



**Australian Government**

**Department of Health**

**phn**

An Australian Government Initiative

# **Primary Health Networks Annual Mental Health Activity Work Plan 2016-2017**

## ***Nepean Blue Mountains PHN***

When submitting this. Mental Health Activity Work Plan (referred to as the Regional Operational Mental Health and Suicide Prevention Plan in the 2015-16 Schedule for Operational Mental Health and Suicide Prevention, and Drug and Alcohol Activities) to the Department of Health, the Primary Health Network (PHN) must ensure that all internal clearances have been obtained and has been endorsed by the CEO.

Additional planning and reporting requirements including documentation, data collection and evaluation activities for those PHNs selected as lead sites will be managed separately.

The Mental Health Activity Work Plan must be lodged on or before 6 May 2016.

# Introduction

## Overview

In the 2015-16 financial year, PHNs are required (through the recent mental health Schedule which provided operational funding to PHNs this financial year) to prepare a Mental Health Activity Work Plan by May 2016. This Plan is to cover activities funded under two sources:

- the Primary Mental Health Care flexible funding pool (which will provide PHNs with approximately \$1.030 billion (GST exclusive) over three years commencing in 2016-17); and
- *Indigenous Australians' Health Programme* - an additional \$28.25 million (GST exclusive) will be available annually under this programme and further quarantined to specifically support Objective 6 (detailed below): Enhance and better integrate Aboriginal and Torres Strait Islander mental health.

This is to be distinguished from the *Regional Mental Health and Suicide Prevention Plan* to be developed in consultation with Local Hospital Networks (LHNs) and other regional stakeholders which is due in 2017 (see Mental Health PHN Circular 2/2016).

## Objectives

The objectives of the PHN mental health funding are to:

- improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness at the local level through the development and/or commissioning of **low intensity mental health services**;
- support region-specific, cross sectoral approaches to early intervention for **children and young people** with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group;
- address service gaps in the provision of psychological therapies for people in **rural and remote areas and other under-serviced and/or hard to reach populations**, making optimal use of the available service infrastructure and workforce;
- commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with **severe and complex mental illness** who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses;
- encourage and promote a systems based regional approach to **suicide prevention** including community based activities and liaising with Local Hospital Networks (LHNs) and other providers to help ensure appropriate follow-up and support arrangements are

in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide, including Aboriginal and Torres Strait Islander people; and

- enhance access to and better integrate **Aboriginal and Torres Strait Islander mental health** services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services. For this Objective, both the *Primary Health Networks Grant Programme Guidelines – Annexure A1 - Primary Mental Health Care* and the *Indigenous Australians’ Health Programme – Programme Guidelines* apply.

Objectives 1-6 will be underpinned by:

- evidence based **regional mental health and suicide prevention** plans and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration; and
- a continuum of primary mental health services within a person-centred **stepped care approach** so that a range of service types, making the best use of available workforce and technology, are available within local regions to better match with individual and local population need.

#### **Activities eligible for funding**

- commission evidence-based clinical primary mental health care services in line with a best practice stepped care approach;
- develop and commission cost effective low intensity psychological interventions for people with mild mental illness, making optimal use of the available workforce and technology;
- the phased implementation of approaches to provide primary mental health care to people with severe and complex mental illness which offer clinical support and care coordination, including services provided by mental health nurses;
- establish joined up assessment processes and referral pathways to enable people with mental illness, particularly those people with severe and complex mental illness, to receive the clinical and other related services they need. This will include provision of support to GPs in undertaking assessment to ensure people are referred to the service which best targets their need;
- develop and commission region-specific services, utilising existing providers, as necessary, to provide early intervention to support children and young people with, or at risk of, mental illness. This should include support for young people with mild to moderate forms of common mental illness as well as early intervention support for young people with moderate to severe mental illness, including emerging psychosis and severe forms of other types of mental illness;

- develop and commission strategies to target the needs of people living in rural and remote areas and other under-serviced populations; and
- develop evidence based regional suicide prevention plans and commission activity consistent with the plans to facilitate a planned and agile approach to suicide prevention. This should include liaison with LHNs and other organisations to ensure arrangements are in place to provide follow-up care to people after a suicide attempt.

Each PHN must make informed choices about how best to use its resources to address the objectives of the PHN mental health funding.

**This document, the Mental Health Activity Work Plan template, captures the approach to those activities outlined above.**

The Mental Health Activity Work Plan will help guide activity to June 2016 and outline the planned mental health services to be commissioned for the period from 1 July 2016 to 30 June 2017, although activities can be proposed in the Plan beyond this period. The Department of Health will require an update in relation to these activities in the Annual Mental Health Activity Work Plan for 2017-18.

The Mental Health Activity Work Plan template has two connected parts:

- 1) The Annual Mental Health Activity Work Plan for 2016-2017, which will be linked to and consistent with the broader PHN Activity Work Plan, and provide:
  - a) The Strategic Vision on the approach to addressing the mental health and suicide prevention priorities of each PHN.
  - b) A description of planned activities funded under the Primary Mental Health Care Schedule which incorporates:
    - i) Primary Mental Health Care funding (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
    - ii) *Indigenous Australians' Health Programme* funding (quarantined to support Objective 6 – see pages 2-3) (PHN: Indigenous Mental Health Flexible Activity).
- 2) The indicative funding budget for 2016-2017 for:
  - a) primary mental health care (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
  - b) *Indigenous Australians' Health Programme* (quarantined to support Objective 6 – see pages 2-3) (PHN: Indigenous Mental Health Flexible Activity).

### **Mental Health Activity Work Plan 2016-2017**

The template for the Plan requires PHNs to outline activities against each and every one of the six priorities for mental health and suicide prevention. The Plan should also lay the foundation for regional planning and implementation of a broader stepped care model in the PHN region. This Plan recognises that 2016-17 is a transition year and full flexibility in programme design and delivery will not occur until 2018-19.

