Australian Government
Department of Health

phn
An Australian Government Initiative

Updated Activity Work Plan 2016-2019: Primary Mental Health Care Funding

Nepean Blue Mountains

Overview

This Activity Work Plan is an update to the 2016-18 Activity Work Plan submitted to the Department in February 2017. However, activities can be proposed in the Plan beyond this period.

Mental Health Activity Work Plan 2016-2019

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) Provide an update on 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 2016-19 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,* 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.

1. (a) Strategic Vision

The overall long term vision of NBMPHN is to play a crucial part in delivering joined up consumer centred mental health services across the acute, primary care and community sector in a stepped care model.

During 2018-19 NBMPHN will continue its mental health reform tasks to support the implementation of a regional stepped care model in line with its needs assessment.

In 2016-17 systems were put in place to ensure ongoing targeted engagement with stakeholders is embedded in any work undertaken in the six mental health priority areas by NBMPHN. This included the establishment of several advisory bodies: the Mental Health Advisory Committee which has a cross representative each on the NBMPHN Clinical Council and on the NBMPHN GP Advisory Committee; the Joint NBM PHN/LHD Aboriginal Advisory Committee for Drug &Alcohol and Mental Health with Aboriginal community representatives and Aboriginal health worker representatives from all four LGAs within the region; the Mental Health Consumer and Carer Advisory Committee which has three cross representatives on the Mental Health Advisory Committee and the Regional Suicide Prevention Working Group which also includes a consumer representative. These advisory bodies continue to meet regularly to provide input into the reform tasks. In addition broader consultation with key stakeholder has been undertaken in 2017-18 in particularly for the redesign of psychological therapy services for hard to reach/underserviced groups and services for people with severe mental illness.

The stepped care model has been further developed during 2017-18. Initially, currently commissioned services will continue and will be augmented by new services under the low intensity, suicide prevention, Aboriginal specific, and severe mental illness priorities. A staged rollout of the stepped care model will be implemented with the intention to fully transition to the new regional stepped care model during 2018-19.

The stepped care model will be underpinned by the re-designed intake system which will play a pivotal part in providing coherent referral pathways for mental health and suicide prevention services in the primary care sector.

During 2018-19 NBMPHN will continue to engage with stakeholders in particular the LHD to create an overarching strategic longer term regional mental health and suicide prevention plan. This plan will address the vision of joined up consumer centred mental health care across the acute, primary care and community sector. Governance arrangements for the development of the plan have been put in place in 2017-18. NBMPHN health planners and mental health staff have also undertaken training in the use of the National Mental Health Planning Framework tool which will support the planning tasks.

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

Proposed Activities	
Priority Area 1: Low intensity mental health services	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	**1.1 Commission low intensity mental health services**
Existing, Modified, or New Activity	1.1 is a modified activity from 2017-18.
Description of Activity	**1.1 Commission low intensity mental health services** **Aim:** The commissioned low intensity program will increase the availability of local referral pathways to low intensity, evidence based psychological services either delivered online or by coaches face to face/telephone and moderated and/or supervised by qualified mental health clinicians. The intention is to provide a coaching service as part of the central intake system for the NBMPHN commissioned mental health programs. Coaches will support people with emerging or mild mental illness who do not require psychological therapy intervention. Coaches will provide brief interventions and follow up to assist consumers in developing a self management plan. This will include directing them to relevant online early intervention/low intensity therapy services. A further component of the low intensity program will be the development and delivery of a short term evidence based psycho-education group program to increase mental health literacy and self-care behaviour. The intention of the program is to include suitable peer workers as group co- facilitators or develop the capacity of people with lived experience to co-facilitate such groups in conjunction with a health professional experienced in group work. **Needs assessment priority:** a need for access to local low intensity services has been identified in the needs assessment and by stakeholders, including the need to increase mental health literacy in the population. **Expected results:** this activity will provide new local referral pathways for low intensity psychological support and increase the choice and service mix within a stepped care model to better target and support consumer needs.

Target population cohort	**Target population:** people with emerging and/or mild to moderate mental illness (as a first line service) and in some instances for people with moderate to severe mental illness as an additional or step down service.
Consultation	Targeted stakeholder consultations including with GPs, allied mental health providers, consumers/carers and LHD (through the newly established Mental Health Advisory Committee and Mental Health Consumer and Carer Advisory Committee) have occurred at specified planned meetings during 2017-18. Consultations were also carried out in July and August 2017 with key stakeholders (GPs, AHPs and consumers) as part of the re-design of the psychological therapy services (priority 3). While stakeholders supported low intensity services the request was to use existing online (self-guided and or clinician assisted) programs in the first instance. NBMPHN will continue its consultations with stakeholders (via its committees) during 2018-19 to support the introduction of the intended local coaching and group work program.
Collaboration	The Mental Health Advisory Committee (which includes representation from GPs, AHPs, Psychiatrist, LHD Mental Health, consumers) and the Mental Health Carer and Consumer Advisory Committee will assist in the co-design and procurement process for the local low intensity program.
Duration	Planning for this activity has been undertaken during 2017-18. Procurement will commence through an RFP process by June 2018. Actual service delivery is anticipated to commence by December 2018 and continue to 30 June 2019 (with the expectations to be ongoing beyond current PHN mental health funding cycle).
Coverage	The coaching service will cover the entire NBMPHN region. The group program will have a staged roll out starting in one or two of the four LGAs (Penrith and either Blue Mountains or Hawkesbury LGA) within the region during the reporting period.
Commissioning method (if relevant)	The intention is to commission the service as part of the central intake system. The coaching and group program service will be commissioned on its own initially until and if the current in-house central intake system is commissioned to an external provider.
Approach to market	The approach to market will be an open RFP process.
Decommissioning	N/A

Performance Indicator	Priority Area 1 - Mandatory performance indicators: • Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services. • Average cost per PHN-commissioned mental health service – Low intensity services. • Clinical outcomes for people receiving PHN-commissioned low intensity mental health services. • Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.

Priority Area 2: Child and youth mental health services	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	**2.1 *headspace* Penrith** **2.2 *headspace* Penrith Youth Early Psychosis Program (hYEPP)** **2.3 Early intervention mental health services for young people at risk of or with a non-psychotic severe mental illness** **2.4 *headspace* Satellite Lithgow (pending funding)** Please note: activities specific to children aged 0-11 years are reported under the following: Priority 3.3 Psychological therapy services for children
Existing, Modified, or New Activity	**2.1** is an existing activity. **2.2** is an existing activity. **2.3** is a modified activity. **2.4** is an existing activity (pending funding)
Description of Activity	**2.1 *headspace* Penrith** **Aim**: *headspace* 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 by 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. **Needs Assessment Priority:** young people at risk of, with emerging mental illness or with a mild to moderate mental illness. This activity aligns with the requirement to continue to fund existing headspace services within the PHN region until June 2018 and will continue to be funded during 2018-19 as it meets the need of young people. **Expected Results:** A high quality commissioned service is delivered to meet the mental health, AOD and other needs of young people in the region. **2.2 *headspace* Penrith Youth Early Psychosis Program (hYEPP)** **Aims:** The *headspace* Youth Early Psychosis Program (hYEPP), provides youth friendly extended hour 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 (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 place. Referrals can occur from any source, including self-referrals. Referrals are usually made through the headspace centre. 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 Priority:** 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 during 2018-19.

