



**Australian Government**  
**Department of Health**



An Australian Government Initiative

## **Activity Work Plan 2019-2022: Primary Mental Health Care funding**

This Activity Work Plan template has the following parts:

1. The Primary Mental Health Care Activity Work Plan for the financial years 2019-20, 2020-2021 and 2021-2022.
  - Primary Mental Health Care Schedule - Primary Mental Health and Suicide Prevention - Flexible Funding
  - Primary Mental Health Care Schedule - Indigenous Mental Health - Flexible Funding
2. Addendum 1
  - headspace Wait Time Reduction Program planned activities for 2019-20, 2020-21, and 2021-22

***Northern Queensland PHN***

**1. (a) Planned activities for 2019-20 to 2021-22**

- **Primary Mental Health and Suicide Prevention Funding**
- **Indigenous Mental Health Funding**

<b>Activity</b>	<b>Description</b>
Mental Health Priority Area	Priority area 1: Low intensity mental health services
ACTIVITY TITLE	<b>MH1 – Low intensity mental health services</b>
Existing, Modified, or New Activity	Existing Activity Primary Mental Health Care Funding Updated Activity Work Plan 2016-2019 Priority 1 – pages 6-10
PHN Program Key Priority Area	Mental health
Needs Assessment Priority	Mental Health Priorities, Options and Opportunities Sections of the Mental Health Needs Assessment 2019-2022 Section 3 Page 111, Section 1 Page 112, Section 1 Page 117.
Aim of Activity	Low intensity services will increase access to quality mental health information and psychological support for populations that are unable to access regular and/or face to face primary mental health services due to remoteness. Significant numbers of people in this cohort identify as Aboriginal and Torres Strait Islander, particularly living in remote locations.
Description of Activity	<p><b>1.1</b> Review of provider contract for the NQPHN wide digital (phone and online) low intensity mental health service, subject to evaluation at the end of the current contract period in March 2020. Re-commission subject to outcomes of review and proposed models moving forward.</p> <p><b>1.2</b> Review of current place-based (remote) and place-based (Aboriginal and Torres Strait Islander) services currently funded across the NQPHN region in Cape York, Torres Strait, Yarrabah Aboriginal Community, Palm Island Aboriginal Community, Mareeba, and the Etheridge/Croydon shires regarding scope of work and low intensity service provision.</p> <p><b>1.3</b> Promotion in rural and remote areas to GPs and other service providers of the Head to Health web portal, and community education regarding low intensity options including Apps and on-line self-management courses.</p> <p><b>1.4</b> Establish workforce development needs and upskilling options for primary health care staff and relevant stakeholders in rural/remote areas.</p> <p><b>1.5</b> Develop and establish appropriate low intensity options that specifically target Aboriginal and Torres Strait Islander populations</p> <p><b>1.6</b> Commission additional activity based upon best practice models using both peer / lived experience workforce plus expansion of group-based activities focussing upon emotional wellbeing models.</p> <p><b>1.7</b> Consider interface with psychosocial models of service delivery and how these can be expanded upon to meet the needs of this cohort. .</p>
Target population cohort	This activity will primarily target rural and remote populations and Aboriginal and Torres Strait Islander people, aged 18-64 years of age.
Indigenous specific	Yes

Coverage	Whole of NQPHN region, with a focus on new activity in the LGAs with higher remote and Aboriginal and Torres Strait Islander populations.
Consultation	HHS services – primary health clinics, resident and fly-in fly-out NGO services, Aboriginal Medical Services (AMSs), other relevant local services such as Shire Councils and local human services.
Collaboration	HHS services – primary health clinics, resident and fly-in fly-out NGO services, Aboriginal Medical Services (AMSs), other relevant local services such as Shire Councils and human services – evaluation of current digital/telephone services. Local residents/local stakeholder networks – collaboration in evaluation of existing digital services (survey/meeting)  AMSs and ACCHOS – design of new initiatives such as low intensity initiatives targeting Aboriginal and Torres Strait Islander people.
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2021  Service delivery start date: July 2019 Service delivery end date: June 2022
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input checked="" type="checkbox"/> Not yet known – for new projects <input checked="" type="checkbox"/> Continuing service provider / contract extension – subject to evaluation. <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)  2a. Is this activity being co-designed? Yes  2b. Is this activity the result of a previous co-design process? Yes  3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No  3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No  1b. This item is subject to the outcomes of evaluation of existing low intensity services, and may or may not involve decommissioning of services as a result.
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset?  Yes