The Plan should:

- a) Outline the planned mental health services to be commissioned from 1 July 2016, consistent with the grant funding guidelines.
- b) Outline the approach to be undertaken by the PHN in leading the development with regional stakeholders including LHNs of a longer term, more substantial *Regional Mental Health and Suicide Prevention plan* (which is aligned with the Australian Government Response to the Review of Mental Health Programmes and Services (available on the Department's website). This will include an outline of the approach to be undertaken by the PHN to seek agreement to the longer term *regional mental health and suicide prevention plan* from the relevant organisational signatories in the region, including LHNs.
- c) Outline the approach to be taken to integrating and linking programmes transitioning to PHNs (such as headspace, and the Mental Health Nurse Incentive Programme services) into broader primary care activities, and to supporting links between mental health and drug and alcohol service delivery.
- d) Have a particular focus on the approach to new or significantly reformed areas of activity – particularly Aboriginal and Torres Strait Islander mental health, suicide prevention activity, and early activity in relation to supporting young people presenting with severe mental illness.

In addition, PHNs will be expected to provide advice in their Mental Health Activity Work Plan on how they are going to approach the following specific areas of activity in 2016-17 to support these areas of activity:

- Develop and implement clinical governance and quality assurance arrangements to guide the primary mental health care activity undertaken by the PHN, in a way which is consistent with section 1.3 of the *Primary Health Networks Grant Programme Guidelines* available on the PHN website at [http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program\\_Guidelines](http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program_Guidelines), and which is consistent with the *National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce*.
- Ensure appropriate data collection and reporting systems are in place for all commissioned services to inform service planning and facilitate ongoing performance monitoring and evaluation at the regional and national level, utilising existing infrastructure where possible and appropriate.
- Develop and implement systems to support sharing of consumer clinical information between service providers and consumers, with appropriate consent and building on the foundation provided by myHealth Record.
- Establish and maintain appropriate consumer feedback procedures, including complaint handling procedures, in relation to services commissioned under the activity.

Value for money in relation to the cost and outcomes of commissioned services needs to be considered within this planning process.

### **Activity Planning**

This initial Mental Health Activity Work Plan will be informed by a specific mental health needs assessment developed by PHNs (as a complement to the broader PHN needs assessment) which should explore mental health and suicide prevention priorities against those six areas of activity which the Government has articulated for PHNs, and in consultation with key stakeholders (refer to pages 2-6, for Objectives and Activities eligible for funding, and other requirements to be reflected in the Plan).

### **Measuring Improvements**

Each mental health priority area has one or more mandatory performance indicators. In addition to the mandatory performance indicators, PHNs may select a local performance indicator. These will be reported on in accordance with the Primary Mental Health Care Schedule.

### **Mental Health Activity Work Plan Reporting Period and Public Accessibility**

The Mental Health Activity Work Plan will help guide activity to June 2016 and outline the planned mental health services to be commissioned for the period from 1 July 2016 to 30 June 2017.

A mental health focussed activity work plan is to be provided to the Department annually. This mental health activity plan will complement the broader PHN Activity Plan as part of the annual reporting mechanism and will build on the initial Mental Health Activity Work Plan delivered in 2016.

Once approved, the Annual Mental Health Activity Work Plan component (Section 1(b) of this document) must be made available by the PHN on their website as soon as practicable. The Annual Mental Health Activity Work Plan component will also be made available on the Department of Health's website (under the PHN website). Sensitive content identified by the PHN will be excluded, subject to the agreement of the Department.

**It is important to note that while planning may continue following submission of the Mental Health Activity Work Plan, PHNs must not commit or spend any part of the funding related to this Activity Work Plan until it is approved by the Department.**

### **Further information**

The following may assist in the preparation of your Mental Health Activity Work Plan:

- The requirements detailed in the Primary Mental Health Care Schedule;
- PHN Needs Assessment Guide;
- Mental Health PHN Circulars;
- Primary Health Networks Grant Programme Guidelines – Annexure A1 – Primary Mental Health Care; and
- *Indigenous Australians' Health Programme – Programme Guidelines.*

Please contact your Grants Officer if you are having any difficulties completing this document.

# 1. (a) Strategic Vision

*Please provide a Strategic Vision statement on the PHN's approach to addressing the mental health and suicide prevention priorities for the period covering this Work Plan (2016-17), including governance arrangements, that demonstrates how the PHN will achieve the six key objectives of the PHN mental health care funding (listed on pages 2-3 of this template) underpinned by:*

- *a **stepped care approach**; and*
- *evidence based **regional mental health and suicide prevention planning**.*

2016-17 is a transition year for the NBMPHN region to undertake a comprehensive needs assessment, service mapping and develop a strategic regional plan for mental health and suicide prevention which will underpin and inform the stepped care approach to mental health service delivery.

Assessment and planning will be informed through continued and targeted stakeholder engagement within the primary and mental health care sector, consumer and carer representatives, Aboriginal communities, relevant community managed organisations and representatives of hard to reach or under-represented populations (e.g. CALD, LGBTI, prison population, homeless people). A dedicated mental health advisory committee which will include consumer and carer representation will be constituted and will work closely with the NBMPHN Clinical Council and GP Advisory Committee.

Arrangements with the NBMLHD will enable both organisations to work towards fulfilling the vision of joined up consumer centred mental health care and will provide a platform to discuss and address issues arising at the acute, community and primary mental health care intersection.

Design and development of stepped care services, covering the six key objectives will be undertaken during 2016-17 to ensure future flexible funding is spent efficiently and in line with the agreed regional plan.

During 2016-17 activities, including commissioned services, will be offered under each priority area and within the required funding framework with the aim to provide seamless transition and continuity of care across the region.

# 1. (b) Planned activities funded under the Primary Mental Health Care Schedule

PHNs must use the table below to outline the activities proposed to be undertaken in the 2016-17 financial year. These activities will be funded under the Primary Mental Health Care Schedule (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity; and the PHN: Indigenous Mental Health Flexible Activity).

Note 1: Indicate within the duration section of the table if the activity relates to a period beyond 2016-17.