	Expected Results: Appropriate clinical services will be provided in a timely fashion for this high needs group. **2.3 Early intervention mental health services for young people at risk of or with a non-psychotic severe mental illness** **Aim:** This activity will provide clinical services for young people with severe mental illness not suitable for the headspace Youth Early Psychosis program. The nature of the service has been co-designed with key stakeholders in particular with the LHD Child and Youth Mental Health Service during the second part of 2017-18 to ensure suitable referral pathways can be developed which avoid duplication of service provision. **Needs Assessment Priority:** 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. **Expected Results:** Enhanced and expanded access to quality evidence based clinical mental health services for young people living with severe (non-psychotic) mental illness. **2.4 *headspace* Satellite Lithgow** On 1 February 2018, the Hon. Greg Hunt MP, Minister for Health announced funding for a *headspace* Satellite in Lithgow. **Aim**: *headspace* Satellite Lithgow provides evidence based early intervention mental health and alcohol & other drugs services for young people 12-25 years of age. The satellite service is supported by *headspace* Bathurst. Referrals can occur from any source, including self-referrals. **Needs Assessment Priority:** 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 a satellite service with the expectation that service delivery will commence in late 2018. **Expected Results:** A high quality commissioned service is delivered to meet the mental health, AOD and other needs of young people within the Lithgow local government area.
Target population cohort	**2.1 *headspace* Penrith** **Target population:** Youth aged 12-25 years. **2.2 *headspace* Penrith Youth Early Psychosis Program (hYEPP)** **Target population:** Youth aged 12-25 years.

	2.3 Early intervention mental health services for young people at risk of or with a non-psychotic severe mental illness **Target population:** Youth aged 12-25 years. **2.4 *headspace* Satellite Lithgow (pending funding)** **Target population:** Youth aged 12-25 years
Consultation	**2.1 *headspace* Penrith** Consultation with the lead agency will continue throughout the funding period. **2.2 *headspace* Penrith Youth Early Psychosis Program (hYEPP)** Consultation with the lead agency and Western Sydney PHN (as the funder of the hub and another spoke) will continue throughout the funding period. Consultation will also continue with Orygen (National Centre for Excellence in Youth Mental Health) particularly in regard to the ongoing hYEPP fidelity assessments during 2018-19. NBMPHN will also continue to participate in hYEPP specific meetings organised by Orygen. **2.3 Mental health services for young people at risk of or with a non-psychotic severe mental illness** NBMPHN will continue to consult with its key stakeholders including headspace Penrith, consumers and carers, LHD, local youth services, Mental Health Advisory Committee to discuss and co-design possible services for young people at risk of or with severe non-psychotic mental illness and to support the set up and expansion of the anticipated service. **2.4 *headspace* Satellite Lithgow** Consultation with the lead agency and Western NSW PHN (as the funder of headspace Bathurst) and headspace National will continue throughout the funding period.
Collaboration	**2.1 *headspace* Penrith** NBMPHN works closely with Parramatta Mission, the lead agency of *headspace* Penrith to ensure ongoing support for young people in the region through the *headspace* centre program. While NBMPHN used to be an active member of the *headspace* Penrith Consortium, as the new funder, it has stepped back from that role during 2016-17. NBMPHN will initiate discussions in 2018 to address possible integration and broadening of youth mental health services within the stepped care model beyond the mandated dedicated funding period (2017-18) for the *headspace* Penrith centre. Further,

	NBMPHN will collaborate with headspace National and Orygen if and when appropriate to support the smooth running of *headspace* Penrith. **2.2 *headspace* Penrith Youth Early Psychosis Program (hYEPP)** NBMPHN works in close collaboration with the lead agency, Parramatta Mission, to ensure continuity of service for both, young people already enrolled in hYEPP and young people newly joining hYEPP through the Penrith spoke during 2018-19. NBMPHN will collaborate as necessary with Ernst and Young (the DoH appointed external evaluator of all hYEPP clusters) to support the national evaluation. NBMPHN will continue to collaborate with WentWest (Western Sydney PHN), the funder of the hYEPP hub (Mt Druitt) and other spoke (Parramatta) to enable Parramatta Mission to deliver 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. **2.3 Mental health services for young people at risk of or with a non-psychotic severe mental illness** During 2017-18 NBMPHN will collaborate with key stakeholders including headspace Penrith, consumers and carers, LHD Child & Youth Mental Health Services, local youth services and mental health advisory committees to establish the service. During 2018-19 consultation will continue as needed to expand the initial service to cover the whole of the region. **2.4 *headspace* Satellite Lithgow** NBMPHN will continue working in close collaboration with Marathon Health, the lead agency and *headspace* Bathurst to support the set up and commencement of the Satellite service. Other important key stakeholders such as LHD Child & Youth Mental Health Services, young consumers, local high schools, local youth services, Lithgow Council and allied mental health providers will be consulted as necessary to assist the lead agency in establishing a locally relevant Satellite service.
Duration	**2.1 *headspace* Penrith** Service delivery: 1 July 2016 – 30 June 2019 **2.2 *headspace* Penrith Youth Early Psychosis Program (hYEPP)** Service delivery: 1 July 2016 – 30 June 2019 **2.3 Early intervention mental health services for young people at risk of or with a non-psychotic severe mental illness**

	Planning and procurement: February – June 2018. Service delivery: Anticipated to be from July 2018 to 30 June 2019. **2.4 *headspace* Satellite Lithgow (pending funding)** Procurement period: anticipated March – April 2018 Establishment period: anticipated May – October 2018 Service delivery: anticipated November 2018 – 30 June 2019
Coverage	**2.1 *headspace* Penrith** The *headspace* 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 *headspace* centre. In reality distance and transport issues negatively impact access by young people from the mid to upper Blue Mountains and the Hawkesbury LGA. **2.2 *headspace* Penrith Youth Early Psychosis Program (hYEPP)** In theory the hYEPP is open to any youth qualifying for the program across the region, however in reality the program will be more limited in its reach due to geographical constraints. **2.3 Early intervention mental health services for young people at risk of or with a non-psychotic severe mental illness** Anticipated to commence initially in the Hawkesbury LGA with intentions to expand across the entire NBMPHN region. **2.4 *headspace* Satellite Lithgow (pending funding)** The Satellite service will focus on servicing young people within the Lithgow LGA. However, true to the headspace philosophy, no young person is turned away if they seek support even if they do not live within the LGA.
Commissioning method (if relevant)	**2.1 *headspace* Penrith** Fully commissioned service. **2.2 *headspace* Penrith Youth Early Psychosis Program (hYEPP)** Fully commissioned service.

	2.3 Early intervention mental health services for young people at risk of or with a non-psychotic severe mental illness Commissioned service with the expectation that intake is part of the centralised intake system. **2.4 *headspace* Satellite Lithgow (pending funding)** Fully commissioned Satellite as part of *headspace* Bathurst.
Approach to market	**2.1 *headspace* Penrith** Continue to directly engage Parramatta Mission, the existing lead agency. **2.2 *headspace* Penrith Youth Early Psychosis Program (hYEPP)** Continue to directly engage Parramatta Mission, the existing lead agency, to provide service as mandated by the Department of Health. **2.3 Early intervention mental health services for young people at risk of or with a non-psychotic severe mental illness** Continue to directly engage the service provider selected during 2017-18. **2.3 *headspace* Satellite Lithgow (pending funding)** Continue to directly engage Marathon Health, the existing lead agency.
Decommissioning	N/A
Performance Indicator	Priority Area 2 - Mandatory performance indicator: • 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.

