Health Centre and the NBMPHN Head to Health phone service to provide seamless and integrated mental health support for the region. This has also included the additional funding to coordinate the Head to Health promotions campaign at a state level.



## Needs Assessment Priorities \*

### Needs Assessment

NBMPHN Needs Assessment 2019/20-2021/22

#### Priorities

| Priority   | Page reference |
|--|----------------|
| Inadequate psychiatric services across the region  | 445            |
| Significant increase in report high levels of psychological distress among people 16 years and older | 443            |
| Mental Health Literacy and navigation of the local service system                                    | 446            |
| High rates of mental disorder hospitalisations   | 442            |



## Activity Demographics

### Target Population Cohort

People of any age of the Hawkesbury region experiencing mental health issues, including those that may be experiencing mental health issues due to the Covid 19 pandemic.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

| SA3 Name   | SA3 Code |
|------------|----------|
| Hawkesbury | 11503    |



## Activity Consultation and Collaboration

### Consultation

Stakeholder engagement and consultation activities have been undertaken where possible within the short timeframe of the service. This has included engagement with NBMLHD and St John of God regarding local arrangements for Hawkesbury tertiary

mental health care services. Mental health consumers in the Hawkesbury have been consulted on the location of the service. The Pop Up has also been able to draw from extensive consultation which was conducted for the Penrith Head to Health with consumers and community which often provided insight into gaps within the Hawkesbury region. In total the Penrith Head to Health consultations included 21 consumers and carers, and 16 agency stakeholders.

### Collaboration

Partnerships have been developed with external state and territory services to enable an integrated approach for individuals who may require transfer from one service to another. These partnerships include communication protocols and referral pathways between the Head to Health Pop Up and St John of God Hospital. The service has also established close working relationships and protocols with the Penrith Head to Health and NBMPHN Intake and Assessment service. In addition, a Memorandum of Understanding has also been developed with a telehealth psychiatry service in order to be able to extend psychiatry support to clients accessing the Pop Up.



### Activity Milestone Details/Duration

#### Activity Start Date

06/08/2021

#### Activity End Date

30/12/2022

#### Service Delivery Start Date

09/09/2021

#### Service Delivery End Date

31/12/2022

#### Other Relevant Milestones



### 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 being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

na

**Co-design or co-commissioning comments**

na



## MH-AMHCT - 9 - 2023-24 MH-H2H-9 Penrith Adult Mental Health Centre



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-AMHCT

**Activity Number \***

9

**Activity Title \***

2023-24 MH-H2H-9 Penrith Adult Mental Health Centre

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 7: Stepped care approach

**Other Program Key Priority Area Description****Aim of Activity \***

The Penrith Adult Mental Health Centre will aim to address key gaps in mental health service provision and will operate under a set of predefined principles and objectives. These include:

- Improved access to community mental health services and assessment (including drop in and after-hours services);
- Increased support and assistance with navigation of additional mental health or other services;
- Strengthened multidisciplinary and interdisciplinary approach between mental health and Alcohol and Other Drug (AOD) services;
- Greater integration and increased access to digital resources and therapies; and
- Delivery of high quality, safe and effective mental health care in an accessible, supportive and welcoming environment.

**Description of Activity \***

1. Offer a highly visible and accessible "no wrong door" entry point for adults and their families to access information and services designed to empower support and improve their psychological health and well-being.
2. Provide access across extended hours to on the spot advice, support and care for immediate, short term up to medium term needs delivered by a multidisciplinary team health team providing discipline specific and interdisciplinary care including a trained peer support workforce, nursing and allied health without cost or prior appointment.
3. Provide a welcoming, compassionate and safe environment that is inclusive for all people accessing services or supports that are trauma-informed, person-centred and recovery-focused.
4. Provide intervention and support that reduces the need for emergency department attendances.

5. Utilise the Initial Assessment and Referral Decision support tool (IAR-DST) within the initial assessment.
6. Be an established referral pathway for the IAR Clinicians following the stepped care approach
7. Support people to connect to pathways of care through integration with longer term existing community mental health services where appropriate, local PHN commissioned services, or GP's and Local Health District funded services, as required.