Note 2: PHNs must complete activities under every priority area in the tables below.

Proposed Activities	
Priority Area 1: Low intensity mental health services	<ul style="list-style-type: none"> <li>improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness at the local level through the development and/or commissioning of <b>low intensity mental health services</b>.</li> </ul>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p><b>1.1 Preparation of workforce for uptake of digital, telephone and/or face to face low intensity mental health service referral pathways</b></p> <p><b>1.2 Research and develop referral pathways to local face to face low intensity mental health services</b></p>
Description of Activity(ies) and rationale (needs assessment)	<p><b>1.1 Preparation of workforce for uptake of digital, telephone and/or face to face low intensity mental health service referral pathways</b></p> <p><b>Aim:</b> Targeted preparation of the primary care workforce – GPs, practice nurses and allied health providers – is an important step in ensuring appropriate referral and uptake of existing e-mental health services as well as any future commissioned (telephone/face to face) services. Some initial education opportunities have been provided during 2015-16 for e-mental health. During 2016-17 education and training will be promoted and carried out across the region to increase the primary care workforce awareness of existing digital resources and prepare them for the use of referral</p>



	<p>pathways through the future national digital gateway and for any NBMPHN commissioned face to face services which will be available from 2017-18 onwards.</p> <p><b>Rationale:</b> Digital mental health interventions either through apps, self-guided online resources or therapist assisted programs form an important part of low intensity services in supporting people at risk of or with a mild mental illness. It also facilitates access to mental health support for certain consumers who may not be willing to participate in face to face interventions (e.g. young people, LGBTI community). Existing digital intervention programs and services will be promoted to the GP and relevant allied health workforce. In particular the resources of the <i>eMHPrac- A Resource Guide for Practitioners</i> and available associated training will be promoted throughout the funding year. The training aspect of this activity will be developed as a continuing professional development (CPD) activity and trainers will be commissioned.</p> <p><b>Addressing priority:</b> developing capacity in the workforce to appropriately refer to low intensity services.</p> <p><b>Target population:</b> GPs and allied health providers.</p> <p><b>1.2 Research and develop referral pathways to local low intensity mental health services</b></p> <p><b>Aim:</b> As part of the stepped care approach and in conjunction with the development of the comprehensive mental health and suicide prevention needs assessment, NBMPHN will research available models for telephone and/or face to face low intensity services during 2016-17. Such services are aimed at people who can benefit from short term targeted intervention but do not necessarily need a service provided by a fully trained psychologist (or equivalent). The research and further stakeholder consultation will inform the NBMPHN commissioning of such services.</p> <p><b>Addressing priority:</b> developing referral pathways to local low intensity mental health services.</p> <p><b>Target population:</b> people at risk of or with a mild (and some instances moderate) mental illness, in particular depression and anxiety.</p> <p><b>Alignment with PHN mental health funding objectives:</b> these activities align with the development and/or commissioning of low intensity services.</p>
Collaboration	Targeted stakeholder consultations with GPs, allied health, consumers/carers and relevant NGOs will assist in the co-design and development of referral pathways and procurement process for local

	services. NBMPHN will also consider and incorporate available learnings from the PHN lead sites during 2016-17 and adapt them to local needs.
Duration	1.1 From January – 30 June 2017. 1.2 The initial commissioning process (needs assessment, planning and procurement, monitoring and evaluation approach) for low intensity services will be carried out during 2016-17 with local services purchased to commence in July 2017.
Coverage	Activities will be carried out across the entire NBMPHN region.
Commissioning approach	1.1 The planned commissioning method for the education activity will be an approach to market which may be targeted. Monitoring and evaluation will be determined during 2016-17 as part of the commissioning process for the services which will commence during 2017-18.
Data Source	2016 Initial and 2016-17 Comprehensive Mental Health and Suicide Prevention Needs Assessment

Proposed Activities	
<b>Priority Area 2: Youth mental health services</b>	<ul style="list-style-type: none"> <li>support region-specific, cross sectoral approaches to early intervention for <b>children and young people</b> with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.</li> </ul>
Activity(ies) / Reference (e.g. Activity 2.1, 2.2, etc)	<b>2.1 <i>headspace</i> Penrith</b> <b>2.2 <i>headspace</i> Penrith Youth Early Psychosis Program</b> Please note: mental health services for children delivered during 2016-17 will be listed under Priority Area 3.
Description of Activity(ies) and rationale (needs assessment)	<b>2.1 <i>headspace</i> Penrith</b> <b>Aim:</b> <i>headspace</i> Penrith provides evidence based early intervention mental health and alcohol & other drugs services for young people 12-25 years of age. These services are augmented through primary care services addressing physical and sexual health as well as providing support for general wellbeing

through education, employment and training services, support for those experiencing bullying or other issues at school or work and through social activities. Referrals can occur from any source, including self-referrals.

**Addressing priority:** young people at risk of or with a mental illness.

**Target population:** Youth aged 12-25 years.

**Alignment with PHN mental health funding objectives:** this activity aligns with the requirement to continue to fund existing headspace services within the PHN region for two years.

### **2.2 headspace Penrith Youth Early Psychosis Program**

**Aims and objectives:** The *headspace* Youth Early Psychosis Program (hYEPP), provides youth friendly round the clock 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 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 (UnitingRecovery) in three western Sydney headspace services (Parramatta, Mount Druitt and Penrith). 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. Referrals can occur from any source, including self-referrals. Referrals are usually made through the headspace centre. *Eheadspace* provides clinical support (telephone, email and/or web chats) outside normal operating hours and forms an integral part of the service to ensure young people and their families have access to support at any time.

Young people qualifying for hYEPP 1 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.

Young people qualifying for hYEPP 2 will receive an initial two years of specialist care.

