



Northern Queensland Primary Health Network

Activity Work Plan

Primary Mental Health Care

2021-23

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NQPHN acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.



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MH1 – Low intensity mental health services

Activity priorities and description

Aim of the 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/or Torres Strait Islander, particularly living in remote locations.

Description of activity

- 1.1 A review of the provider contract for a NQPHN-wide digital (phone and online) low intensity mental health service, was completed at the end of the contract period in May 2020. The review resulted in the contract ceasing on 30 June 2020. Potential new models are to be developed and to be inclusive of responses to support recovery following the impacts of COVID-19.
- 1.2 Review of current place-based (remote) and place-based (Aboriginal and Torres Strait Islander) services currently funded across the Cape York, Torres Strait, Yarrabah Aboriginal Community, Palm Island Aboriginal Community, Mareeba, and the Etheridge/Croydon, and Richmond/Hughenden Shires regarding scope of work and low intensity service provision.
- 1.3 Promote Head to Health web portal, and community education regarding low intensity options including apps and on-line self-management courses in rural and remote areas to general practitioners (GPs) and other service providers.
- 1.4 Identify workforce development needs and upskilling options for primary health care staff and relevant stakeholders in northern Queensland, particularly rural/remote areas.
- 1.5 Develop and establish appropriate low intensity options that specifically target Aboriginal and Torres Strait Islander populations.



MH2 – Child and Youth Mental Health Services

Activity priorities and description

Aim of the activity

To improve the quality of life of young people in the northern Queensland 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

- 2.1 Evaluate currently funded 'youth severe' services to inform future commissioning activities. Further utilise evaluation data to identify gaps in youth severe service delivery across the northern Queensland region, including the need for a trauma-informed service for children under 14 years in the Mackay region. The trauma-informed service for children under the age of 14 years was funded as a pilot program in Mackay 2020/21-2021/22.
- 2.2 Additional holistic youth services for rural and remote communities, inclusive of a potential additional youth focused model in the Cape York and Torres Strait area was proposed for consideration in 2019-20. This requires co-design with the local communities in order to determine the most appropriate service model. An evaluation of currently funded secondary school-based social and emotional wellbeing services is being undertaken from early 2021, including a review of the Deadly Alive initiative on Thursday Island.
- 2.3 Continuation and possible expansion of the Schools Up North (SUN) program in secondary schools in the Cape York and Torres Strait area, providing upskilling to education providers regarding identification, support, and referral of young people with mental health issues. This program is also being externally evaluated in early 2021 in 2.2 above.
- 2.4 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. This has included funding of school-based and residential-based services for young people from remote regions who are boarding in larger population centres.
- 2.5 Additional commissioning of perinatal and maternal child health services for at risk groups other than Indigenous families.



MH3 – Psychological therapies for rural and remote, under serviced and/or hard to reach groups

Activity priorities and description

Aim of the 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/or Torres Strait Islander people, homeless people, people who identify as LGBTIQ, perinatal clients, children under 12 years, youth aged 12-24 years, Culturally and Linguistically Diverse (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 Access to Allied Psychological Services (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.

With increased anxiety, the physical and social isolation anticipated as a result of coronavirus, restrictions on work, travel, and social contact and prolonged exposure to negative news coverage, there is a potential for greatly increased need for services. More equipment, particularly to ensure that telehealth services can be effectively delivered and conducted is needed by many service providers to maximise their effectiveness.

Place-based psychological therapies/Social and Emotional Wellbeing (SEWB) services have been established in remote regions (Richmond, Etheridge, Croydon Shires, Hughenden, Cape York, and 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 2019-2023 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 Hospital and Health Service (HHS) mental health system, but have needs that are not able to be met through current psychological therapies service models.



MH4 – Mental health services for people with severe and complex mental illness

Activity priorities and description

Aim of the 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 years. This will be actioned through commissioning and evaluation of existing and new services across the northern Queensland region according to identified gaps in service delivery identified in the previous activity work plan.

Description of activity

NQPHN has commissioned or continued 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:

- clinical care coordination
- recovery planning
- physical health care needs and metabolic monitoring
- support to families and significant others
- medication monitoring.

Services are provided to clients for up to two years which allows scope for development of pathways to ongoing supports where required after this period.

New services funded through the National Psychosocial Support (NPS) measure are collaborating 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 independent of headspace.



MH5 – Community based suicide prevention activities

Activity priorities and description

Aim of the 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 Hospital and Health Services (HHSs), 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

- 5.1 NQPHN, will review and update 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
- 5.2. 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.
- 5.3 Promote 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 local Burdekin Suicide Prevention program and the Torres Strait/Cape York and Cairns Suicide Prevention Community Action Plans. The plans that are current or proposed to be actioned ensure alignment with the Black Dog Institute Lifespan Framework, provide connectivity across relevant community sectors, support engagement with the HHS Acute Services, and contribute to evidence based activities.
- 5.4. Continuing commissioning of new community-based suicide prevention activities within the context of the Area Mental Health and Suicide Prevention Plan/s (based around the four HHS areas plans when finalised).
- 5.5. 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/or Torres Strait Islander communities, additional guidelines will be provided that include community and cultural protocols.
- 5.6. James Cook University is 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.



MH6 – Aboriginal and Torres Strait Islander mental health services

Activity priorities and description

Aim of the 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

- 6.1 Strengthening the maternal child health system to respond to mental health needs of Aboriginal and/or 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 Social and Emotional Wellbeing (SEWB) and mental health team to support the delivery of services within the Aboriginal and Torres Strait Islander communities which are under community control.