### Needs Assessment Priorities \*

#### Needs Assessment

Needs Assessment 2021/22 - 2023/24

#### Priorities

| Priority   | Page reference |
|--|----------------|
| Address prevalence of diagnosed mental health disorders, including mild, moderate, and severe mental illness, and high prevalence of high or very high psychological distress among adults | 277            |



### Activity Demographics

#### Target Population Cohort

Adults (over 18) who are not eligible and/or are awaiting care from public community mental health, are experiencing psychological distress or whose needs are otherwise not being met through other services

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

##### Whole Region

Yes

| SA3 Name | SA3 Code |
|----------|----------|
| Penrith  | 12403    |



### Activity Consultation and Collaboration

#### Consultation

Stakeholder engagement and consultation activities have been undertaken. This has included:

- engagement and consultation with consumers, carers and other relevant key stakeholders to co-design the local service model.

Stakeholders include, but are not be limited to:

- GPs
  - Psychiatrists
  - Allied mental health professionals
  - Mental health peer workers
  - NBMLHD senior mental health services representatives
  - Local non-government organisations
  - Relevant community organisations
  - Other local mental health services
  - Representation from Aboriginal/Torres Strait Islander, culturally and linguistically diverse (CALD) and lesbian, gay, bisexual, transgender, intersex, or queer (LGBTIQ) communities
- The Lead Agency will continue to engage with stakeholders throughout the life of the Penrith AMHC to ensure that service provision remains relevant and is adapted with stakeholder input.

### Collaboration

Role of stakeholders include:

- a) Co-designing the service (all).
- b) Form partnerships with external services to enable an integrated approach for individuals who may require transfer from one service to the other. This includes establishing and developing clearly defined communication protocols and seamless referral pathways between the AMHC and the NBMLHD, including its emergency departments, the Penrith Triage and Assessment Centre and its crisis and community mental health teams.
- c) Ongoing consultation with NSW Health to inform and to integrate services.
- d) Ongoing communication with stakeholders to inform them of the service and continually refine the model.



## Activity Milestone Details/Duration

### Activity Start Date

31/12/2020

### Activity End Date

29/06/2025

### Service Delivery Start Date

December 2021

### Service Delivery End Date

30 June 2025

### Other Relevant Milestones

Since commencement of service operation the commissioned service provider has been monitoring consumer experience. From 1 July 2022, a full suite of agreed services will be rolled out based on feedback from consumers.



## Activity Commissioning

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

**Not Yet Known:** No

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

**Direct Engagement:** No

**Open Tender:** No

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

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

**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

Extensive co-design was undertaken throughout the community to design the AMHC once the provider was selected to ensure the design of the Centre and workflow matched consumer needs.



## CHHP - 20 - 2023-24 CHHP-MH-20 Headspace Wait Time Reduction and Capital Works Program



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

CHHP

#### Activity Number \*

20

#### Activity Title \*

2023-24 CHHP-MH-20 Headspace Wait Time Reduction and Capital Works Program

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

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

#### Other Program Key Priority Area Description

#### Aim of Activity \*

The headspace Demand Management and Enhancement program aims to identify existing headspace services with high wait times for clinical services. This program funds the development and implementation of activities and initiatives to assist in reducing these wait times. Funding for this initiative is provided under two streams to support the long-term sustainability of the headspace program and to improve the health outcomes for young people aged 12 to 25 with, or at risk of, mental illness accessing headspace services and their families.

#### Description of Activity \*

Demand Management (headspace Penrith Workforce Expansion, headspace Katoomba Workforce Expansion, Penrith e-Mental Health Clinic, headspace Lithgow Workforce Expansion) will assist in the provision of services and strategies which specifically focus on increasing access to service and reducing wait times for young people. This will include

- Promotion of early help seeking by people 12-25 years old.
- Increasing the availability and facilitating access to evidence-based treatment for young people with or at risk of mental health illness.
- Enhancing and expanding existing headspace Penrith, headspace Katoomba, headspace Lithgow services.
- Enable better access to primary care services including allied health services for young people.
- Providing a stepped care model for young people requiring additional support.
- Encouraging seamless referrals between programs at the headspace Penrith Centre and headspace Katoomba Centre, and headspace Lithgow Centre including the e-mental health clinic at headspace Penrith, allied health services, the headspace Youth



Early Psychosis Program and the Youth Enhanced Support Service.