Priority Area 5: Community based suicide prevention activities	

Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	**5.1 Establish regional assertive aftercare protocols to ensure linkage to primary health care where appropriate** **5.2 Establish dedicated referral pathways for people discharged from hospital after an attempt to end their life who can benefit from short term psychological intervention** Please note: the funding provided for Aboriginal specific services in regards to suicide prevention has been combined with the activities reported under Priority 6 in particular for: Priority 6.3 Provide culturally appropriate mental health and alcohol & and other drugs early intervention programs to young Aboriginal people with or at risk of dual diagnosis. This activity provides early intervention for young people through 'connection to culture' programs which will also address the link between mental health, **suicide risk** and substance use. The activity will help build resilience and increase protective factors in young people and reduce the number of young people progressing to risky AOD behaviour and/or complex mental health issues **and increased suicide risk** and teach them how to connect to mainstream services for support.
Existing, Modified, or New Activity	**5.1** is an existing activity **5.2** is an existing activity
Description of Activity	The activities identified under this priority area are guided by LifeSpan's evidence based systems approach to suicide prevention framework. **5.1 Establish regional assertive aftercare protocols to ensure linkage to primary health care where appropriate** **Aim:** Aftercare is one of the identified strategies of the evidence based systems approach to suicide prevention framework. This activity addresses a clearly identified need by stakeholders for coherent and assertive aftercare support for people discharged from hospital after an attempt to end their life. Currently there is a lack of such assertive aftercare in the region. NBMPHN will work with the LHD, consumer and carers and other relevant stakeholders to address assertive aftercare as part of the regional mental health and suicide prevention plan as this will need a multi-agency approach. However, one aspect which has been clearly identified by stakeholders is the lack of systematic and assertive linking to primary care services after hospital discharge. This includes people who have an identified GP and those without access to a regular GP/GP practice. To support assertive linkage to GPs

	a service has been co-designed with relevant stakeholders during 2017-18 with the intention to use a peer workforce to facilitate and link people to GPs after discharge form hospital. **Needs assessment priority:** Lack of assertive and coordinated aftercare when people are discharged from the mental health unit has been clearly identified in the needs assessment by a variety of stakeholders. This activity aligns with the identified need to improve aftercare for people discharged from hospital after an attempt to end their life. **Expected Results:** More people who have attempted to end their life will be connected with a GP or community support services post hospitalisation to reduce rates of re-admission. GPs will be more engaged with this vulnerable group and a trained peer led workforce will be developed. People are more likely to engage with the service as they are supported by peer-workers. **5.2 Establish dedicated referral pathways for people discharged from hospital after an attempt to end their life who can benefit from short term psychological intervention** **Aim:** The current SOS (Seek Out Support) suicide prevention service provides a referral pathway to a quick response (within 72 hours of referral), short term, and evidence based psychological intervention for people at low to moderate risk of suicide who are managed within a primary health care setting. The proposed activity will modify and expand the existing service to ensure that people discharged from hospital after an attempt to end their life will have immediate access to this service through a dedicated referral pathway. The existing service model will be reviewed and may be further adjusted to efficiently support this cohort of people. **Needs assessment priority:** Provision of evidence based psychological therapy intervention is one of the 9 key strategies of the LifeSpan suicide prevention framework. This activity also is part of priority 3 as it provides dedicated referral pathways and mental health services to an underserviced and hard to reach group. **Expected results**: More people who have attempted to end their life will have immediate access to psychological services post discharge. The co-design of these activities will also address how Aboriginal people will be supported in accessing these services. This will include a provider workforce trained in cultural competency for activity 5.2 similar to the workforce providing mainstream psychological therapy for Aboriginal people under Priority 3.
Target population cohort	**5.1 Establish regional assertive aftercare protocols to ensure linkage to primary health care where appropriate**

	Target group: people discharged from hospital after an attempt to end their life. **5.2 Establish dedicated referral pathways for people discharged from hospital after an attempt to end their life who can benefit from short term psychological intervention** **Target group:** people discharged from hospital after an attempt to end their life.
Consultation	**5.1 Establish regional assertive aftercare protocols to ensure linkage to primary health care where appropriate** Key stakeholder consultations will continue from the 2017-18 and will include GPs, LHD, consumers and carers and community managed organisations. Consultation will be through the Regional Suicide Prevention Working Group, Mental Health Advisory Committee, and Mental Health Consumer & Carer Advisory Committee. They contribute to the co-design of the proposed activity to support assertive aftercare on discharge from hospital. During 2018-19 consultation will continue with the LHD to support service provision of assertive aftercare. This includes discussion to possibly expand the service to people who are discharged from hospital after serious self harm. **5.2 Establish dedicated referral pathways for people discharged from hospital after an attempt to end their life who can benefit from short term psychological intervention** Consultation about the modification of the existing SOS suicide prevention service will continue in 2018-19 with the LHD, GPs, AHP workforce (providing this service) to support service delivery including possibility to extend service to people discharged from hospital after serious self harm.
Collaboration	**5.1 Establish regional assertive aftercare protocols to ensure linkage to primary health care where appropriate** Close collaboration with the LHD, as the commissioned service provider, (including mental health units and LHD ACCESS teams and the newly established LHD Mental Health Triage and Assessment Centre) will continue during 2018-19 to support service provision. GPs will play a pivotal role in the successful implementation of this activity. Collaboration and consultation will be ongoing to ensure that the commissioned service has access to current GP details including which GPs/GP practices are prepared to take on new clients. **5.2 Establish dedicated referral pathways for people discharged from hospital after an attempt to end their life who can benefit from short term psychological intervention** Collaboration with the LHD, as the intended commissioned provider of activity 5.1 will continue during 2018-19 to ensure that the modified referral pathway will be suitable to the identified cohort for this

	activity. The peer workforce for activity 5.1 is expected to initiate the provisional referral where appropriate.
Duration	**5.1 Establish regional assertive aftercare protocols to ensure linkage to primary health care where appropriate** **Activity duration:** June 2018 to 30 June 2019. Planning for this activity was undertaken in 2017 with an anticipated procurement period from October 2017 to February 2018. Establishment of commissioned service was estimated to start in March 2018 (a deferment of the original anticipated October 2017 service commencement). However, the Request for Proposal approach ended in market failure and subsequently requiring a direct approach to market. Negotiations with the LHD commenced in February 2018 to deliver this service. It is anticipated that successful negotiations result in contract execution by June 2018. **5.2 Establish dedicated referral pathways for people discharged from hospital after an attempt to end their life who can benefit from short term psychological intervention** **Activity Duration:** June 2018 until June 2019. Referral pathway protocols and readiness of workforce will be developed from March-June 2018 with anticipated start of service delivery by July 2018.
Coverage	**5.1 Establish regional assertive aftercare protocols to ensure linkage to primary health care where appropriate** **Coverage:** Entire PHN region **5.2 Establish dedicated referral pathways for people discharged from hospital after an attempt to end their life who can benefit from short term psychological intervention** **Coverage:** Entire PHN region
Commissioning method (if relevant)	**5.1 Establish regional assertive aftercare protocols to ensure linkage to primary health care where appropriate** This activity is fully commissioned. **5.2 Establish dedicated referral pathways for people discharged from hospital after a suicide attempt or serious self-harm who can benefit from short term psychological intervention.** This modified and expanded SOS suicide prevention service will form part of the overall SOS suicide prevention service listed under priority 3. Providers will be individually engaged to deliver the activity with intake and referral support provided through the central mental health intake service.