- 6.2 Workforce Development

Aboriginal mental health first aid facilitator collaboration and coordination.

- 6.3 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.

- 6.4 NQPHN has invited opportunities from Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Medical Services (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.

This section will continue to be reviewed and may be 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 Regional Mental Health and Suicide Prevention Plan.



MH7 – Stepped care approach

Activity priorities and description

Aim of the activity

Improved commissioning of mental health services across the stepped care continuum facilitated by mapping of all existing services, identification of gaps in service access and availability, and evaluation of existing program capacity to meet needs.

Description of activity

- 7.1 Review and mapping of the new status of service delivery in the region following several procurements of stepped care services in the 2017-20 period, to inform need analysis for commissioning and/or collaboration to enable co-design of new models.
- 7.2 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 service options available.
- 7.3 Implementation of the national model for initial assessment and referral within stepped care.
- 7.4 Continuous Quality Improvement to support enhanced clinical outcomes, closed cycles of care, and data integrity compliance within the PMHC-MDS.
- 7.5 Funding of the central intake system for primary mental health referrals across the Cairns, Townsville, and Mackay regions, including the following programs: Low Intensity, Psychological Therapies, NPSM, MHICC, and Psychological Therapies in Residential Aged Care Facilities.



MH8 – Regional mental health and suicide prevention plan

Activity priorities and description

Aim of the activity

NQPHN has developed an evidence-based foundation Joint Regional Mental Health and Suicide Prevention Plan (the Joint Regional Wellbeing Plan for North Queensland) that will be used by NQPHN and the Regional Plan Partners consisting of the four Hospital and Health Services 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

- 8.1 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.

- 8.2 Within this planning period the team will focus on the following areas:

- the implementation of the priorities and actions from the foundational Joint Regional Wellbeing Plan and the development of the full comprehensive Plan. This activity includes 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 NQPHN Health Needs Assessment 2019-22
- continuation of the co-design processes across each of the four HHS areas to support the development of the Regional Mental Health and Suicide Prevention Plan
- workforce planning and engagement with the Vocational Educations and Training sector and the Department of Education, Skills and Employment to consider innovative training pathways to support the development of the peer workforce and encourage Aboriginal and/or Torres Strait Islander people into the sector thus supporting a culturally appropriate workforce and increased social/economic participation of these population groups
- 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
- tools for measurement will continue to be determined at point of contract negotiation based upon target audience and mode of service delivery.



MH9 – Psychological therapies for people in residential aged care facilities

Activity priorities and description

Aim of the 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

- 9.1 Implementation of project development phase including:
- identification, education, and engagement of regionally based Residential Aged Care Facilities to participate in the pilot phase of the service in Cairns
 - 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
 - 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.
- 9.2 Service delivery phase:
- implementation of service delivery by contracted psychologists
 - compliance with reporting and the requirements of the PMHC-MDS.
- 9.3 Expansion phase
- Following the end of the Cairns 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 two RACFs and both are substantial distances apart (Thursday Island and Cooktown).

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.



MH10 – headspace Wait Time Reduction Program (concluded)

Activity priorities and description

Aim of the activity

This activity provided community and clinical support to the regions affected by the February 2019 floods. NQPHN recruited two flood recovery positions based in Townsville to engage with and build resilience in the community and assist with health recovery activities.

NQPHN resourced the low intensity service, NQ Connect to provide 24/7 support and referral pathways to those affected by the floods in the period to May 2020.

Description of activity

10.1 Community engagement and capacity building resilience

Two flood recovery coordinator positions were created to support the engagement and resilience coordination in the community.

10.2 Clinical services

NQ Connect was expanded to provide services to members of the community affected by the floods.

Connect to Wellbeing, as the intake provider for stepped care, was provided with additional funding to support both the intake process and psychological therapies.

10.3 Health Service Improvement

This activity included the following:

- expanding social services staff PHA/MH training
- identifying PHC staff for disaster recovery training.



MH11 – headspace Wait Time Reduction Program

Activity priorities and description

Aim of the activity

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 the growing demand and reducing wait times for their services.

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 years 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.

Description of activity

- 11.1 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.
- 11.2 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.
- 11.3 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.
- 11.4 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.



MH12 – headspace

Activity priorities and description

Aim of the 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

- 12.1 Continuation of headspace services funded in Cairns, Townsville, and Mackay including continued funding and assessment of the outreach model in headspace Cairns to the Tablelands, Mareeba, and Cassowary Coast local government areas (LGAs).
- 12.2 Additional funding for satellite services in Sarina and the Whitsundays has been allocated for new service development in partnership with headspace national and current service providers based out of the Mackay hub.



MH13 – The Way Back Support Service

Activity priorities and description

Aim of the activity

This activity aims to deliver non-clinical support services focused on providing practical psychosocial support to people who have attempted suicide or are experiencing a suicidal crisis.

Description of activity

- 12.1 Continuation of headspace services funded in Cairns, Townsville, and Mackay including continued funding and assessment of the outreach model in headspace Cairns to the Tablelands, Mareeba, and Cassowary Coast LGAs.
- 12.2 Additional funding for satellite services in Sarina and the Whitsundays has been allocated for new service development in partnership with headspace national and current service providers based out of the Mackay hub.