	<p><b>Addressing priority:</b> young people with severe mental illness at risk of developing psychosis or presenting with first episode psychosis.</p> <p><b>Target population:</b> Youth aged 12-25 years.</p> <p><b>Alignment with PHN mental health funding objectives:</b> this activity aligns with the requirement to continue to fund the existing Youth Early Psychosis Program within the PHN region during 2016-17.</p>
Collaboration	<p><b>2.1</b> NBMPHN is an existing consortium member of <i>headspace</i> Penrith and will work with the consortium and particularly in close collaboration with the lead agency, UnitingRecovery, to ensure continuity of support for young people enrolled at <i>headspace</i>. NBMPHN will commence discussions in 2016-17 to address integration and broadening of youth mental health services within the stepped care model (and with consideration to the 2016-17 comprehensive mental health needs assessment and regional plan) beyond the expected dedicated funding period (2017-18) for the <i>headspace</i> Penrith centre.</p> <p><b>2.2</b> NBMPHN is an existing consortium member of <i>headspace</i> Penrith and will work with the consortium and particularly in close collaboration with the lead agency, UnitingRecovery, to ensure continuity of support for young people already enrolled in hYEPP through <i>headspace</i> Penrith during 2016-17. Further it will work closely with the lead agency and the consortium to wind down the existing program and transition and broaden the program to include service provision for young people with severe mental illness as part of the planned stepped care approach redesign in 2017-18.</p>
Duration	1 July 2016 – 30 June 2017.
Coverage	<p><b>2.1</b> The <i>headspace</i> centre is located in Penrith. In theory, the service is available to young people across the PHN region if they are able to get to the <i>headspace</i> centre. In reality distance and transport issues generally impact access by young people from the upper Blue Mountains, Lithgow and part of the Hawkesbury LGA. The issue of broader coverage so young people across the region have reasonable access to services will be addressed in the comprehensive needs assessment and resulting plan and the stepped care design.</p> <p><b>2.2</b> In theory the hYEPP is open to any youth qualifying for the program, however in reality the program will be more limited in its reach due to geographical constraints.</p>

Commissioning approach	These activities are mandated to be delivered through existing service providers during 2016-17. There will be a direct engagement of the headspace Penrith consortium lead, UnitingRecovery to deliver the programs.
Data Source	Headspace Minimum Data Set National Mental Health Minimum Data Set

Proposed Activities	
<b>Priority Area 3: Psychological therapies for rural and remote, under-serviced and /or hard to reach groups</b>	<ul style="list-style-type: none"> <li>address service gaps in the provision of psychological therapies for people in <b>rural and remote areas and other under-serviced and/or hard to reach populations</b>, making optimal use of the available service infrastructure and workforce.</li> </ul>
Activity(ies) / Reference (e.g. Activity 3.1, 3.2, etc)	<p><b>3.1 Psychological therapy for those unable to access alternative referral pathways (low income)</b></p> <p><b>3.2 Psychological therapy services for children</b></p> <p><b>3.3 Psychological therapy services for women with perinatal mental health issues</b></p> <p><b>3.4 Psychological therapy for people at risk of suicide</b></p> <p><b>3.5 Mainstream psychological therapy for Aboriginal people</b></p>
Description of Activity(ies) and rationale (needs assessment)	<p>The proposed activities will be implemented similarly to the existing Access to Allied Psychological Services (ATAPS) program currently in place across the NBMPHN region. This will ensure continuity of established and well utilised referral pathways for GPs and their patients who can benefit from short term psychological interventions. NBMPHN will continue to use the current DoH ATAPS Guidelines to ensure a high standard and quality of service delivery. These services will continue to be known as 'ATAPS' services. All referrals are made to a central intake point at the NBMPHN and services are provided by commissioned psychologists, clinical psychologists, mental health social workers or mental health nurses who work in conjunction with the GP (and forming part of the GP mental health treatment plan) to provide evidence based psychological therapies.</p> <p>These activities continue to address regional service gaps in the provision of psychological therapies for under-serviced hard to reach groups.</p>

2016-17 is considered a transition year for these services. It is envisaged that all of the current psychological therapy services will continue beyond 2016-17 as they address key areas of need for people with mild to moderate mental illness within the region and have provided a clear and well utilised referral pathway for this population cohort. Changes and adjustments to the current service model will be implemented from 2017-18 and depend on the outcome of the comprehensive needs assessment carried out during 2016-17 and the resulting regional plan and approach to the stepped care model. Once identified priority areas and corresponding allocation of flexible funding amounts have been determined, some of the above psychological therapy services may be expanded or adjusted with stricter eligibility criteria to ensure that those most in need receive the subsidised support. Key stakeholders will be involved in any redesign of these services.

### **3.1 Psychological therapy for those unable to access alternative referral pathways (low income)**

**Aim:** This service is available through established GP referral pathways for people who are unable to access alternative referral pathways (e.g. psychological therapies under Medicare) due to financial constraints. The service is aimed at people with a diagnosed mild to moderate mental illness who can benefit from short term psychological intervention for up to 12 individual sessions of evidence based therapy in a calendar year. In most instances referrals will be for high prevalence disorders such as depression and/or anxiety. Traditionally there has been a high demand for this service. Strict demand management criteria are applied to ensure that the service is available to those most in need and to ensure provision of services across the whole of the financial year.

**Target population:** people aged 12+ with a diagnosed mild to moderate mental illness, living in the community, who can benefit from individual short term psychological therapies and who have a current government health care card or pension. People with a severe mental illness who can benefit from short term interventions to deal with certain aspects of their illness (e.g. psycho-education, stress management) may also be referred under this stream.

### **3.2 Psychological therapy services for children**

**Aim:** This established referral pathway enables GPs and paediatricians to refer children at risk of or with an emerging/diagnosed mental illness who can benefit from short term psychological interventions of up to 12 sessions of evidence based psychological therapy in a calendar year. Parents/primary carers are involved in the therapy process to maximise the benefit to the children.

In addition to individual therapies, this service also offers the evidence based group program 'Cool Kids' for primary school children aged 8-11 years with anxiety issues. It is offered in partnership and collaboration with the NBMLHD Child and Youth Mental Health Service and the Community Health Child and Family Counselling services. Group facilitators are commissioned from the existing allied health provider pool. This program is delivered over eight concurrent sessions for the children and their parents/carers and held during school terms.