- Encouraging seamless referrals between programs at the headspace Lithgow Centre including allied health services, and the Youth Enhanced Support Service.
- Minimising existing access barriers to headspace Lithgow services by expanding referral pathways through outreach and group programs into high schools.
- Ensuring the provision of a youth friendly, accessible, and friendly service.

2. Capital Works (Lithgow Lounge) which includes funding to make enhancements to modernise the headspace premises through capital works activity.

- Refurbishment and fit out of the Lithgow site to provide a youth focused group space at headspace Lithgow Satellite Service.
- Enhancing existing headspace Lithgow services such as providing increase opportunities for youth focused events, groups or other community activities.
- Ensure the provision of a youth friendly and focused service.

Capital Works (Katoomba Outdoor Structure) which includes funding to make enhancements to modernise the headspace premises through capital works activity.

- Refurbishment and fit out of the Katoomba site to provide a youth focused multi-purpose weather appropriate outdoor structure at headspace Katoomba Satellite Service to increase the space for the delivery of individual and group services at the centre.
- Refurbishment and fit out of the Katoomba site to improve storage, plumbing, privacy, security, and comfort.
- Ensure the provision of a youth friendly and focused service.

### Needs Assessment Priorities \*

#### Needs Assessment

Needs Assessment 2021/22 - 2023/24

#### Priorities

| Priority  | Page reference |
|---|----------------|
| Address high burden of mental health disorders among children and youth / inadequate service provision in psychiatry and mental health for children and youth   | 279            |
| Address high proportion of young people have contemplated suicide or developed a suicide plan, and high rate of intentional self-harm hospitalisations among young people   | 272            |
| Recognise of 'at-risk' populations and communities in service planning including: <ul style="list-style-type: none"> <li>• Young people 25-34 years</li> <li>• LGBTIQ+</li> <li>• Unemployed males</li> <li>• Older males</li> <li>• Persons separated from their relative</li> </ul> | 274            |



### Activity Demographics

#### Target Population Cohort

Young people aged 12 to 15 years accessing mental health services provided through headspace

#### In Scope AOD Treatment Type \*

**Indigenous Specific \***

No

**Indigenous Specific Comments****Coverage****Whole Region**

No

| SA3 Name         | SA3 Code |
|------------------|----------|
| Penrith          | 12403    |
| Lithgow - Mudgee | 10303    |
| Blue Mountains   | 12401    |

**Activity Consultation and Collaboration****Consultation**

NBMPHN has partnered with Uniting, the lead agency for headspace Penrith and headspace Katoomba, and Marathon Health for headspace Lithgow. There have been ongoing consultations with key stakeholders including LHD Child and Youth Mental Health Services, young consumers, local high schools, local youth services, local council and allied health providers to better understand the profile of need of young people and tailor the service to meet these needs.

**Collaboration**

NBMPHN will continue working in close collaboration with Uniting, the lead agency and headspace Penrith and headspace Katoomba & Marathon Health, lead agency, headspace Lithgow, to support the Satellite service. Other important key stakeholders such as LHD Child & Youth Mental Health Services, young consumers, local high schools, local youth services and allied mental health providers will be consulted as necessary to assist the lead agencies in establishing a locally relevant service.

**Activity Milestone Details/Duration****Activity Start Date**

29/06/2021

**Activity End Date**

29/06/2025

**Service Delivery Start Date**

1 July 2020

**Service Delivery End Date**

30 June 2025

**Other Relevant Milestones**



**Activity Commissioning**

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

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

**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**



## MH - 13 - 2023-24 MH-13 Aboriginal Mental Health & AOD dual diagnosis services



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

13

**Activity Title \***

2023-24 MH-13 Aboriginal Mental Health &amp; AOD dual diagnosis services

**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

**Other Program Key Priority Area Description****Aim of Activity \***

This activity aims to reduce the incidence of alcohol and other drug use whilst addressing co-occurring mental health needs and social supports in Aboriginal and Torres Strait Islander populations. Furthermore, the activity aims to capacity build local service providers in the NBM region, with the co-location of specialist AOD and Mental Health Indigenous service providers who service the greater Western Sydney region.