Approach to market	**5.1 Establish regional assertive aftercare protocols to ensure linkage to primary health care where appropriate** Continue to directly engage the LHD, the anticipated commissioned provider. **5.2 Establish dedicated referral pathways for people discharged from hospital after a suicide attempt or serious self-harm who can benefit from short term psychological intervention** Initially there will be an extension of contract with existing AHPs who provide SOS suicide prevention services. However, to ensure that the workforce is sufficient to cover the anticipated increase of service there will be an open or targeted approach to market through an EOI process for additional providers.
Decommissioning	N/A
Performance Indicator	• Number of people who are followed up by PHN-commissioned services following a recent suicide attempt.

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area	
Priority Area 6: Aboriginal and Torres Strait Islander mental health services	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	**6.1 Increase connected holistic care for Aboriginal people with a dual diagnosis of mental health issues and alcohol & other drugs** **6.2 Build Aboriginal mental health and alcohol & and other drugs literacy and workforce capacity for the delivery of culturally appropriate services**

	6.3 Provide culturally appropriate mental health and alcohol & and other drugs early intervention programs to young Aboriginal people (with a particular focus on crystalline methamphetamine) to young Aboriginal people with or at risk of dual diagnosis **6.4 Build capacity in the region to provide culturally appropriate primary mental health care services**
Existing, Modified, or New Activity	6.1 is an existing activity 6.2 is an existing activity 6.3 is an existing activity 6.4 is a new activity
Description of Activity	**6.1 Increase connected holistic care for Aboriginal people with dual diagnosis mental health and alcohol & other drugs** **Aim:** Dual diagnosis for mental health and alcohol & other drug issues is an identified concern across the region with a clear lack of any services addressing this issue. The activity commissioned during the first half of 2017 (as part of the 2016-17 Activity Plan) will be an Aboriginal specific coordinated care service for the NBM region to address this service gap. In the first instance the coordinated care service will identify people with dual diagnosis while acknowledging that these people are often subject to other complexities (e.g. chronic physical illness, housing and employment issues as well as involvement with the criminal justice system). The service will coordinate tailored care according to the needs and complexity of each client through mainstream health, mental health and alcohol & other drugs services. Given the current lack of any Aboriginal Medical Service (AMS) in the region and the time it will take for the neighbouring Mt Druitt AMS to establish the newly mandated physical outreach AMS location in Penrith the care coordination service has been commissioned to another suitable service provider. **Needs Assessment Priority:** The needs assessment indicates that dual diagnosis is a heightened risk in the Aboriginal community as they report higher rates of very high psychological distress in comparison to the rest of the population which may increase the likelihood of risky drinking or illicit drug taking. This activity addresses the need for better care coordination for people with dual diagnosis. **Expected Results:** The identification and diagnosis of Aboriginal people with a dual diagnosis of mental health and AOD issues. That those identified are able to connect into both mental health and AOD mainstream services where they will have previously been excluded and to be able to move seamlessly into the inpatient area and back to community as required.

	6.2 Build Aboriginal mental health and alcohol & and other drugs literacy and workforce capacity for delivery of culturally appropriate services **Aim:** The activity commissioned during the first half of 2017 (as part of the 2016-17 Activity Plan) will deliver mental health and AOD first aid workshops to increase the mental health and AOD literacy among the existing Aboriginal (health) workforce and in Aboriginal communities across the region. The broad access to these workshops will assist in reducing stigma, increasing understanding of the issues and potentially increase help seeking behaviour. The workshops will also assist in identifying potential Aboriginal peer workers, mentors and trainees suitable for work force scholarships. Culturally appropriately supported scholarships will enable people interested in accessing formal education and work placement opportunities. Scholarships will be made available for either jointly paid positions within a suitable local host organisation or TAFE courses to gain formal qualifications in mental health and AOD. TAFE students will also be supported through placements within the region. Connections forged and practical experience gained in these placements will increase the likelihood of future employment. **Addressing priority:** Consultations with Aboriginal community members and Aboriginal health workers across the region identified an insufficient clinical and non-clinical Aboriginal workforce in the mental health and AOD fields. They also identified a general lack of mental health and AOD literacy in the community. The needs assessment indicates that Aboriginal people are less likely to access psychological and psychiatric services in the community but have higher rates of hospitalisations for mental health issues than the general population. **Expected results:** Increased mental health and AOD literacy among the existing Aboriginal (health) workforce and in Aboriginal communities across the region. Increased number of suitably trained Aboriginal workforce to provide culturally appropriate services and/or to act as cultural translators to support Aboriginal community members when accessing mainstream services in the region to build the capacity of Nepean Blue Mountains to deliver culturally safe services. **6.3 Provide culturally appropriate mental health and alcohol & and other drugs early intervention programs to young Aboriginal people with or at risk of dual diagnosis** **Aim:** The activity commissioned during the first half of 2017 (as part of the 2016-17 Activity Plan) will provide early intervention for young people through 'connection to culture' programs which will also address the link between mental health, suicide risk and substance use. The activity will help build resilience and increase protective factors in young people and reduce the number of young people

	progressing to risky AOD behaviour and/or complex mental health issues and teach them how to connect to mainstream services for support. **Addressing priority:** This activity aligns with the funding objective to provide culturally appropriate services to Aboriginal people. This activity also addresses the need to support at risk young Aboriginal people from progressing to poor mental health and risky drug and alcohol behaviour by connecting to their cultural heritage to increase protective factors. **Expected results:** An increasing number of young Aboriginal people with identified low to moderate mental health issues and AOD issues (especially crystalline methamphetamine) understanding the link between mental illness and substance use and how to connect with mainstream services; a reduction on young Aboriginal people progressing to complex mental health issues and progressing to regular use, especially for ICE users; and increased understanding of and connection to cultural heritage as an on-going protective measure. **6.4 Build capacity in the region to provide culturally appropriate primary mental health care services** **Aim:** To build capacity within the region to deliver a culturally appropriate mental health service to support Aboriginal people with mental health issues. To ensure a holistic approach it is expected that the service will be delivered within a social and emotional wellbeing framework. **Addressing priority:** This activity aligns with the funding objective to provide culturally appropriate services to Aboriginal people. **Expected results:** An increasing number of Aboriginal people with identified mental health issues receive culturally appropriate services in the region.
Target population cohort	**6.1 Increase connected holistic care for Aboriginal people with dual diagnosis mental health and alcohol & other drugs** **Target group:** Aboriginal people within the NBM region with or at risk of dual diagnosis (mental health and alcohol & other drugs) **6.2 Build Aboriginal mental health and alcohol & and other drugs literacy and workforce capacity for delivery of culturally appropriate services** **Target group**: Aboriginal communities across the region for the first aid workshops and Aboriginal people 18 year+ with an interest working in the mental health and/or ADO field. **6.3 Provide culturally appropriate mental health and alcohol & and other drugs early intervention programs to young Aboriginal people with or at risk of dual diagnosis**