**Target population:** children aged 0-12 years at risk of or with emerging mental illness whose parents/carers are on a government low income health care card.

### **3.3 Psychological therapy services for women with perinatal mental health issues**

**Aim:** This referral pathway enables GPs to refer women with perinatal depression and related issues, and who can benefit from short term intervention, for up to 12 sessions of evidence based psychological therapy in a calendar year.

**Target population:** women with perinatal depression and related issues – the perinatal period is defined as: during pregnancy to child up to 12 months of age.

### **3.4 Psychological therapy for people at risk of suicide**

**Aim:** This service offers quick response, short term psychological intervention for people who have self-harmed, attempted suicide or have mild to moderate suicidal ideation and are managed within a primary health care setting. People do not need a diagnosed mental illness to be eligible for this service. The service is aimed at people who can benefit from evidence based short term psychological interventions. People receive their first therapy session within three days of the referral date and can be seen for an unlimited number of sessions within a defined two month period. While this is clearly not a crisis service and service providers are not expected to work outside their normal business hours, the increased risk of this client group is addressed through after hours telephone support. This support is available to all enrolled consumers through the national ATAPS Suicide Prevention Support Line and ensures that clients are linked into dedicated support 24 hours a day.

**Target population:** people aged 14 years+ who have self-harmed, attempted suicide or with mild to moderate suicidal ideation.

### **3.5 Mainstream psychological therapy for Aboriginal people**

	<p><b>Aim:</b> This mainstream service is suitable for Aboriginal people with a mild to moderate mental illness, in particular depression and anxiety. Aboriginal people can be referred by their GP for evidence based short term psychological strategies through up to 12 sessions of psychological therapy in a calendar year. The service providers have undertaken Aboriginal cultural competency training to support Aboriginal clients appropriately in their recovery journey. This service has in the past been delivered under the ATAPS program and will adhere to the ATAPS guidelines during 2016-17 to ensure service continuity during 2016-17.</p> <p><b>Target population:</b> Aboriginal people</p>
Collaboration	<p>The <i>Cool Kids</i> group program is offered in partnership with the NBMLHD Child and Youth Mental Health Service and the Community Health Child and Family Counselling services in the region. The role of the LHD services include:</p> <ul style="list-style-type: none"> <li>• providing group facilitators</li> <li>• promoting and facilitating GP referral pathway if appropriate</li> <li>• carrying out an agreed number of standardised initial assessments to determine suitability for the group</li> <li>• providing group venue</li> <li>• promoting the group program</li> </ul> <p>Collaboration will continue with the Lithgow Family Support Service to co-locate the psychological outreach service for children. The Family Support Service will provide access to suitable therapy rooms and waiting areas.</p>
Duration	1 July 2016 – 30 June 2017.
Coverage	All activities are provided across the four LGA's in the NBMPHN region.
Commissioning approach	<p>Currently, individual ATAPS providers are contracted across the region to deliver ATAPS services. These providers will be offered an extension to their contract to cover the period 1 July 2016 -30 June 2017. It is expected the extension will be offered through a letter of variation to the existing contract (subject to legal checks).</p> <p>New providers will only be accepted if they are able to offer services under more than one activity and if they practice in an area which can benefit from more providers. Any eligible provider can apply. It is</p>



	<p>not expected that the NBMPHN will actively recruit new providers as the current workforce is sufficient to meet demand.</p> <p>It is further expected that an existing Service Level Agreement with the Lithgow Family Support Service to provide premises for the psychological therapy services for children will also be extended during 2016-17 so that the contracted workforce can continue with the outreach service in this area.</p> <p>Monitoring and evaluation will include updating relevant documentation (e.g. insurance, registration) adherence to contractual obligations (e.g. submitting MDS reports, providing services within specified timeframes).</p>
Data Source	ATAPS Minimum Data Set / National Mental Health Minimum Data Set

Proposed Activities	
<p><b>Priority Area 4: Mental health services for people with severe and complex mental illness including care packages</b></p>	<ul style="list-style-type: none"> <li>commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with <b>severe and complex mental illness</b> who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses.</li> </ul>
<p>Activity(ies) / Reference (e.g. Activity 4.1, 4.2, etc)</p>	<p><b>4.1 Mental health nurse program</b></p> <p><b>4.2 Build workforce capacity within the region</b></p>
<p>Description of Activity(ies) and rationale (needs assessment)</p>	<p>During 2016-17 funding under this stream will be provided to maintain the Mental Health Nurse Incentive Program (MHNIP) 2015-16 session allocation as required by the Government. Further, during 2016-17 models of integrated care will be explored which will address the physical needs of people with severe mental illness. Particular attention will be given to the PHN sites which will be tasked to trial primary mental health care package models during 2016-17 so their learnings can be applied when designing the local model. Changes and adjustments will be implemented from 2017-18 and will take into account the outcome of the comprehensive needs assessment carried out during 2016-17 and the resulting regional plan and approach to the stepped care model.</p> <p>Please note: services for youth with severe mental illness are addressed under Priority Area 2 of this plan and Priority Area 7: activity 7.6</p>