Specialist Indigenous service providers will deliver:

- Adult day rehabilitation services based in Penrith.
- Nepean Linker Project to support with improve assessment, coordination, and continuity of care for Aboriginal people with substance use and co-occurring mental health needs across NBM region.
- Specialist Aboriginal and Torres Strait Islander early intervention and case management services across the NBM region.

**Description of Activity \*****1. Penrith Community Hub for Day Rehabilitation (Integrated Aboriginal specific services)**

- An Aboriginal and Torres Strait Islander specific program for AOD rehabilitation and treatment, aftercare, and other related supports within the Penrith Community hub.
- Services such as assessment, care planning, case-management and group work programs will be delivered in a culturally safe way.
- The service will be contracted to an Aboriginal community-controlled organisation specialising in AOD and Mental Health.
- Two specialist Aboriginal Counsellors and/or caseworkers to deliver services from the Penrith Community Hub.

## 2. The Nepean Linker Project

The Nepean Link Project delivers an Aboriginal specific service which includes direct care delivery, care coordination and assertive linkage to the Penrith Community Hub AOD non-residential rehabilitation program or other appropriate services through the development and implementation of the Nepean Linker Project. Activities include:

- Undertake comprehensive assessment of client needs and development of care plans in consultation with GPs and others where appropriate.
- Implementation of referral pathways, both to the Penrith Community Hub, Mental Health Services and to other services and programs.
- Facilitate client's access to external agencies or services that provide assistance with employment, training/education, and homelessness/housing.
- Provide direct client support and referral to programs that focus on daily living skills, promoting and strengthening mental health and general well-being as well as facilitating connection with family and engage with community.

## 3. Youth Early Intervention (EI) For Aboriginal Young People - Deadly Dreaming

Deadly Dreaming program for Aboriginal young people aged 15 to 24 years which consists of: activities delivered during school terms, and activities delivered during school holiday, NAIDOC week and Sorry Day. The school term activities include:

- Connection to culture activities incorporating art, music, dance, theatre, multi-media, writing, life skills development and cultural artefacts and connection to cultural leaders.
- The Deadly Thinking workshop - a social, emotional well-being and suicide prevention program as developed by Rural and Remote Mental Health.

Deadly Dreaming will also be delivered to Aboriginal young people held on remand at the Cobham Juvenile Justice Centre during school terms.

## 4. Youth Early Intervention (EI) for Aboriginal Young People - Case Management Support

This program will identify participants at risk following their engagement in the 'Deadly Dreaming' program to engage for additional strengths-based case-management support. Relevant referrals from other programs will also be accepted. This program will delivery support, including:

- Therapeutic Crisis Intervention (TCI) case-management model.
- Comprehensive clinical assessment.
- Development and implementation of individual treatment plans which must be received at regular intervals and at a minimum every 3 months.
- Support clients in articulating treatment goals and provide assistance in achieving them (e.g. education, employment, health, housing, medical, parenting etc).
- Counselling and psychological therapy includes multi-systemic family therapy that is delivered as part of trauma-informed care.
- Assertively assist clients who need support to access services to reduce their substance use, avoid relapse and manage psychosocial risks and mental health issues.
- Advocate for and assist clients.
- Providing mentoring for young Aboriginal people to re-engage with their community.
- Work collaboratively to ensure seamless access and integration of clients to relevant services.