Activity	Description
Mental Health Priority Area	Priority area 2: Child and youth mental health services
ACTIVITY TITLE	<b>MH2 – Child and Youth Mental Health Services</b>
Existing, Modified, or New Activity	Existing Activity Primary Mental Health Care Funding Updated Activity Work Plan 2016-2019 Priority 2 – pages 11--16
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Mental Health Priorities, Options and Opportunities Sections of the Mental Health Needs Assessment 2019-2022 - Increase mental health support for children and young people – Cairns -page 117, Townsville – page 119, Mackay – page 125 and Cape/Torres – page 127.
Aim of Activity	To improve the quality of life of young people in the NQPHN region by commissioning and supporting region-specific, cross-sectoral approaches to early intervention for 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.
Description of Activity	<p><b>2.1</b> Continuation of headspace services funded in Cairns, Townsville, and Mackay including continued funding and evaluation of the outreach model in headspace Cairns to the Tablelands, Mareeba, and Cassowary Coast LGAs.</p> <p><b>2.2</b> Additional funding for satellite services in Sarina and the Whitsundays will be implemented for new service development in partnership with headspace national and current service providers based out of the Mackay hub.</p> <p><b>2.3</b> Current funding for ‘youth severe’ services evaluation to determine future commissioning focus plus identification of gaps in service delivery for youth severe across the NPHN region, including the need for a trauma-informed service for children under 14 years in the Mackay region.</p> <p><b>2.4</b> Additional holistic youth services for rural and remote communities, inclusive of a potential additional youth focussed model in the Cape and Torres area is proposed for consideration in 2019-20. This will require co-design with the local communities in order to determine most appropriate service model.</p> <p><b>2.5.</b> Continuation and expansion of the Schools Up North (SUN) program in secondary schools in the Cape and Torres area providing upskilling to education providers regarding identification, support, and referral of young people with mental health issues.</p> <p><b>2.6.</b> New commissioned activity to meet needs of young people and children who are being referred into service at high rates, these services will need to focus upon impacts of trauma upon emotional and social development plus the dual issue of substance misuse and co-occurring mental ill health.</p> <p><b>2.7</b> Additional commissioning of perinatal and maternal child health services for at-risk groups other than Indigenous families.</p>
Target population cohort	Children aged 0-11 years; young people aged 12-24 years Maternal and child health are addressed in Indigenous mental health funding (Priority area 6)
Indigenous specific	No
Coverage	Whole of NQPHN region.

Consultation	<p>For the activities that focus on specific stages in life, NQPHN will focus specific attention on engaging and consulting with people with lived experience from that life stage, as well as communities and service providers including GPs. Mechanisms for consultation include:</p> <ul style="list-style-type: none"> <li>• Established regular regional mental health and AOD planning activities inclusive of young people with a lived experience, families, and carers.</li> <li>• Engagement in community structures that can be used as a consultation mechanism – e.g. local interagency forums, Council roundtables.</li> <li>• All activities are monitored and evaluated following each engagement activity to ensure ongoing improvement, and information is updated and outcomes provided to the community.</li> </ul>
Collaboration	<p>HHS Child and Youth Mental Health Services and Evolve services – data regarding service usage and barriers for young people accessing services in primary care; service linkages, relationships to mandatory reporting, and child protection. Co-design of holistic framework of support.</p> <p>NGOs working with young people – referral pathways, prevalence data, co-design activity to create seamless and accessible service delivery.</p> <p>Community based inter-agencies, Councils, lived experience perspectives of young people and their significant others - contributing to best practice model design.</p>
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Ongoing milestones include the headspace National Office assessment and compliance with headspace Model Integrity Framework.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Not yet known</li> <li><input checked="" type="checkbox"/> Continuing service provider / contract extension (headspace, SUN)</li> <li><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</li> <li><input type="checkbox"/> Open tender</li> <li><input type="checkbox"/> Expression of Interest (EOI)</li> <li><input type="checkbox"/> Other approach (please provide details)</li> </ul> <p>2a. Is this activity being co-designed? Yes Ongoing co-deign will be required with communities</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned?</p>

	Yes
Decommissioning	1a. Does this activity include any decommissioning of services? No
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset?  Yes*  *Activity is in scope with the exception of three headspace centres that report to the headspace minimum data set.

Activity	Description
Mental Health Priority Area	Priority area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
ACTIVITY TITLE	<b>MH3</b> – Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
Existing, Modified, or New Activity	Modified Activity  Primary Mental Health Care Funding Updated Activity Work Plan 2016-2019 Priority 3 – pages 46-50
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Mental Health Priorities, Options and Opportunities Sections of the Mental Health Needs Assessment 2019-2022- Equitable access for individuals with psychological distress (mild-moderate illness) – Page 117.
Aim of Activity	To 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. Priority groups include Aboriginal and Torres Strait Islander people, homeless people, people who identify as LGBTIQ, perinatal clients, children under 12 years, youth aged 12-24 years, CALD clients (including refugees), and people in rural and remote locations.
Description of Activity	In 2018-19 a central intake, assessment, triage, and governance function was established for all NQPHN stepped care services, with psychological therapies (formerly ATAPS) for moderate mental health issues being the first step to transition to the new intake model. This has operated on a no wrong door principle with clinical assessment, and a referral function to a range of mental health and other social and community services. Therapy sessions are allocated to psychological therapies allied health professionals similar to the previous ATAPS allocations, but with greater linkages to the mental health sector and subsequent continuity of care. Processes established through the NQPHN Stepped Care Operational Guidelines include a stronger emphasis on discharge planning and measurement of client satisfaction, to support continuity of care beyond psychological therapies.  Place-based psychological therapies/SEWB services have been established in remote regions (Richmond, Etheridge and Croydon Shires, Cape York, Torres Strait) and Aboriginal communities (Mareeba, Yarrabah, and Palm Island) that conduct their own intake and assessment, due to the infrequent availability of general practitioners and recognition of cultural barriers to accessing support.