	Target group: Young Aboriginal people 12-25 years, particularly those at risk of mental illness and AOD issues. **6.4 Build capacity in the region to provide culturally appropriate primary mental health care services** **Target group:** Aboriginal people within the NBM region with mental health issues.
Consultation	Consultations undertaken in 2016 with Aboriginal community members and Aboriginal community and health workers in each of the region's four LGA's have highlighted the need for: workforce capacity building to enable Aboriginal people to work within mental health and AOD services; increase mental health and AOD literacy in the community; strengthen cultural connections in Aboriginal youth. In 2016 a joint NBM PHN and LHD Aboriginal Advisory Committee for mental health and drug & alcohol has been established to guide any mental health and AOD activities specific to the Aboriginal communities in the region. The committee of key stakeholders includes: Aboriginal community representatives from each LGA within the region, Aboriginal health workers (including mental health and AOD), LHD and PHN mental health and AOD representatives, GP representative. The Committee will meet bi-monthly during 2018-19 and NBMPHN will continue to consult with the Committee over service provision, in particular the new services to be established under activity 6.4. NBMPHN will also continue consultation with the Wellington Aboriginal Corporation Health Service (WACHS) during 2018-19. Since 2017 WACHS is the new provider of the Western Sydney and Blue Mountains Aboriginal Medical Service. WACHS is expected to set up a new outreach Aboriginal Medical Service in Penrith (the main service is delivered in the neighbouring Western Sydney PHN in Mt Druitt) as well as the Healthy for Life program within the Nepean Blue Mountains region. Consultation will particularly occur about the proposed mental health services described under activity 6.4.
Collaboration	NBMPHN will continue its close collaboration with the Joint NBM PHN/LHD Aboriginal Advisory Committee for Mental Health and Alcohol & Other Drugs to support its commissioned Aboriginal specific commissioned services. Collaboration will continue with WACHS in particular for the planned new activity to provide culturally appropriate primary mental health services. Collaboration will also continue with: the Nepean Community & Neighbourhood Services, commissioned provider of the holistic care for Aboriginal people with dual diagnosis program; the Blue Mountains Aboriginal Culture and Resource Centre, the commissioned provider of the Connection to Culture program for young people at risk of mental health and/or alcohol& other drug issues; and the

	Poche Centre for Indigenous Health, the commissioned provider to build workforce capacity and increase mental health literacy.
Duration	**6.1 Increase connected holistic care for Aboriginal people with dual diagnosis mental health and alcohol & other drugs** This activity will continue through the life of the funding contract to June 2019. **6.2 Build Aboriginal mental health and alcohol & and other drugs literacy and workforce capacity for delivery of culturally appropriate services** This program has defined two year serviced delivery duration to June 2019. **6.3 Provide culturally appropriate mental health and alcohol & and other drugs early intervention programs to young Aboriginal people with or at risk of dual diagnosis** This activity will continue through the life of the funding contract to June 2019. **6.4 Build capacity in the region to provide culturally appropriate primary mental health care services** Planning or this service will occur from July to September 2018. The procurement period is anticipated to take place from September to December 2018 with establishment of service to commence in early 2019 and service to continue to June 2019.
Coverage	Activities 6.1 to 6.3 are delivered across the region. Coverage for Activity 6.4 will need to be determined during the service design but is anticipated to be delivered across at least 2 of the 4 LGAs in the region.
Commissioning method (if relevant)	**6.1 Increase connected holistic care for Aboriginal people with dual diagnosis mental health and alcohol & other drugs** The activity is fully commissioned. **6.2 Build Aboriginal mental health and alcohol & and other drugs literacy and workforce capacity for delivery of culturally appropriate services** The activity is fully commissioned. **6.3 Provide culturally appropriate mental health and alcohol & and other drugs early intervention programs to young Aboriginal people with or at risk of dual diagnosis** The activity is fully commissioned. **6.4 Build capacity in the region to provide culturally appropriate primary mental health care services**

	This activity will be fully commissioned.
Approach to market	**6.1 Increase connected holistic care for Aboriginal people with dual diagnosis mental health and alcohol & other drugs** Service fully commissioned to Nepean Community & Neighbourhood Services. **6.2 Build Aboriginal mental health and alcohol & and other drugs literacy and workforce capacity for delivery of culturally appropriate services** Service fully commissioned to Poche Centre for Indigenous Health. **6.3 Provide culturally appropriate mental health and alcohol & and other drugs early intervention programs to young Aboriginal people with or at risk of dual diagnosis** Service fully commissioned to the Blue Mountains Aboriginal Culture and Resource Centre. **6.4 Build capacity in the region to provide culturally appropriate primary mental health care services** It is anticipated that the approach to market will be direct engagement.
Decommissioning	N/A
Performance Indicator	Priority Area 6 - Mandatory performance indicator: • Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate.

Priority Area 7: Stepped care approach	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	**7.1 Create and implement a central clinical primary care mental health intake and triage service for all NBMPHN commissioned mental health services** **7.2 Review mental health and suicide prevention needs assessment** **7.3 Continue stakeholder engagement and collaboration as outlined in the identified activities (priorities 1-6) of the stepped care model**
Existing, Modified, or New Activity	**7.1** is a modified and continuing activity **7.2** is an existing activity **7.3** is an existing activity

Description of Activity	**7.1 Create and implement a central clinical primary care mental health intake and triage service for all NBMPHN commissioned mental health services** **Aim:** A modified central clinical intake and triage system for NBMPHN commissioned primary care mental health services will be designed during 2017-18 and a staged implementation will commence during the latter part of that period. During 2018-19 NBMPHN will continue to transition to an expanded central intake service. Stakeholder consultation carried out in 2017-18 did not support inclusion of a full clinical triage at intake. However, there was support to offer clinical triage and assessment to referrers when requested. The intake service will be further expanded to include low intensity interventions as reported under priority 1 and will also include elements of care coordination where appropriate to ensure consumers are appropriately supported. This service will be pivotal to support the regional stepped care model. It will provide GPs and other eligible referrers with referral pathways to primary mental health services for their eligible patients which are best suited to their needs and level of mental health disorder (from low intensity services to clinical care coordination for people living with severe and persistent mental illness). If referred consumers are not eligible for such a service or NBMPHN commissioned services are not appropriate to the needs of the consumer, they will be supported in accessing other relevant services including psycho-social support or state based mental health services. The service will be underpinned by clearly defined referral, communication, data collection and clinical protocols and processes to support a consumer centred approach. This will include the introduction of an electronic client management system. Further, as part of the regional mental health and suicide prevention plan (see priority 8) protocols and processes will be developed with the LHD to support better coordination of care when people transition from acute mental health care to primary care. As reported in 2017-18, the current NBMPHN in-house mental health intake service may not meet the future needs of the stepped care model and consideration will be given to fully commission this service in the future. **Needs assessment priority:** The needs assessment has identified that mental health services in the region are impacted by fragmentation of service provision including between acute mental health and primary care and there is a lack of sufficient after care and/or continuity of service support when people are discharged from acute mental health facilities. The planned activity will support better