## Needs Assessment Priorities \*

### Needs Assessment

Needs Assessment 2021/22 - 2023/24

**Priorities**

| Priority   | Page reference |
|--|----------------|
| Support Capacity building AOD services: dual diagnosis (mental health and AOD disorders).                            | 298            |
| Increase culturally secure service provision through linking mainstream and Aboriginal community-controlled services | 301            |
| Map local Aboriginal specific services   | 304            |
| Address support required for complex AOD clients   | 304            |
| Identify local research needs that will support future service planning  | 305            |
| Address the need for culturally appropriate Services   | 302            |

**Activity Demographics****Target Population Cohort**

Aboriginal and Torres Strait Islander people at risk of substance use including those with suicide ideation and co-existing mental health conditions residing in NBM region, and those identified at risk and requiring case coordination following attendance at early intervention program/s and or GP/community welfare consultations

The Dharug, Gundungurra and Wiradjuri people are acknowledged as the traditional owners of the land covered by the NBM region. Approximately 16,146 people in the NBM population identify as Aboriginal and Torres Strait Islander, comprising 4.38% of the total population. The highest proportion (7.06%) of Aboriginal residents in the NBM region live in the Lithgow LGA, while the highest number (9,488) of Aboriginal residents live in the Penrith LGA.

The Aboriginal population is younger than the wider NBMLHD community with 55.6% under 25 years of age.

**In Scope AOD Treatment Type \*****Indigenous Specific \***

Yes

**Indigenous Specific Comments**

Ongoing consultation with Joint Regional MHAOD Aboriginal Advisory Committee and with the suppliers delivering the programs.

**Coverage****Whole Region**

Yes

| SA3 Name                   | SA3 Code |
|----------------------------|----------|
| Blue Mountains - South     | 12402    |
| Penrith                    | 12403    |
| Dural - Wisemans Ferry     | 11502    |
| Fairfield                  | 12702    |
| Bathurst                   | 10301    |
| Rouse Hill - McGraths Hill | 11504    |
| Lithgow - Mudgee           | 10303    |
| St Marys                   | 12405    |
| Richmond - Windsor         | 12404    |
| Hawkesbury                 | 11503    |
| Blue Mountains             | 12401    |



## Activity Consultation and Collaboration

### Consultation

- Key consultations have been obtained via the Joint Aboriginal Mental Health and AOD Advisory Committee established November 2016. All key NGO providers of Aboriginal services are represented, together with NBMLHD general practice and other professional representatives.
- Committee members include: Aboriginal community members (female & male) from Lithgow, Blue Mountains, Hawkesbury and Penrith LGAs, NBMLHD Aboriginal Unit, NBMLHD D&A Unit, NBMLHD Mental Health Unit, Lithgow Aboriginal Community Health, one general practitioner.
- The local Aboriginal Medical Service was established March 2019 in Penrith with limited service provision for the Penrith LGA, without outreach to other LGAs. Greater Western Aboriginal Health Service (GWAHS) is responsible for this service and is currently involved in strategic planning with the aim of identifying future partnerships and opportunities for collaboration.
- In July 2021, stakeholder consultation conducted with an AOD specific GP from the region to provide overview of AOD health needs in the NBM community.
- In February 2022, WHL and the provider engaged in Workforce Development Consultations to inform Nepean Blue Mountains PHN's written submission to the National Centre for Education and Training on Addiction (NCETA).
- In April to June 2022 further discussions will be had with relevant service provider in relation to re-contracting of this service.

### Collaboration

Key stakeholders involved in collaboration included:

- Joint NBMLHD & NBMPHN Aboriginal Advisory Committee for AOD and Mental Health (membership of local Aboriginal community representatives)
- NBMLHD D&A Service
- Marrin Weejali Aboriginal Corporation
- Cobham Juvenile Justice Correctional Centre
- NBM Aboriginal Medical Services Mental Health, Social and Emotional Well-Being Workers.



### Activity Milestone Details/Duration

**Activity Start Date**

30/06/2019

**Activity End Date**

29/06/2024

**Service Delivery Start Date**

01 July 2019

**Service Delivery End Date**

30 June 2024

**Other Relevant Milestones**

N/A



### Activity Commissioning

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

**Not Yet Known:** No

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

**Direct Engagement:** No

**Open Tender:** No

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

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

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

N/A

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

Yes