	These services will be continued for the length of the funding period, subject to monitoring, review, and evaluation. The funding period 2019-2022 will also scope the development of improved services for CALD, refugee, LGBTIQ, and perinatal clients, and scoping the requirements for improved psychological services to people with personality disorders, who are generally not eligible for service through the HHS mental health system, but have needs that are not able to be met through current psychological therapies service models.
Target population cohort	Children aged 0-11 and their families. Youth aged 12-24 years. Adults aged 25-64 years.
Indigenous specific	No
Coverage	Whole of NQPHN region.
Consultation	NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement.
Collaboration	GPs and HHS mental health acute care services – collaboration regarding patient numbers that present to GPs, or present to Acute Care Teams and cannot be progressed within the clinical HHS system. Streamlining of present system and ensuring that people are receiving mental health treatment plans if they are not accepted into HHS continuing care teams.  Community-based services, including remote area visiting services – estimates of gaps in local service delivery and effectiveness in services.  Service users and families - feedback regarding experiences of care.
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2022  Service delivery start date: July 2019 Service delivery end date: June 2022
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input checked="" type="checkbox"/> Not yet known – New activities <input checked="" type="checkbox"/> Continuing service provider / contract extension – Psychological Therapies providers. <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input checked="" type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)  2a. Is this activity being co-designed? Yes  2b. Is this activity the result of a previous co-design process? Yes  3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?

	Yes  3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services?  No
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset?  Yes

Activity	Description
Mental Health Priority Area	Priority area 4: Mental health services for people with severe and complex mental illness including care packages
ACTIVITY TITLE	<b>MH4</b> – Mental health services for people with severe and complex mental illness
Existing, Modified, or New Activity	Modified Activity  Primary Mental Health Care Funding Updated Activity Work Plan 2016-2019 Priority 1 – pages 57 – 61.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Mental Health Priorities, Options and Opportunities Sections of the Mental Health Needs Assessment 2019-2022 Pages 22-24 – Inequitable access to treatment and support for individuals with severe illness and complex needs.
Aim of Activity	To improve access and coordination of services and outcomes for adults with severe mental illnesses who are managed in primary care.  Additionally, NQPHN will undertake to improve services and intervene early in the course of illness for young people aged 12-24. This will be actioned through commissioning and evaluation of existing and new services across the NQPHN region according to identified gaps in service delivery identified in the previous activity work plan.
Description of Activity	NQPHN will commission or continue services for adults in primary care formerly treated in the Mental Health Nurse Incentive Program (MHNIP), through the hub-based Mental Health Integrated Complex Care (MHICC) program which provides: <ul style="list-style-type: none"> <li>• clinical care coordination</li> <li>• recovery planning</li> <li>• physical health care needs and metabolic monitoring</li> <li>• support to families and significant others</li> <li>• medication monitoring.</li> </ul> Services will be provided for two years which will allow scope for development of pathways to ongoing supports where required after this period. New services funded through the National Psychosocial Support (NPS) measure will collaborate with the MHICC hubs to provide complementary services in clinical and non-clinical care to people with severe mental health issues who are treated in the primary health sector.  Youth severe clients in primary care can choose to receive services through the Trauma Informed clinics based in headspace centres, augmented by



	psychological therapies services where GPs have indicated that the young person can benefit by short-term psychological therapies support.
Target population cohort	Young people aged 12-24 Adults aged 18 – 64.
Indigenous specific	No
Coverage	Cairns LGA, Townsville LGA, Mackay LGA
Consultation	Consultations have been conducted with HHS mental health services, and current providers of MHNIP while this program transitions to the new hub-based model, MHICC; headspace centres providing services to the youth severe cohort, and non-government organisations providing services to both adult and youth cohorts.
Collaboration	Local HHS mental health services and MHNIP providers have been engaged in a collaborative activity to design the new service hubs. As the services are implemented across the region the stepped care intake, assessment, and triage service will work with the providers and NQPHN to promote the hubs to referring general practitioners as appropriate. The NPS measure funded services will also work in collaboration with the hubs to provide enhanced support services and assistance to access the NDIS for this patient cohort.
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2022  Service delivery start date: March 2019 Service delivery end date: June 2022
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input checked="" type="checkbox"/> Not yet known – new providers in the Priority area. <input checked="" type="checkbox"/> Continuing service provider / contract extension – existing MHICC contracts <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)  2a. Is this activity being co-designed? Yes  2b. Is this activity the result of a previous co-design process? Yes  3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No  3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No

Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset?  Yes
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Activity	Description
Mental Health Priority Area	Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	<b>MH5 - Community based suicide prevention activities</b>
Existing, Modified, or New Activity	Existing Activity  Primary Mental Health Care Funding Updated Activity Work Plan 2016-2019 Priority 5 – pages 17-24
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Mental Health Priorities, Options and Opportunities Sections of the Mental Health Needs Assessment 2019-2022, <a href="#">Page 116</a> - Increase access to a skilled workforce in rural and remote areas, <a href="#">Page 119</a> - Effective suicide prevention programs using a regional approach, in particular for rural and remote areas <a href="#">Page 127</a> – strategies for the Cape/Torres area.
Aim of Activity	The aim of the NQPHN mental health funding is to encourage and promote a systems-based regional approach to suicide prevention including community-based activities and liaising with the four HHS in the NQPHN region, 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, Torres Strait Islander, and South Sea Islander people and veterans.
Description of Activity	<p><b>5.1.</b> Definition of the suicide prevention and response service system currently existing in NQPHN, and further work on the needs assessments and data systems that support this information to identify critical gaps with respect to high risks groups and communities</p> <p><b>5.2.</b> Review all services funded by NQPHN against the criteria identified in the outcomes-focused performance evaluation framework being developed. If needed, work with the currently commissioned agencies to identify service improvements and potential collaborations/partnerships that may enhance program outcomes, and to ensure that a systemic, community-based approach to suicide prevention is delivered. This review may also identify opportunities for expansion of existing programs, such as the option for additional intake in Certificate IV courses for Indigenous workers or increase the geographical reach of other programs.</p> <p><b>5.3.</b> Facilitate ongoing development and review of community action plans based around the four HHS areas utilising existing suicide prevention networks and collaborative processes. Currently plans have been operationalised for the Townsville and Mackay areas, while further work is necessary for the Torres/Cape and Cairns area plans. The plans that are current or proposed to be actioned ensure alignment with the LIFE Framework, provide connectivity across relevant community sectors, support engagement with the HHS Acute Services, and contribute to evidence-based activities.</p> <p><b>5.4.</b> Continuing commissioning of new community-based suicide prevention activities within the context of the regional mental health and suicide prevention plan/s (based around the four HHS areas plans when finalised).</p>

	<p><b>5.5.</b> Develop a toolkit for services that are being commissioned around suicide prevention. This will include evidence-based guidelines around developing local protocols including response times and collaborative practice with communities. For service responses in Aboriginal and Torres Strait Islander communities, additional guidelines will be provided that include community and cultural protocols</p> <p><b>5.6.</b> James Cook University has been commissioned to evaluate the implementation of the activities from the suicide prevention community action plans and the transition to an overarching North Queensland Suicide Prevention Action Plan.</p>
Target population cohort	Individuals at risk of suicide, including Aboriginal, Torres Strait Islander, and South Sea Islander people. Veterans of the ADF and their families are the subject of the National Suicide Prevention Trial which is reported in a separate activity work plan.
Indigenous specific	No
Coverage	Whole of NQPHN region
Consultation	All relevant stakeholders within the NQPHN region, including HHS and acute care services, the central intake and assessment organisation for stepped care, suicide prevention services funded through NQPHN initiatives such as Psychological Therapies and headspace, and community-based suicide prevention programs and lived experience perspectives.
Collaboration	<p>Psychological therapies providers – providing data of number of trained providers and those willing to train to receive referrals in this area.</p> <p>Local networks and community services – overview of effectiveness of existing serviced and identification of gaps.</p> <p>HHS mental health services – data re local needs and issues presenting to emergency departments for self-harm and suicide attempts.</p>
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2022</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input checked="" type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p>

	<p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?</p> <p>No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned?</p> <p>No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services?</p> <p>Yes - possibly.</p> <p>1b. Some contracts will not be renewed at the end of the current funding period (30 June 2019), while some will require substantial amendments to previously contracted models and outcome measures.</p>
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>No*</p> <p>*Only clinical contracts funded under this priority will report to the PMHC-MDS</p>