	coordination of care across the mental health spectrum including for people transitioning from acute to primary care. Creating a regional stepped care model is a mandated for all PHNs. This activity forms a pivotal part of the stepped care model in the NBMPHN region. **Expected Outcome:** An efficient, safe and effective primary care mental health intake and referral service for consumers across the spectrum of mental health care. **7.2 Review mental health and suicide prevention needs assessment** **Aim:** The mental health and suicide preventions needs assessment is an iterative process and will continue during 2018-19. Regular reviews help direct which particular areas may need updating or expanding to support the development of the regional stepped care model and the regional mental health plan. **7.3 Continue stakeholder engagement and collaboration as outlined in the identified activities (priorities 1-6) of the stepped care model** **Aim:** Stakeholder engagement, consultation and collaboration are a vital part of the stepped care model. Engagement as outlined throughout this activity plan ensures that stakeholders are involved across all aspects of the NBMPHN mental health planning and implementation. During 2016-17 committees have been set up to support such engagement. They include the Mental Health 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 (evolved from the PIR Consumer and Carer Regional Development Teams) and the Regional Suicide Prevention Working Group. These committees have met regularly throughout 2017-18 to support the mental health reform work and will continue to do so during 2018-19. 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 any other stakeholder specific to a priority area.
Target population cohort	The target population for activity 7.1 are the identified cohorts of priorities 1-6.
Consultation	**7.1 Create and implement a central mental health intake and triage service for NBMPHN commissioned mental health services** The Mental Health Advisory Committee, the Joint NBM PHN/LHD Aboriginal Advisory Committee for Drug & Alcohol and Mental Health, Consumer and Carer Advisory Committee and the Regional Suicide

	Prevention Working Group will be consulted on an ongoing basis through their regular meetings throughout the reporting period. In addition special consultation events for GPs and allied health providers across the region have occurred in 2017 to ensure broader input for this activity. These events have been linked to consultation events for the re-design of the psychological therapy services (activity 3.1) and the re-design of care coordination and support for people with severe mental illness (activity 4.1).
Collaboration	**7.1 Create and implement a central mental health intake and triage service for NBMPHN commissioned mental health services** Collaboration will continue during 2017-18 with the LHD, primary care providers (GP and Allied Health and the various mental health committees to support the full implementation of this activity.
Duration	**7.1 Create and implement a central clinical primary care mental health intake and triage service for NBMPHN commissioned mental health services** This activity will be carried out throughout the funding period. Stakeholder engagement and design of service modifications have been extended to March 2018 (originally planned to occur from July to December 2017). It is anticipated there will be a staged introduction of the additional elements of the intake service starting with the introduction of an electronic management system and clinical triage and assessment support. Service provision will either continue in-house through NBMPHN or move to a fully commissioned model by the end of 2018-19 if possible, pending identification of suitable provider. **7.2 Review mental health and suicide prevention needs assessment** The current mental health and suicide prevention needs assessment will continue to be reviewed in conjunction with the development of the regional mental health plan during 2018-19. Further work may be undertaken, when the need arises, to refine identified areas to support the development of the regional mental health plan. **7.3 Continue stakeholder engagement and collaboration as outlined in the identified activities (priorities 1-6) of the stepped care model** Stakeholder engagements occur on a regular basis throughout the funding period through regular meetings of the various advisory committees identified in priorities 1-6 and through other planned meetings/events to assist in the development of the stepped care model as needed.

Coverage	The central clinical primary care mental health intake and triage service as described in activity 7.1 will cover the entire NBMPH region.
Commissioning method (if relevant)	The intention is to eventually commission activity 7.1 if a suitable organisation is sourced to deliver a cost effective service. In the interim NBMPHN will continue to provide this service in-house.
Approach to market	There will be an EoI approach to determine marked viability for activity 7.1
Decommissioning	The current in-house central intake service will only be decommissioned if and when the service is fully commissioned to an external provider. The decommissioning of the service will form part of the planned transition to ensure that referrers and consumers using NBMPH funded services under the stepped care model are fully apprised of the changes and all necessary permissions and documentations to transfer information are in place.
Performance Indicator	Priority Area 7 - Mandatory performance indicator: • Proportion of PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness.

Priority Area 8: Regional mental health and suicide prevention plan	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	**8.1 Continue development of the NBMPHN regional mental health and suicide prevention plan**
Existing, Modified, or New Activity	8.1 is an existing activity.
Description of Activity	**8.1 Continue development of the NBMPHN regional mental health and suicide prevention plan** **Aim:** NBMPHN will continue to develop a longer term regional mental health and suicide prevention plan in consultation and collaboration with stakeholders in particular with the LHD to create jointly agreed priorities. The plan will reflect regionally agreed strategic aims to work towards fulfilling the vision of joined up consumer centred mental health care in the region. DoH guidance material and the Fifth National Mental Health and Suicide Prevention Plan will be incorporated in the planning process.
Target population cohort	The target population are people across the region with mental health issues spanning the whole spectrum from emerging to severe and persistent mental illness.

Consultation	Consultations will continue with the LHD and various NBMPHN committees set up to support the PHN overall (e.g. Clinical Council, GP Advisory Committee) and those specifically set up to meet regularly to progress the mental health reform work (Mental Health Advisory Committee, Joint NBM PHN/LHD Aboriginal Advisory Committee for Drug & Alcohol and Mental Health, Consumer and Carer Advisory Committee and Regional Suicide Prevention Working Group). Stakeholder engagement undertaken for priorities 1-6 will also be taken into consideration. Broader stakeholder and consultation will be undertaken to ensure relevant expertise is included. These stakeholders include consumers, government organisations (at federal, state and local level), community managed/not for profit organisations, GPs and allied health providers, Aboriginal organisations. The NBMPPHN Mental Health Advisory Committee will guide the development of the regional plan through a dedicated working group. The working group will include health planners from NBMPHN and NBMLHD as well as NBMPHN mental health staff and consumer representation. It is anticipated that an initial draft plan will be available by July 2019.
Collaboration	Please see entry above (Consultation).
Duration	The activity will continue during 2018-19 and beyond.
Coverage	The proposed plan will address issues across the whole NBMPHN region.
Commissioning method (if relevant)	Not applicable.
Approach to market	Not applicable.
Decommissioning	Not applicable
Performance Indicator	Priority Area 8 - Mandatory performance indicators: • Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.

1. (b) Planned activities funded under the Primary Mental Health Care Schedule – Template 2

Proposed Activities	
Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	**3.1 Roll out of modified model for delivery of psychological therapy services** **3.2 Psychological therapy for people at risk of suicide** **3.3 Psychological therapy for people with moderate to severe mental illness** **3.4 Psychological group therapy services**
Existing, Modified, or New Activity	3.1 is a modified activity 3.2 is an existing activity 3.3 is a new activity 3.4 is a new activity
Description of Activity	**3.1 Roll out of modified model for delivery of psychological therapy services** Services delivered under this priority provide crucial referral pathways for GPs to enable their patients with mild to moderate and in some instances severe mental illness to access evidence based short term psychological therapies. All referrals continued to be made through a central intake point at the NBMPHN. Services are provided by individually commissioned psychologists, clinical psychologists, mental health social workers or mental health nurses who work in conjunction with the referring GP (and forming part of the GP mental health treatment plan) to provide evidence based short term psychological therapies. During 2017-18 consultations have been carried out with GPs, ATAPS providers and consumers to help guide the service redesign. The modified service will consolidate the previous separate psychological therapy services for children, for women with perinatal mental health issues and for Aboriginal people into one service stream. This service stream will be expanded to include additional underserviced/hard to reach groups (with the first addition in February 2018 of the service for young people aged 12-25 in Lithgow to support the region until headspace Lithgow Satellite is established). Other

	underserviced/hard to reach groups have been identified in the needs assessment and through further consultations. They include: people identifying as LGPTIQ; young people; people with chronic pain; older people; people newly released from prison; homeless people or people at risk of homelessness; people with co-morbid chronic physical illness; people from CALD backgrounds, carers, and people with AOD issues. In consultation with the Mental Health Advisory and Mental Health Consumer and Carer Advisory committees it will be decided which additional groups will become eligible for this service. It is expected that the agreed new groups will be added by 1 July 2018. People eligible to access this service stream will be on low income (health care card or government low income pension/benefit) plus belong to an eligible underserviced or hard to reach group. The session rate for this service stream will be reduced from 6 to 5 sessions per referral with a total of 10 sessions available in a calendar year. This will align the number of sessions available per year with the annual number of Medicare sessions available through the Better Access to Mental Health Care Initiative The previous psychological therapy service for those unable to access alternative referral pathways (low income) ceases in March 2018 (see entry under decommissioned services in this section) **Needs assessment priority:** The modified model continues to address regional service gaps in the provision of psychological therapies for under-serviced/hard to reach groups. Services provided under this priority area form a crucial part of the suite of services provided under the stepped care model. **Expected results:** More people with diagnosed mental illness who belong to identified hard to reach/underserviced groups will be able to access short term psychological therapy services in the region. The service provision will not duplicate current Medicare services. More people at high risk of or with a mild mental illness will be referred to low intensity services. **3.2 Psychological therapy for people at risk of suicide** **Aim:** This service offers a quick response, short term psychological intervention for people who have: self-harmed; attempted to end their life; 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 currently through a nationally funded after hours telephone support service. This support is available to all enrolled consumers through the national ATAPS Suicide Prevention Support Line and ensures that they are linked into

	dedicated support 24 hours a day. This support service will continue to be promoted as long as it is available to PHNs/commissioned services. **Needs assessment priority:** This current activity continues to address regional service gaps in the provision of psychological therapies for people at non-acute risk of suicide or serious self-harm. **Expected results:** This quick response short term psychological therapy intervention continues to support and benefit people at low to moderate risk of suicide across the region. **3.3 Psychological therapy for people with moderate to severe mental illness** This new service is an important part of the stepped care model as it creates a missing link between short term psychological therapy and the mental health nurse program which includes clinical care coordination (described under 4.1) This service is for people with moderate (with added complexity such as trauma) to severe mental illness where short term psychological interventions are insufficient to meet their need yet they do not require the extended service offered under the mental health nurse program. The therapy model (including referral and eligibility criteria and workforce requirements) for this new service is anticipated to be finalised by June 2018 with the service to commence in the second part of 2018. **Needs Assessment Priority:** This new service will address an identified gap across the region as reported in the needs assessment. The need for such a service has also been raised during the ATAPS redesign consultations. **Expected results**: Access to this service will reduce inappropriate referrals to the short term psychological therapy or the mental health nurse services. Providing a new option within the stepped care model addresses the needs of people with moderate to severe mental illness. This means more people are able to access the right therapy to support their recovery journey. **3.4 Psychological group therapy services** This activity will be scoped and developed during 2018-19. The group program will provide an alternative to individual face to face therapy and additional service within the stepped care model. Evidence based group therapy models will complement and enhance any existing therapy groups offered across the region. There will be a gradual introduction of the group program and future expansion will depend on the uptake of the service. **Needs assessment priority:** Access to regular therapy groups has been identified by stakeholders as a need to address regional service gaps in the provision of psychological therapies for under-serviced/hard to reach groups.

	Expected results: More hard to reach or underserviced people with diagnosed mental illness will be able to access a psychological therapy services in the region.
Target population cohort	**3.1 Role out of modified model for delivery of psychological therapy services** **Target population:** As part of the model redesign target populations have been reviewed. Services will be specifically targeted at hard to reach/underserviced groups which will include at a minimum, women with perinatal mental health issues; Aboriginal people and children with the intention to add further cohorts as identified in the needs assessment and prioritised by June 2018. **3.2 Psychological therapy for people at risk of suicide** **Target population:** people aged 14 years+ who have self-harmed, attempted to end their life or with mild to moderate suicidal ideation. **3.3 Psychological therapy for people with moderate to severe mental illness** **Target population:** people 25 years and older with moderate (with added complexity such as trauma) to severe mental illness who can benefit from psychological therapy. **3.4 Psychological group therapy services** **Target Population**: hard to reach/underserviced groups as rolled out under priority 3.1.
Consultation	Initial consultations with key stakeholders (GPs, allied mental health providers, consumers) have occurred as part of the needs assessment. Consultation for the redesign and modification of the existing psychological therapy services has been undertaken with key stakeholder groups through the following: dedicated consultation meetings with GPs and allied mental health providers and consumers during July and August 2017. Further, consultations were held through the 2017-18 reporting period with the NBMPHN GP Advisory Committee; NBMPHN Clinical Council; NBMPHN Mental Health Advisory Committee (which includes the NBMLHD); NBMPHN Consumer and Carer Advisory Committee. Consultations with the advisory committees will continue during 2018-19. A working group of the Mental Health Advisory Committee will co-design the new therapy services for people with moderate to severe mental illness. The group will include representation from consumers, credentialed mental health nurses, psychologists and mental health social workers and GPs. The co-design process will commence in March and is anticipated to finish in May 2018.
Collaboration	In 2017-18 NBMHPN collaborated closely with the Mental Health Advisory Committee (which includes representation from GPs, AHPs, Psychiatry, LHD, Consumers/Carers) and the Carer and Consumer Advisory Committee to co-design the modification to the existing model. Collaboration with this

	committee and the Mental Health Consumer and Carer Committee as well as primary care providers (GP and Allied Health) will continue during 2018-19 during the implementation of the modified model and the new services.
Duration	**3.1 Role out of modified model for delivery of psychological therapy services** The staged role out of the re-designed model will have a transition period commencing 1 January 2018. Full transition will be completed by 30 June 2018 and the model is expected to be in full operation from 1 July 2018 and continue during 2018-19. **3.2 Psychological therapy for people at risk of suicide** These services will be continue throughout the funding period from 1 July 2018 to 30 June 2019. **3.3 Psychological therapy for people with moderate to severe mental illness** Anticipated commencement July 2018 and continuing throughout 2018-19. **3.4 Psychological group therapy services** This service will be developed during 2018-19 if a suitable organisation is commissioned to provide the activities under this priority. Commencement of the group program will depend on the time frame when these activities are commissioned out. It is hoped that an initial group program commences by the end of the reporting period.
Coverage	Activities for this priority are delivered across the whole PHN region with the exception of the psychological therapy service for young people which is delivered in Lithgow only.
Continuity of care	The deliberate staged approach to the implementation of the re-designed model which includes a six months transition period from January to July 2018 will ensure that continuity of care is safeguarded and risk of stakeholder disengagement is kept at a minimum. Further the new service for people with moderate to severe mental illness will ensure that this cohort has an appropriate referral pathway.
Commissioning method (if relevant)	Consultation with stakeholders to date favour the continuation of commissioning individual and group practice providers across the region to ensure access to a wide range of skills and expertise and a sufficient workforce able to meet the demand for services. NBMPHN will release an EOI to determine market capability to deliver this activities through one commissioned service. Until such an organisation can be commissioned NBMPHN will continue with its current model of engaging individual providers.

	Current commissioned individual service providers will be offered an extension of their existing contract for 2018-19. If there is a need for new providers while the service remains in-house they will be commissioned through current contract processes.
Approach to market	In the short term if there is a need for new providers there will be a select and targeted approach to market which will take into account providers on the current waiting list and the need for particular expertise and skills to fill the vacancy.
Decommissioning	The previous psychological therapy service for people on low income (without further eligibility criteria) ceases as planned on 1 March 2018. This forms part of the transition plan to the modified service where eligibility will be low income plus identified hard to reach/underserviced groups. To ensure continuity of care for people who were referred to the psychological therapy service for people on low income during 2017-18 and needing to continue with the service through a new referral in early 2018, GPs are able to continue referring these people during January and February 2018. Any other people need to be referred either through Better Access (Medicare) or other suitable alternative referral pathways. A clear communication strategy ensured referrers and providers were well aware of the impending changes ahead of time. This lead to an orderly start of the transition.
Performance Indicator	• Proportion of regional population receiving PHN-commissioned mental health services – Psychological therapies delivered by mental health professionals. • Average cost per PHN-commissioned mental health service – Psychological therapies delivered by mental health professionals. • Clinical outcomes for people receiving PHN-commissioned Psychological therapies delivered by mental health professionals.

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area	
Priority Area 4: Mental health services for people with severe and complex mental illness including care packages	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	**4.1 Role out of modified model to support people with severe mental illness through clinical care coordination and support** **4.2 Credentialed mental health nurse program**

Existing, Modified, or New Activity	4.1 and 4.2 are modified activities
Description of Activity	**4.1 Role out of modified mental health nurse program to support people with severe mental illness through clinical care coordination and support** **Aim:** During 2017-18 the current mental health nurse incentive program will be modified and a staged roll-out will ensure an orderly transition to the modified model. The modification will still include clinical care coordination for people with severe mental illness managed in primary care and will be similar to the existing activity described under 4.2. The re-designed model is expected to be implemented by 1 July 2018. The new model will take into account the changes in the psychological therapy services (see priority 3 particularly activity 3.3) and the central intake model (see priority 7). The former Mental Health Nurse Incentive Program guidelines will be adapted and expanded and include clearer discharge guidelines. It will further consider the current unequal distribution of services across the region while acknowledging that this will be limited by the availability of the workforce. In addition the current mental health nurse program for women with severe perinatal mental health issues (funded under 4.2) will continue through the St John of God Raphael Centre outreach service in Windsor. This program will continue to be funded during 2018-19 under this modfied activity. **Needs assessment priority:** The current and proposed modified model continue to address regional gaps in the provision of clinical care services for people with severe mental illness managed in primary care. The modified service will form an important part of the stepped care model. **Expected Result:** A modified nurse led service for the management and support of people with severe and complex mental illness within the primary care setting. **4.2 Credentialed mental health nurse program (MHNIP)** **Aim:** The current mental health nurse program will continue during 2017-18 to ensure continuity of service for existing clients. 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 include medication management and regular reviewing of mental states as well as providing ongoing therapeutic support and supporting physical health in close consultation with carers and family where appropriate. All referrals are made to a central intake point at the NBMPHN. **Needs assessment priority:** This activity ensures continuity of service during the re-design phase as outlined above.

	Expected Result: Smooth transition of existing clients to a modified service, capacity to take on more referrals across the region.
Target population cohort	The target population for the proposed activities are adults with severe mental illness who are managed in the community through primary care. The re-design of the clinical care coordination and support may further identify specific sub-cohorts to be supported.
Consultation	Stakeholder consultations have occurred with currently contracted credentialed mental health nurses. Consultations with the GP Advisory Committee, Mental Health Advisory Committee and the Consumer and Carer Advisory Committee, mental health nurses and practice nurses, LHD, St John of God Raphael Centre, and Australian College of Mental Health Nurses will be undertaken to assist the re-design of the model.
Collaboration	NBMPHN will collaborate with the LHD, GPs, mental health nurses, consumers/carers to assist in the co-design of the proposed activities. If possible a select group of general practices which signed up to the healthcare home project will be included in the co-design. NBMPHN has also collaborated with the Western Sydney PHN and the St John of God Raphael Centre, Blacktown to ensure that existing clients of the Raphael Centre living within the NBM region (who have received services through commissioning arrangements of WSPHN during 2016-17) transitioned seamlessly to the new commissioning arrangement with NBMPHN from 1 July 2017 onwards. Collaboration with the Raphael Centre will continue in 2018-19. NBMPHN is also a consortium member of LikeMind (with Parramatta Mission 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 was renewed 2017-18 and is expected to continue during 2018-19.
Duration	**4.1 Role out of modified model to support people with severe mental illness through clinical care coordination and support** Planning for this activity will occur during 2017-18. Individually credentialed mental health nurses contracted under activity 4.2 will be offered a contract for 2018-19 to continue working under the modified service. The mental health nurse program for women with severe perinatal mental health issues will continue through the St John of God Raphael Centre outreach service in Windsor through a contract extension for 2017-18.

	4.2 Credentialed mental health nurse program This activity is a continuation of the existing commissioned service and service delivery will occur from 1 July 2017 to 30 June 2018 or until transitioning to the modified service (anticipated in July 2018).
Coverage	**4.1 Role out of modified model to support people with severe mental illness through clinical care coordination and support** This activity will cover the entire PHN region. **4.2 Credentialed mental health nurse program** This activity is provided in each of the LGAs across the region.
Continuity of care	Care to existing clients is assured through the continuation of the current mental health nurse program and through a staged transition period to the re-designed model. This transition period aligns with priority 3 and the roll out of the expanded central intake and triage system.
Commissioning method (if relevant)	**4.1 Role out of modified model to support people with severe mental illness through clinical care coordination and support** NBMPHN will continue to engage individual nurses in 2018-19 until a suitable organisation is commissioned to take over this activity. It is expected that the commissioned provider continues to engage/subcontract the current workforce for this activity. The specialist mental health nurse service for women with severe perinatal metal illness will continue to be fully commission to the St John of God Raphael Centre through a contract extension for 2018-19. **4.2 Credentialed mental health nurse program** This activity will commission the current mental health nurse workforce through individual contract extensions for 2017-18. If new nurses are recruited to the program they will also be contracted under existing arrangements until the re-designed model is rolled out.
Approach to market	**4.1 Role out of modified model to support people with severe mental illness through clinical care coordination and support** Credentialed mental health nurses will be directly engaged by NBMPHN in 2018-19. The activity is intended to be included as a part of the open EoI approach as outlined under priority 3. If a suitable provider is commissioned, the provider is expected to sub-contract the current credentialed mental health nurses to ensure a smooth transition to the new arrangement. **4.2 Credentialed mental health nurse program**

	Credential mental health nurses continue to be directly engaged under this activity in 2017-18. This workforce is expected to transition to 4.1 under modified contracts for 2018-19.
Decommissioning	The credentialed mental health nurse program in its current form will be transitioned to the re-designed clinical care coordination program. Existing clients will seamlessly transfer to the re-designed service to ensure continuity of care.
Performance Indicator	Priority Area 4 - mandatory performance indicators: • Proportion of regional population receiving PHN-commissioned mental health services – Clinical care coordination for people with severe and complex mental illness (including clinical care coordination by mental health nurses). • Average cost per PHN-commissioned mental health service – Clinical care coordination for people with severe and complex mental illness.