	<p><b>4.1 Mental Health Nurse program</b></p> <p><b>Aim:</b> This program offers people with severe and complex mental illness whose disorder has a significant impact on their life a referral pathway through their GP or private psychiatrist to mental health nursing services. Credentialed mental health nurses support clients through individualised and tailored clinical nursing services which includes medication management and regular reviewing of mental states and supporting physical health in close consultation with carers and family where appropriate. Further, the nurses coordinate clinical services with GPs, psychiatrists and allied health and support services such as the Mental Health Personal Helpers and Mentors and Partners in Recovery programs when and where appropriate. All referrals are made to a central intake point at the NBMPHN.</p> <p><b>Target population:</b> people with severe and complex mental illness.</p> <p><b>Alignment with PHN mental health funding objectives:</b> this activity is mandated for 2016-17 and existing service providers funding will need to be maintained during that period. Currently, MHNIP sessions are allocated to the NBMPHN and four general practices/GPs in the Blue Mountains LGA. Further, the St John of God Raphael Centre in Blacktown (located in the neighbouring Western Sydney PHN) uses 200 sessions of its allocation within the NBMPHN boundaries.</p> <p><b>4.2 Build workforce capacity within the region</b></p> <p>NBMPHN will continue to build workforce capacity within the region including through targeted advertising for mental health nurses.</p>
Collaboration	<p>NBMPHN is collaborating with those GP practices and GPs and their engaged mental health nurses to ensure a smooth transition to 2016-17. Discussion about contractual arrangements for 2016-17 have commenced.</p> <p>NBMPHN will also be collaborating with the Western Sydney PHN and the St John of God Raphael Centre, Blacktown to arrange allocation of 200 sessions to the NBM region to ensure that existing clients within the NBM region transition seamlessly to the new arrangement.</p> <p>NBMPHN is also a consortium member of LikeMind (with UnitingRecovery as the lead). There is a Service Level Agreement in place to co-locate mental health nurses in the LikeMind Penrith location to contribute to their integrated care model. This agreement will be renewed for the 2016-17 year.</p>

	NBMPHN will continue to collaborate and nurture its well established relationships with GPs and allied mental health providers in the region.
Duration	1 July 2016 – 30 June 2017.
Coverage	The activity will be provided across the NBMPHN region.
Commissioning approach	<p>The four general practices/GPs and their nurses will be engaged directly. They will be given a choice for either the general practices/GPs to sign a contract with NBMPHN and for them to continue to engage their nurses or for their mental health nurses to sign a contract with NBMPHN with the understanding that the allocated sessions will be provided to existing and new clients from these practices/GPs.</p> <p>NBMPHN will commission services through individual contracts with its current mental health nurse workforce. Central intake will remain within the NBMPHN during 2016-17.</p> <p>It is expected that a memorandum of understanding (or equivalent) will be signed with the Western Sydney PHN to allow allocation of 200 sessions from the Raphael Centre to the NBMPHN region.</p> <p>Monitoring and evaluation will include updating relevant documentation (e.g. insurance, registration) adherence to contractual obligations (e.g. submitting MDS reports, providing services within specified timeframes).</p>
Data Source	<p>NBMPHN data collection</p> <p>National Mental Health Minimum Data Set</p>

Proposed Activities	
<p><b>Priority Area 5: Community based suicide prevention activities</b></p>	<ul style="list-style-type: none"> <li>encourage and promote a systems based regional approach to <b>suicide prevention</b> including community based activities and liaising with Local Hospital Networks (LHNs) and other providers to help ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide, including Aboriginal and Torres Strait Islander people.</li> </ul>

Activity(ies) / Reference (e.g. Activity 5.1, 5.2, etc)	<p><b>5.1 Expression of Interest - Black Dog Institute Systems Approach to Suicide Prevention</b></p> <p><b>5.2 Develop and implement systems approach to suicide prevention</b></p>
Description of Activity(ies) and rationale (needs assessment)	<p><b>5.1 Expression of Interest - Black Dog Institute Systems Approach to Suicide Prevention</b></p> <p><b>Aim:</b> The Black Dog Institute (BDI) has researched and adopted nine evidence based strategies to form a comprehensive systems approach for integrated suicide prevention. It is expected that adoption of this framework (which is the simultaneous delivery of the nine strategies) will result in a reduction of suicide deaths by 21 % and suicide attempts by 30%. The nine strategies are: aftercare and crisis care; psychosocial and pharmacotherapy treatments; GP capacity building and support; frontline staff; gatekeeper training; school programs; community campaigns; media guidelines; means restriction.</p> <p>BDI has identified 25 local government areas within NSW - of which Penrith is one - to trial and evaluate the proposed systems approach. These LGAs have been identified as having relatively high suicide and self-harm hospitalisation rates. Four sites will be selected to participate in the trial and formal evaluation. Each of these sites will implement the 9 strategies over a four year period. An Expression of Interest (EOI) selection process will determine the four chosen sites which are expected to be announced by the end of June 2016. The EOI closing date is 20 May 2016. The four successful sites will start implementation through a staggered process over an expected 18 month period.</p> <p>NBMPHN is currently preparing the EOI as the (stakeholder agreed) lead organisation of a proposed consortium. NBMLHD has committed to working with NBMPHN as an active consortium member.</p> <p><b>Target population:</b> people at risk of suicide within the Penrith LGA.</p> <p><b>Alignment with PHN mental health funding objectives:</b> this activity aligns with priority 5 – community based activities in suicide prevention and will leverage off priority 3 activity - Psychological therapy for people at risk of suicide.</p> <p><b>5.2 Develop and implement systems approach to suicide prevention</b></p> <p><b>Aim:</b> If NBMPHN is successful in its bid, it intends to replicate activities agreed by the consortium and carried out under the BDI framework in the other three LGAs (Blue Mountains, Lithgow and Hawkesbury). Consideration will be given to the findings of the 2016-17 comprehensive needs assessment which will help guide if and to what degree the proposed activities need to be adapted to the specific communities and with particular regard to activities specific to the Aboriginal communities.</p>