Activity	Description
Mental Health Priority Area	Priority area 6: Aboriginal and Torres Strait Islander mental health services
ACTIVITY TITLE	<b>MH6</b> - Aboriginal and Torres Strait Islander mental health services
Existing, Modified, or New Activity	Existing Activity Primary Mental Health Care Funding Updated Activity Work Plan 2016-2019 Priority 6 – pages 25-31
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Mental Health Priorities, Options and Opportunities Sections of the Mental Health Needs Assessment 2019-2022 Page 111 – Access to low intensity services; Page 112 – Increase the range of services for Torres Strait Islander people. Pages 119 – 129 – General mental health issues across the region.
Aim of Activity	To 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.
Description of Activity	<p><b>6.1.</b> Strengthening maternal child health system to respond to mental health needs of Aboriginal and Torres Strait Islander parents and infants. Develop the current funded mental health maternal and child health funded services including wellbeing teams and include the concept of a combined SEWB and mental health team to support the delivery of services within the Aboriginal and Torres Strait Islander communities which are under community control.</p> <p><b>6.2.</b> Workforce Development Aboriginal Mental Health First Aid Facilitator collaboration and coordination.</p> <p><b>6.3.</b> Innovative models of service delivery A psychological therapies/SEWB program is being established in the Torres Strait Islands through an Indigenous psychology service. There have been difficulties establishing the service due to remoteness and accommodation issues and full service delivery has been delayed.</p> <p><b>6.4.</b> Innovative models of service commissioning.</p>

	<p>Co-commissioning with the Department of Child Safety for the delivery of Aboriginal and Torres Strait Islander Family Wellbeing Services. These new models of service delivery aim to offer vulnerable Aboriginal and Torres Strait Islander children and families a coordinated mix of services to address multiple levels of need and build family and community capacity to safely care for and protect their children</p> <p><b>6.5.</b> Improving services for Aboriginal and Torres Strait Islander people is a key priority for NQPHN. All activities within the mental health and suicide prevention activity plan will have a focus on Aboriginal and Torres Strait Islander people.</p> <p><b>6.6.</b> NQPHN has invited opportunities from ACHHOs and AMSs to provide innovative models of service delivery for their communities, and as a result new services have been established in Palm Island, Yarrabah, and Mareeba.</p> <p>This section may be reviewed and/or modified following further developmental work, including the collection of additional information as part of the comprehensive mental health and suicide prevention needs assessment and the development of the NQ Regional Mental Health and Suicide Prevention Plan.</p>
Target population cohort	Aboriginal and Torres Strait Islander people, particularly those in rural and remote communities
Indigenous specific	Yes
Coverage	Whole of NQPHN area with particular attention to the areas where there are high concentrations of Indigenous people.
Consultation	<p>NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement.</p> <p>All activities outlined in this area will be developed in collaboration with the Aboriginal Medical Service / Aboriginal Community Controlled Sector and communities. Existing forums and groups will be used to enable collaborative approaches to be further developed.</p>
Collaboration	<p>HHS services, rural/remote health providers – possible co-commissioning/joint planning to best allocate limited resources.</p> <p>AMS and ACCHOs – support to existing funded models and development of innovative models and planning to meet service gaps and shortfalls.</p>
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2022</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p>

	<input checked="" type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)  2a. Is this activity being co-designed? Yes  2b. Is this activity the result of a previous co-design process? No  3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes, but unknown at present.  3b. Has this activity previously been co-commissioned or joint-commissioned? Yes  Some ongoing projects in this priority area have been co-commissioned with HHS mental health services.
Decommissioning	1a. Does this activity include any decommissioning of services? No
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset?  Yes*  *The majority are in scope however there are a small number of programs that are non-clinical and developmental, and do not report to the PMHC-MDS.

Activity	Description
Mental Health Priority Area	Priority area 7: Stepped care approach
ACTIVITY TITLE	<b>MH7 Stepped care approach.</b>
Existing, Modified, or New Activity	Existing Activity  Primary Mental Health Care Funding Updated Activity Work Plan 2016-2019 Priority 7 – pages 33-37
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Mental Health Priorities, Options and Opportunities Sections of the Mental Health Needs Assessment 2019-2022 – pages 117 – 129.
Aim of Activity	Improved commissioning of mental health services across the stepped care continuum facilitated by mapping of existing and newly-funded services, identification of gaps in service access and availability, and evaluation of existing program capacity to meet needs.
Description of Activity	The activity will include: <b>7.1</b> Review and mapping of the new status of service delivery in the region following several procurements of stepped care services in the 2017-19 years. Determining the improvement in access to mental health services across the region by identification and mapping of the region, to highlight areas where a

	<p>comprehensive menu of appropriate services are not available, or remain inaccessible, requiring innovations in service model delivery. This will then inform needs for commissioning and/or collaboration to enable co-design of new models.</p> <p><b>7.2</b> In collaboration with services and the communities, further expand the availability and knowledge of digital and telephone mental health services, particularly in areas where fly-in fly-out mental health professionals are the only options available.</p> <p><b>7.3</b> A remaining task from the previous AWP includes scoping the access to 24-hour culturally appropriate support services to meet needs for the NQPHN region.</p>
Target population cohort	Whole population of the NQPHN region, including the cohorts across the stepped care continuum ranging from the well population to people with severe and complex needs.
Indigenous specific	No
Coverage	Whole of NQPHN region, with more intense activity in areas with a higher population of Aboriginal and Torres Strait Islander people.
Consultation	<p>NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Health Needs Assessment. These have included stakeholder consultations and forums, surveys, an interactive procurement processes involving 26 mental health service providers, individual consultations and review of available mental health data.</p> <p>Consultation will continue throughout the delivery of this activity to drive continuous quality improvement.</p>
Collaboration	<p>Some of the mechanisms in place or currently being progressed include:</p> <ul style="list-style-type: none"> <li>• Mental health co-design panel, with representatives from the mental health sector including HHs, GPs, GP Liaison Officers, remote area services, alcohol and other drugs services, youth services, community-managed mental health services, Indigenous services, allied health networks, consumers, and carers.</li> <li>• Strengthening community structures that can be used as a consultation mechanism – e.g. local resident/community action groups, interagency mechanisms in smaller towns in the region.</li> <li>• Reaching out to include those whose voices are seldom heard, including those in the criminal justice system or who do not access GPs or mainstream services, homeless people, and other disenfranchised groups.</li> <li>• Engaging with communities and community leaders to identify the specific mental health needs of Aboriginal, Torres Strait Islander, and South Sea Islander people.</li> <li>• Building outcomes measurements and consumer/patient experiences of care into all appropriate NQPHN mental health contracts with service providers following consultations.</li> </ul>
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2022</p>
Commissioning method and	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input checked="" type="checkbox"/> Not yet known</p>

approach to market	<input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)
	2a. Is this activity being co-designed? Yes
	2b. Is this activity this result of a previous co-design process? No
	3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No
	3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset?  No

Activity	Description
Mental Health Priority Area	Priority area 8: Regional mental health and suicide prevention plan
ACTIVITY TITLE	<b>MH8</b> Regional mental health and suicide prevention plan
Existing, Modified, or New Activity	Existing Activity  Reference: Section 8 Pages 38-42 Updated Activity Work Plan 2016-2019 Primary Mental Health Care
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	The Plan will collectively include the Mental Health Priorities, Options and Opportunities detailed in the NQPHN Health Needs Assessment: pages 117 - 129.
Aim of Activity	NQPHN will develop an evidence-based comprehensive Regional Mental Health and Suicide Prevention Plan that will be used by NQPHN to guide the strategic direction for North Queensland, in line with the national reform agenda, and be used for equitable planning and purchasing of place-based mental health, suicide prevention programs, services, and integrated care pathways across North Queensland.
Description of Activity	<b>8.1</b> Communication and collaboration including the identification of workforce training and allocation of additional resources for remuneration. The implementation of the stepped care model locally has demonstrated the need for better alignment of skills sets and workforce, particularly workforce availability in remote and rural areas, to operate optimally.



	<p><b>8.2</b> Within this planning period the team will focus on the following areas:</p> <ul style="list-style-type: none"> <li>• The implementation of care pathways across the NQPHN footprint to support system navigation based upon collaboration and communication across the sector as highlighted as a priority in the Health Needs Assessment.</li> <li>• Continuation of the co-design processes across each of the four HHS areas within the NQPHN region to support the development of regional mental health and suicide prevention plans.</li> <li>• Workforce planning and engagement with the Vocational Educations and Training (VET) sector and Education Queensland to consider innovative training pathways to support the development of the peer workforce and encourage Aboriginal and Torres Strait Islander people into the sector thus supporting a culturally appropriate workforce and increased social / economic participation of these population groups.</li> <li>• Outcomes based self-assessments have been developed in partnership with the sector, based upon best practice evidence. The focus is upon service user experience of care along with improvements in mental health and wellbeing. This will be expanded to support outcomes-based commissioning practices.</li> <li>• Tools for measurement will be determined at point of contract negotiation based upon target audience and mode of service delivery.</li> </ul>
Target population cohort	Whole of NQPHN population, with particular highlighting of needs within regional areas with high Aboriginal, Torres Strait Islander, and South Sea Islander populations.
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>
Coverage	Whole of NQPHN region.
Consultation	NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement and include HHS providers, primary health providers, community-based mental health and suicide prevention services, Aboriginal Community Controlled Organisations (ACCHOs), consumers and carers.
Collaboration	<p>Collaboration will include the following mechanisms:</p> <ul style="list-style-type: none"> <li>• Regional mental health co-design panel, comprising representatives from the mental health sector including HHSs, GPs, GPLOs, ADF, remote area services, alcohol and other drugs, youth, community-managed mental health services, Indigenous services, allied health networks, consumers, and carers.</li> <li>• Strengthening community structures that can be used as a consultation mechanism.</li> <li>• Reaching out to include those whose voices are seldom heard, including those in the criminal justice system or who do not access GPs or mainstream services, homeless people, and other disenfranchised groups.</li> <li>• Engaging with communities and community leaders to identify the specific mental health needs of Aboriginal, Torres Strait Islander, and South Sea Islander people and support the development of a culturally appropriate regional plan.</li> </ul>