	<p>If NBMPHN is not successful in its BDI bid it will use the BDI suicide prevention framework to guide its activities. Based on identified priorities of the 2016 initial Mental Health Needs Assessment particular attention will be given to the strategies of: aftercare (discharge follow up); GP capacity building and support; frontline staff training; and gatekeeper training. In particular, NBMPHN will work closely with NBMLHD mental health services (inpatient units, ACCESS teams) to jointly address gaps in discharge follow up.</p> <p>Further consultation for the comprehensive suicide prevention needs assessment during 2016 will assist in setting defined priorities for community based suicide prevention activities, co-designing such activities and developing relevant commissioning models for a community based approach to suicide prevention. Relevant stakeholders, including those who have agreed to be on the BDI consortium will be invited to participate in the co-design of the activities and their implementation. Specific attention will be given to identify and/or co-design with Aboriginal community representatives culturally appropriate activities for the Aboriginal communities.</p> <p>Commissioned activities are planned to start from January 2017 regardless of the success or otherwise of the BDI EoI.</p> <p>Please note: a further important activity for suicide prevention is reported under Priority 3: Psychological therapy for people at risk of suicide. Therapy services are one of the nine identified strategies of the BDI Systems Approach to Suicide Prevention.</p>
Collaboration	<p>Collaboration with the NBMLHD for the BDI EoI is confirmed. Further collaboration with specific NGOs, Correction Services/Police, Ambulance, schools, representatives from CALD and Aboriginal services are in the process of being confirmed. Consortium members' role will include: access to the organisation's expertise and experience; nomination of liaison staff for agreed activities; participation in meetings and agreed activities.</p>
Duration	<p>Service delivery is anticipated to commence in January 2017 and will extend to 30 June 2018.</p>
Coverage	<p>Activities will cover the entire NBMPHN region with emphasis on extensive evaluation in the Penrith LGA if the BDI EoI is successful.</p>
Commissioning approach	<p>The commissioning approach will be determined during the co-design of the activities. It is anticipated that there will be a mixed approach to market (open, targeted and direct).</p>
Data Source	<p>Initial and Comprehensive Mental Health and Suicide Prevention Needs Assessment</p>

Proposed Activities	
<p><b>Priority Area 6: Aboriginal and Torres Strait Islander mental health services</b></p>	<ul style="list-style-type: none"> <li>enhance access to and better integrate <b>Aboriginal and Torres Strait Islander mental health</b> services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services. For this Objective, both the <i>Primary Health Networks Grant Programme Guidelines - Annexure A1 - Primary Mental Health Care</i> and the <i>Indigenous Australians' Health Programme – Programme Guidelines</i> apply.</li> </ul>
<p>Activity(ies) / Reference (e.g. Activity 6.1, 6.2, etc)</p>	<p><b>6.1 Co-design of Aboriginal mental health and suicide prevention services</b></p>
<p>Description of Activity(ies) and rationale (needs assessment)</p>	<p><b>6.1 Co-design of Aboriginal mental health and suicide prevention services</b></p> <p>The initial needs assessment has clearly pointed out that a co-design process with the Aboriginal communities within the region for the mental health, suicide prevention and alcohol and other drugs model(s) is imperative to assist in improving the health of the local Aboriginal communities.</p> <p>During the first three months, NBMPHN will research culturally appropriate social and emotional wellbeing programs and services; establish the preferred ongoing Aboriginal community mental health consultation / structure, which will be based on advice from Aboriginal community representatives and Elders; and carry out a comprehensive needs and gaps analysis of mainstream and Aboriginal specific mental health and suicide prevention services. This will assist in deciding agreed priorities across the region. The work carried out in the first three months will be included and form part of the activities identified under Priority Areas 7: Stepped Care Approach and Priority Area 8: Regional mental health and suicide prevention plan. Once priorities have been set, NBMPHN will commence the co-design of a stepped care mental health service model together with Aboriginal community representatives across the region. The co-design will also take into consideration the interrelation of mental health, and alcohol and other drugs issues. It is expected that the co-design will start in October 2016 and implementation of the model will start at the beginning of 2017 with commencement of agreed commissioned services/activities.</p>
<p>Collaboration</p>	<p>The NBMPHN region currently lacks a dedicated Aboriginal controlled health service. Consultation and collaboration will occur with Aboriginal community representatives, and Aboriginal services (including LHD services) within the region to co-design a stepped care mental health model, to suit the local Aboriginal communities based on identified needs and gaps and best practices.</p>

Duration	1 July to 30 June 2017. It is expected that actual service delivery will commence from early 2017 and continue through to 30 June 2018.
Coverage	It is anticipated that commissioned services will be delivered across the entire NBMPHN region.
Commissioning approach	No decisions have been made about commissioning method and procurement/purchase approaches. These will be decided in collaboration with the local Aboriginal communities.
Data Source	Mental Health and Suicide Prevention Initial and Comprehensive Needs Assessment

Proposed Activities	
Priority Area 7: Stepped care approach	<ul style="list-style-type: none"> <li>a continuum of primary mental health services within a person-centred <b>stepped care approach</b> so that a range of service types, making the best use of available workforce and technology, are available within local regions to better match with individual and local population need.</li> </ul>
Activity(ies) / Reference (e.g. Activity 7.1, 7.2, etc)	<p>In 2016-17 the key activities to be undertaken are:</p> <p><b>7.1 Design and develop a comprehensive regional stepped care model</b></p> <p><b>7.2 Research and examine best practice approaches to mental health intake, triage/assessment and consumer centred care coordination across the primary care and mental health sector</b></p> <p><b>7.3 Commence the design a regional primary mental health intake, triage/assessment and care coordination model for mental health in a primary health care setting</b></p> <p><b>7.4 Research best practice models to provide psychological therapy support for people with moderate to severe mental illness with added complexity</b></p> <p><b>7.5 Design a clinical therapy model for people with moderate to severe mental illness with added complexity</b></p> <p><b>7.6. Explore and design a therapy/support model for young people with severe mental illness</b></p>
Description of Activity(ies) and rationale (needs assessment)	<b>7.1 Design and develop a comprehensive regional stepped care model</b>

The comprehensive 2016-17 mental health needs assessment will help inform the regional stepped care model and its associated services. NBMPHN will design, in collaboration/consultation with stakeholders (including NBMLHD, GP and AHP representatives, PHN Clinical Council, relevant NGOs and people with lived experience a regional model and implementation plan for the available flexible funding to commission an agreed mix of services. The activities listed below and under priority 1 and 6 will also assist in the development of the model.

**7.2 Research and examine best practice approaches to mental health intake, triage/assessment and consumer centred care coordination across the primary care and mental health sector**

Develop a consultant brief and commission a consultant to research best practice approaches to mental health intake, triage/assessment and consumer centred care coordination including coordinated care between the acute and primary care sector. This will assist the design process for a better joined up system.

**7.3 Commence the design a regional primary mental health intake, triage/assessment and care coordination model for mental health in a primary health care setting.**

In collaboration with key stakeholders (GPs, allied health, NBMLHD) co-design a regional intake, triage and care coordination model which will take into consideration the identified needs and gaps of the 2016-17 comprehensive needs assessment and the options provided in the research report. Learning from the Lead sites will also be incorporated in the design process.

This will form an integral part of the stepped care model as such care coordination will support and simplify referral pathways and help ensure that consumers will be referred to the correct step and service within that step. It is envisaged that such a model will have various components which can be implemented either in succession or together.

**7.4 Research best practice models to provide psychological therapy support for people with moderate to severe mental illness with added complexity**

Research best practice models to provide evidence based psychological therapy for people with moderate to severe mental illness with added complexity (e.g. trauma). This may occur through developing a consultant brief and commission a consultant. The initial needs assessment identified this as service provision gap as the traditional 10 sessions per year do not appear to meet the need of this cohort particularly for people commonly diagnosed with personality disorders.



	<p><b>7.5 Design a clinical therapy model for people with moderate to severe mental illness with added complexity.</b></p> <p>In collaboration with key stakeholders co-design a suitable therapy service model and referral pathway for people with moderate to severe mental illness with added complexity. This model will inform the procurement process which will be developed so suitable services can be commissioned from 2017-18 onwards.</p> <p><b>7.6. Explore and design a therapy/support model for young people with severe mental illness.</b></p> <p>During 2016-17 NBMPHN will be funding <i>headspace</i> Penrith to continue delivering the hYEPP program (as reported under priority 3). As this program will wind down during 2017-18, NBMPHN will explore and co-design, in collaboration with UnitingRecovery (<i>headspace</i> lead agency) and in consultation with NBMLHD and key stakeholders (including youth services in the region), the best approach to clinical mental health services to support across the region a broader range of young people with severe mental illness than is currently possible.</p>
Collaboration	It is expected that NBMLHD, GP and allied health provider representatives will be collaborators for activities 7.1; 7.2; 7.4; 7.5 and 7.6. Their involvement will be in the co-design of the services. In addition UnitingRecovery will be part of the co-design for activity 7.6.
Duration	July 2016 – June 2017
Coverage	The proposed activities will cover the entire NBMPHN region.
Commissioning approach (If applicable)	7.1 and 7.3 Consultants will be selected through a targeted approach to market.
Data Source	Initial and Comprehensive Mental Health Needs Assessment

<b>Proposed Activities</b>	
<b>Priority Area 8: Regional mental health and suicide prevention plan</b>	<ul style="list-style-type: none"> <li>evidence based <b>regional mental health and suicide prevention</b> plans and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration.</li> </ul>
Activity(ies) / Reference (e.g. Activity 8.1, 8.2, etc)	<p><b>8.1 Carry out a comprehensive mental health and suicide prevention needs assessment</b></p> <p><b>8.2 Create a comprehensive mental health and suicide prevention service map</b></p>

	<p><b>8.3 Establish mental health specific clinical governance arrangements</b></p> <p><b>8.4 Develop a regional mental health and suicide prevention plan</b></p>
<p>Description of Activity(ies) and rationale (needs assessment)</p>	<p><b>8.1 Carry out a comprehensive mental health and suicide prevention needs assessment</b></p> <p>Building on the 2015-16 initial needs assessment NBMPHN will carry out more in-depth research to corroborate issues raised in the initial service needs assessment with health data to ensure a robust triangulation of options will inform the regional mental health plan. Ongoing, targeted stakeholder engagement will assist in refining regional needs. Expanding on the initial health needs analysis will underpin this activity.</p> <p><b>8.2 Create a comprehensive mental health and suicide prevention service map</b></p> <p>NBMPHN will build on existing information to create a comprehensive mental health (including alcohol and other drugs) service map for the region. This activity will be contracted to a consultant.</p> <p><b>8.3 Establish mental health specific clinical governance arrangements</b></p> <p>NBMPHN will establish a dedicated mental health advisory committee which will work closely with the PHN Clinical Council and GP Advisory Committee. To ensure that lived experience informs the process throughout, input from consumer and carer groups will form an integral part of the clinical governance arrangements. NBMPHN is currently investigating how the current PIR consumer and carer regional development groups can be sustainably adapted and supported so they can continue in their role and provide local advice across the stepped care model.</p> <p>A specific mental health clinical governance charter will be developed during the year to guide quality assurance of the stepped care model. Clinical governance will be informed by relevant standards (e.g. National Standards for Mental Health Services).</p> <p><b>8.4 Develop a regional mental health and suicide prevention plan</b></p> <p>NBMPHN will develop a regional mental health and suicide prevention plan with key stakeholders. The comprehensive needs assessment and service mapping will inform this activity. The plan will reflect regionally agreed strategic aims to work towards fulfilling the vision of joined up consumer centred mental health care.</p>
<p>Collaboration</p>	<p>Key stakeholders (in particular NBMLHD) will be involved in the comprehensive needs assessment and planning process during 2016-17, and in jointly developing the longer term regional plan. A dedicated</p>

	mental health advisory committee will be set up and will be under the guidance of the NBMPHN Clinical Council. Representatives on the committee will include GPs, allied health, NBMLDH Mental Health, Aboriginal communities, consumers, carers at a minimum and may also draw on the expertise of psychiatrists, community managed organisations and other state departments (e.g. corrective services, FACS).
Duration	1 July 2016 – 30 September 2017 (due date for submission of plan to DoH).
Coverage	The activities will cover the entire NBMPHN region.
Commissioning approach (If applicable)	8.2 and parts of 8.1 may be contracted to a consultant through an approach to market (which may be open or targeted).