	<ul style="list-style-type: none"> <li>• Building feedback mechanisms into all appropriate NQPHN portfolio activities.</li> <li>• While this activity is a whole of region planning process, specific attention will be paid to the needs of Aboriginal and Torres Strait Islander people within the region. The needs of Aboriginal and Torres Strait Islander people will be identified as a priority within the regional plan.</li> </ul>
Activity milestone details/ Duration	Activity start date: 1/04/2019 Activity end date: 30/06/2022  Service delivery start and completion dates are not applicable.
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input checked="" type="checkbox"/> Expression of Interest (EOI) (these will be consultancy firms to assist with stakeholder engagement and collaboration) <input type="checkbox"/> Other approach (please provide details)  2a. Is this activity being co-designed? Yes  2b. Is this activity the result of a previous co-design process? Yes  3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No  3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset?  No

Activity	Description
Mental Health Priority Area	Priority Area 9 - Psychological Therapies for people in Residential Aged Care Facilities.
ACTIVITY TITLE	<b>MH9</b> Psychological Therapies for people in Residential Aged Care Facilities
Existing, Modified, or New Activity	Existing Activity  Reference: Section 9, Page 44 Updated Activity Work Plan 2016-2019 Primary Mental Health Care.
PHN Program Key Priority Area	Mental Health

Needs Assessment Priority	Mental Health Priorities, Options and Opportunities Sections of the Mental Health Needs Assessment 2019-2022 Priority – Health Care for the elderly – Page 103 Equitable access to allied health services in residential aged care facilities across the region. Page 104.
Aim of Activity	To provide psychological treatment services for people living in Residential Aged Care Facilities (RACFs) who are currently “hard to reach” due to lack of services and lack of GP incentives such as the availability of mental health treatment plans in RACF settings.
Description of Activity	<p><b>9.1</b> Implementation of project development phase including:</p> <ul style="list-style-type: none"> <li>• Identification, education, and engagement of regionally based RACFs to participate in the pilot phase of the service.</li> <li>• Development of a co-designed service model in partnership with relevant stakeholders, including referral pathways, assessment criteria, assessment of residential care staff education needs, utilisation of My Health Record, and Health Pathways referral system.</li> <li>• Identification of psychological therapies service providers with current skill and expertise in older person’s mental health to deliver appropriate psychological therapies to the target group of residents.</li> </ul> <p><b>9.2</b> Service delivery phase:</p> <ul style="list-style-type: none"> <li>• Implementation of service delivery by contracted psychologists.</li> <li>• Compliance with reporting and the requirements of the PMHC-MDS</li> </ul> <p><b>9.3</b> Expansion phase Following the end of the pilot phase (April 2020), the project will be expanded to Mackay and Townsville. Consideration will also be given to a suitable model in the Cape/Torres region where there are only 2 RACFs and both are substantial distances apart (Thursday Island and Cooktown).</p> <p>Continuity of care will be assured through continued departmental funding of the program and linkages with existing psychological therapy providers under stepped care who are sufficiently trained in older person’s mental health. This may involve the development of training opportunities to ensure a suitably qualified workforce for this priority.</p>
Target population cohort	Aged people 65 years and over with a mild to moderate mental health illness living in residential aged care.
Indigenous specific	No
Coverage	Cairns initially – SA2 306011138 – 306021157. On completion of the pilot scheme, the service will be expanded to Townsville, Mackay, and Cape/Torres areas.
Consultation	Older Persons Mental Health Professionals Network, aged care providers (government and non-government), HHS Mental Health Older Person’s services, residential aged care facilities, Aged Care Assessment Teams (ACAT).
Collaboration	Local Health Networks – provide advice and recommendations, review of models.  State mental health services for older persons – collaboration to identify issues, challenges and referral pathway advice, particularly in relation to more severe illness and early dementia.  Aged sector support services – e.g. Dementia Australia – referral pathway advice.

	Other allied health providers – dietitians, physiotherapists, exercise physiologists – collaboration around holistic care and activity.
Activity milestone details/ Duration	Activity start date: 20/12/2018 Activity end date: 30/06/2022  Service delivery start date: August 2019 Service delivery end date: June 2022  Milestone date for completion of pilot project – April 2020
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)  2a. Is this activity being co-designed? Yes  2b. Is this activity the result of a previous co-design process? No  3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No  3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset?  Yes

Activity	Description
Mental Health Priority Area	Priority Area 10 – Flood recovery
ACTIVITY TITLE	<b>MH10 Flood recovery</b>
Existing, Modified, or New Activity	New Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	This activity is an emergent need that arose from the February 2019 floods in northern Queensland, specifically in the Townsville region.

Aim of Activity	This activity will provide community and clinical support to the regions affected by the February 2019 floods. NQPHN will recruit to two flood recovery positions based in Townsville who will engage with and build resilience in the community and assist with health recovery activities. NQPHN will also continue to resource the low intensity service, NQ Connect to provide 24/7 support and referral pathways to those affected by the floods.
Description of Activity	<p><b>10.1</b> Community engagement and capacity building resilience Two flood recovery coordinator positions will be created to support the engagement and resilience coordination in the community.</p> <p><b>10.2</b> Clinical services NQ Connect will be expanded to provide services to members of the community affected by the floods.</p> <p><b>10.3</b> Health Service Improvement This activity will include the following:</p> <ul style="list-style-type: none"> <li>• Expanding social services staff PHA / MH training</li> <li>• Identifying PHC staff for disaster recovery training</li> <li>• Expanding Health Pathways disaster module in Townsville and Cairns.</li> </ul>
Target population cohort	All population groups in the regions affected by the February 2019 floods, primarily Townsville.
Indigenous specific	No
Coverage	Townsville HHS area
Consultation	<p>NQPHN will capitalise on extensive stakeholder engagement undertaken in the Townsville HHS area previously.</p> <p>Utilise findings and deliberations of the Western Alliance for Mental Health group that was established during the flood period</p>
Collaboration	NQPHN will continue to collaborate with the Western Alliance for Mental Health group, local authorities, other state government departments, and the community.
Activity milestone details/ Duration	<p>Activity start date: 29/04/2019 Activity end date: 30/06/2021</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2021</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input checked="" type="checkbox"/> Expression of Interest (EOI)</p> <p><input checked="" type="checkbox"/> Other approach (please provide details)</p>

	<p>Co-commissioning with the Local Health Network and Local Area Authority who have also allocated resources to this particularly activity.</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?  Yes</p>

## Addendum 1

### a. headspace Wait Time Reduction Program planned activities for 2019-20, 2020-21, and 2021-22

Activity	Description
Mental Health Priority Area	Priority Area 11 – headspace Wait Time Reduction Program
ACTIVITY TITLE	<b>MH11 headspace Wait Time Reduction Program</b>
Existing, Modified, or New Activity	New Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	headspace National conducted a survey of headspace centres across Australia in late 2018 to better understand the level of demand and key factors influencing wait times in headspace centres. The findings of this survey helped to inform which centres were experiencing particularly long wait times and consequently, which centres to target with wait time reduction strategies. headspace Townsville and headspace Mackay were identified as centres to be targeted in this strategy. While levels of distress, help-seeking behaviour and consequent demand for services fluctuates throughout the year, at the time of survey, it was reported that headspace Mackay had a 64 day wait time from initial intake to the first therapy session (with a three day wait for the intake session) and headspace Townsville had a 60 day wait time from intake to the first therapy session (with a five day wait for the intake session).
Aim of Activity	<p>This activity will develop and implement activities and initiatives aimed at improving data collection and reporting on wait times and supporting headspace Mackay and headspace Townsville to increase access to services by meeting growing demand and reducing wait times for their services.</p> <p>This initiative will align with the mental health stepped care approach and will increase the efficiency and effectiveness of primary mental health services for young people aged 12 to 25 with, or at risk of, mental illness and improve access to and integration of primary health care services to ensure young people with mental illness receive the right care in the right place at the right time.</p>
Description of Activity	<p><b>11.1</b> Consult with headspace National, headspace Mackay and headspace Townsville centres and their lead agency to assess needs, past and current levels of demand, and wait times for the Mackay and Townsville contexts.</p> <p><b>11.2</b> Plan and co-design strategies targeting identified factors influencing accessibility and wait times for headspace Mackay and headspace Townsville, including data recording, reporting and evaluation of these strategies.</p> <p><b>11.3</b> Implement agreed strategies and continue regular consultation and collaboration with headspace National, headspace Mackay and headspace Townsville and their lead agency throughout the implementation of the wait time reduction program.</p> <p><b>11.4</b> Report on activities and evaluate the effectiveness of the Wait Time Reduction strategies at agreed key points throughout the program to facilitate continuous program improvement.</p>

Target population cohort	Young people aged 12 to 25 with, or at risk of, mental illness and their families.
Indigenous specific	No
Coverage	Townsville HHS area and Mackay HHS area
Consultation	NQPHN will consult with headspace National, the headspace lead agency and the headspace Mackay and Townsville centres to gain an understanding of the demand of headspace centres, past and present strategies that are being used to manage wait times, and factors affecting wait times. It is anticipated that demand and wait times for headspace Mackay may also be influenced by the future establishment of headspace satellites in Sarina and the Whitsundays therefore, consultation and collaboration for the wait time reduction program will also take this into consideration.
Collaboration	NQPHN will collaborate with headspace National, the headspace lead agency and headspace Mackay and Townsville centres to plan, co-design and implement strategies that target the specific factors that influence wait times and accessibility for the headspace centres.
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2022  Service delivery start date: July 2019 Service delivery end date: June 2022
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)  2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes