

Northern Queensland Primary Health Network

Activity Work Plan

Primary Mental Health Care

2022/23–2026/27



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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Disclaimer

All activities captured in this Activity Work Plan are identified in the Health Needs Assessment conducted by Northern Queensland Primary Health Network and have been approved by the Department of Health and Aged Care.

MH – 1 – Low intensity

Activity priorities and description

Program key priority areas

Mental Health Priority Area 1: Low intensity mental health services.

Aim of activity

To deliver low intensity services, including quality mental health information and psychological support to ensure support at the earliest point possible for people with or at risk of low intensity mental health needs across the Northern Queensland Primary Health Network (NQPHN) region, with a specific focus on those unable to access regular primary mental health services due to vulnerability or remote locations.

Description of activity

NQPHN is currently undertaking procurement following a 12-month process to redesign the Stepped Care model, with a specific focus on developing models to better meet the low intensity mental health needs across the NQPHN region, with specific consideration for priority groups and geographical needs.

A new service offering will be procured to specifically deliver service navigation support and improved access to low intensity supports, including both digital and in-person individual/group support. The new service offering, Journey Coordination, will be delivered by a non-clinical, lived experience workforce, with consistency developed in the service across North Queensland through the procurement of a Regional Journey Coordination lead service.


In addition, NQPHN currently commissions low intensity services across the NQPHN region to deliver against a number of priorities, which will be continued.

Place-based low intensity services

- NQPHN commissions a range of providers to deliver place-based low intensity services that enhance access to mental health information and support across northern Queensland.
- Aboriginal and Torres Strait Islander communities: NQPHN commissions ACCHOs to provide enhanced social and emotional wellbeing (SEWB) services to improve access to appropriate mental health low intensity services.

In addition, NQPHN focuses on digital service delivery options through:

- encouraging utilisation of existing national digital low intensity options through promotion across the primary health sector
- promotion of the Head to Head web portal and community education regarding low intensity options including apps and on-line self-management courses for general practitioners (GPs) and other service providers
- the Journey Coordination service and Head to Health Phone Service, to ensure supported navigation to digital service offerings where appropriate
- primary health workforce upskilling: NQPHN commissions services to identify workforce development needs and deliver training for primary health care staff and relevant stakeholders/community in northern Queensland that enhance community access to mental health information and supports as early as possible.



In line with NQPHN's mental health service principles, developed through codesign processes for Stepped Care services, commissioned providers will be encouraged to engage in new regional service provider networks, where relevant, to support improved access, transition, and access to the range of services to meet needs. For commissioned services, active participation in the regional service provider networks will be a contractual requirement.

NQPHN will ensure activity objectives are met through engagement with providers on a minimum quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include the opportunity to:

- obtain updates and discuss service performance indicators and reports
- understand service uptake, access issues, and opportunities for further service improvement.

There are established business rules and training to support providers in the collection of Primary Mental Health Care Minimum Data Set (PMHC MDS) data.

MH – 2 – Early intervention for children and young people

Activity priorities and description

Program key priority areas

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

Aim of 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 illnesses who are being managed in primary care).

Activities include implementation of equitable and integrated approaches to primary mental health care for this population group.

Description of activity

Northern Queensland Primary Health Network (NQPHN) commissions the below child and youth specific services to provide early intervention, based on specific needs.

- Bravehearts deliver a trauma-informed service for children under 14 years old (including children under 11 years old) in the Mackay region, based on an identified service gap and community need
 - the service was funded as a trial, with an evaluation to consider opportunities to build sector capacity and implement similar models across the NQPHN region in the next 12 months.
- NQPHN provides funding to headspace centres across North Queensland for trauma-informed clinical services.
- NQPHN commissions a service provider to deliver the Schools Up North (SUN) program to secondary schools in the Cape York and Torres Strait areas, which upskills education providers on identification, support, and referral of young people with mental health issues.

NQPHN is decommissioning the Youth Empowered Towards Independence (YETI) health literacy service due to commissioning priority changes and will be working with the provider to ensure seamless transition.

- NQPHN commissions YETI to deliver through subcontract arrangements mental health and alcohol and other drug (AOD) services to young people in the Torres and Cape Hospital and Health Service (HHS) region.
- NQPHN is working with YETI and other subcontracted providers to consider quality improvement opportunities to enhance the model.

Enhancing early intervention for individuals aged 0–11 years old.

- NQPHN commissions Aboriginal Community Controlled Health Organisations (ACCHOs) to deliver connected maternal child health and mental health services that enhance early intervention opportunities for First Nations young people.

In line with NQPHN's mental health service principles and developed through codesign processes for Stepped Care services, commissioned providers will be encouraged to engage in new regional service provider networks to support improved access, transition, and integration.



NQPHN will ensure activity objectives are met through engagement with providers on a minimum quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include the opportunity to:

- obtain updates and discuss service performance indicators and reports
- understand service uptake, access issues, and opportunities for further service improvement.

NQPHN's review of Stepped Care had some, limited focus on services to children and young people. NQPHN will undertake a further review of investment in child and young people services across northern Queensland, specifically focused on individuals under 12 years old, in line with the Health Needs Assessment (HNA) and will establish an approach to future commissioning from this review.

There are established business rules and training to support providers in the collection of Primary Mental Health Care Minimum Data Set (PMHC MDS) data.



MH – 3 – Primary mental health care for hard to reach

Activity priorities and description

Program key priority areas

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

Aim of activity

To improve access to primary mental health care for those with mild to moderate mental health issues who are located in rural and remote communities, or have difficulty accessing mainstream services for other reasons, through the planning and commissioning of a range of service types and modalities based on need.

Description of activity

Northern Queensland Primary Health Network (NQPHN) commissions a range of service providers to deliver mental health services, psychological therapies, and social and emotional wellbeing (SEWB) services throughout the NQPHN region to enhance access to identified hard to reach groups. This includes place-based service models codesigned with communities including rural and remote communities and Aboriginal and Torres Strait Islander people.

NQPHN commissions a number of Aboriginal Community Controlled Health Organisations (ACCHOs) to deliver SEWB programs, including programs that integrate non-clinical and clinical approaches to deliver culturally appropriate mental health services. In line with NQPHN's mental health service principles and developed through codesign processes for Stepped Care services, commissioned providers will be encouraged to engage in new regional service provider networks, where relevant, to support improved access, transition, and access to a range of services to meet needs.

NQPHN will ensure activity objectives are met through engagement with providers on a minimum quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include the opportunity to:

- obtain updates and discuss service performance indicators and reports
- understand service uptake, access issues, and opportunities for further service improvement.

Particular consideration may need to be given to an emerging issue related to the increasing number of refugees arriving in the Cairns and Tableland regions, which is predicted to grow over the next twelve months.

There are established business rules and training to support providers in the collection of Primary Mental Health Care Minimum Data Set (PMHC MDS) data.

MH – 5 – Community based suicide prevention activities

Activity priorities and description

Program key priority areas

Mental Health Priority Area 5: Community based suicide prevention activities.

Aim of activity

To reduce suicide and self-harm within communities through developing a systems-based, community-led, and regional approach to suicide prevention.

The work is guided by the Black Dog Institute's *LifeSpan Framework* and engages the whole of community to enhance community wellbeing and ability to respond to social determinants of distress at the community level.

The activity focusses on building partnerships with key stakeholders, including people with a lived experience of suicide, Hospital and Health Services (HHSs), service providers, and community members to codesign and implement whole of community responses for collective impact.

Northern Queensland Primary Health Network (NQPHN) commissions agencies to lead the ongoing development and implementation of Suicide Prevention Community Action Plans (SPCAPs) and activities informed by SPCAP priorities and emerging trends.

Description of activity

NQPHN is utilising a systems-based approach to ensure suicide prevention strategies are localised and multi-sectoral through the ongoing development and implementation of SPCAPs. NQPHN commissions agencies to facilitate the development and implementation of SPCAPS in each of the four HHS regions in northern Queensland (Torres and Cape, Cairns, Townsville, and Mackay).


SPCAP commissioned agencies facilitate collaborative groups made up of a diverse range of stakeholders and ensure local needs and issues are consistently reviewed and emerging concerns are flagged for collective action.

Commissioned agencies undertake a backbone role to support local networks, using the Black Dog Institute's (BDI) LifeSpan Framework to guide the development and review of SPCAPs. The current commissioned agencies in all regions will continue in 2024–25. All regions have active collaborative networks, and work is underway in the Torres and Cape region to develop community-specific approaches to suicide prevention, guided by local councils and Aboriginal Community Controlled Health Organisations (ACCHOs) to ensure community-led and culturally appropriate approaches are embedded and sustainable.

NQPHN has reviewed the reporting framework for commissioned agencies to improve alignment with the Black Dog Institute's LifeSpan Framework. NQPHN will ensure activity objectives are met through engagement with commissioned agencies on a minimum quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include the opportunity to:

- obtain updates and discuss service performance indicators and reports
- understand successes, challenges, and opportunities for further improvement.

In addition, NQPHN coordinates quarterly community of practice meetings for all SPCAP commissioned agencies. These meetings provide an opportunity to share learnings and challenges and identify trends across northern Queensland. This group also provides input into the Joint



Regional Wellbeing Plan for Northern Queensland's Steering Committee which has key priority actions identified for suicide prevention. Utilising the learnings of the National Suicide Prevention Trials, NQPHN will continue to develop, in partnership with key stakeholders, a strategic approach to suicide prevention that includes:

- developing an enhanced understanding of measures of community wellbeing and distress that supports an early response at the community level
- coordinating grant funding available to communities to maximise community impact at a whole of government level
- commissioning community-based suicide prevention activities based on priorities identified from SPCAPs, needs assessments, and Joint Regional Wellbeing Plan activity, with these activities focussing on community-led, collective impact initiatives.

Finally, NQPHN commissions the delivery of suicide prevention training across northern Queensland, based on community identified need.

NQPHN will ensure activity objectives are met through engagement with providers on a minimum quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include the opportunity to:

- obtain updates and discuss service performance indicators and reports
- understand successes, challenges, and opportunities for further improvement.

NQPHN commissions agencies to lead the ongoing development and implementation of SPCAPs and activities informed by SPCAP priorities and emerging trends.

MH – 6 – Aboriginal and Torres Strait Islander mental health services

Activity priorities and description

Program key priority areas

Mental Health Priority Area 6: Aboriginal and Torres Strait Islander mental health services.

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

Northern Queensland Primary Health Network (NQPHN) works in partnership with the community, Aboriginal Medical Services (AMSs) and the Aboriginal Community Controlled sector to commission services that deliver culturally appropriate evidence-based mental health services to First Nations people across North Queensland.

NQPHN commissions a number of services across key areas of focus including:

- Place-based: NQPHN commissions five providers to deliver place-based mental health services for First Nations communities across North Queensland. NQPHN works with the local community, Aboriginal Community Controlled Health Organisations (ACCHOs), and state health providers to take a place-based approach to delivering services that best meet the needs of these communities
- Social and emotional wellbeing (SEWB) and innovative approaches to services: NQPHN commissions a number of ACCHOs to deliver integrated SEWB programs with clinical staff working alongside non-clinical staff to deliver culturally safe and appropriate services. This has included commissioning an Indigenous psychology service to deliver in the Torres and Cape region.

Services are integrated closely with psychosocial and alcohol and other drug (AOD) services to support addressing the holistic needs of the individual.

NQPHN will ensure activity objectives are met through engagement with providers on a minimum quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include the opportunity to:

- obtain updates and discuss service performance indicators and reports
- understand service uptake, access issues, and opportunities for further service improvement.

NQPHN will engage with service providers to consider opportunities to enhance the understanding of outcomes and impacts for First Nations people's services delivered using culturally valid and meaningful measurements.

In addition, NQPHN facilitates meetings between the Torres and Cape Hospital and Health Service (HHS) mental health and AOD representatives, commissioned service providers, and ACCHOs to enhance working relationships and optimise opportunities to share resources that deliver services to the remote communities throughout this region.

MH – 7 – Stepped Care approach: severe and complex

Activity priorities and description

Program key priority areas

Stepped Care approach: severe and complex

Aim of activity

To provide access to primary mental health care for those experiencing severe and complex mental health difficulties and meet the individual needs of the person through an integrated Stepped care service across North Queensland.

The target population is adults experiencing severe and complex mental illness who do not require tertiary mental health services.

Description of activity

Northern Queensland Primary Health Network (NQPHN) is currently finalising a procurement process following a 12-month process to redesign Stepped Care services, with a specific focus on improving access to services, transition, and integration of services.

The new model is informed by strong guiding principles of how the service should be experienced by people accessing it and includes a range of service offerings.

The service offering is targeted to adults with severe and complex mental illness in Clinical Care Coordination and Psychological Therapies. It can be provided by a range of clinical staff, including mental health social workers or mental health nurses, who work as part of a multi-disciplinary team to provide clinical support and ensure integration of services with non-clinical psychosocial support. In addition, the inclusion of psychological therapies for high intensity needs is included in response to the identified need to receive both elements of care during times of higher intensity need.

Currently, NQPHN commissions service providers across northern Queensland to deliver evidence-based mental health clinical services to people experiencing severe and complex mental illness that do not require care from state-based tertiary mental health services. This is delivered through a combination of general practice-based mental health nursing services and standalone mental health nursing providers delivering an outreach model.

The current and new funded model provides:

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

NQPHN is working with current providers of high intensity mental health clinical services to ensure a seamless transition of services from 1 July 2024, with inclusion of a cross over period to allow for a warm handover of clients.

In line with NQPHN's mental health service principles and developed through codesign processes for Stepped Care services, commissioned providers of clinical care coordination and psychological



therapies will be required to engage in new regional service provider networks, where relevant, to support improved access, transition, and access to the range of services to meet needs.

NQPHN will ensure activity objectives are met through engagement with providers on a minimum quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include opportunities to:

- obtain updates and discuss service performance indicators and reports
- understand service uptake, access issues, and opportunities for further service improvement.



MH – 8 – Regional mental health and suicide prevention plan

Activity priorities and description

Program key priority areas

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

Aim of activity

Northern Queensland Primary Health Network (NQPHN) has developed an evidence-informed foundation joint regional mental health, alcohol and other drug (AOD), and suicide prevention plan, the *Joint Regional Wellbeing Plan for Northern Queensland (the Plan)*, which is used by NQPHN and Plan Partners, including the four Hospital and Health Services (HHSs).

The aim of having a joint plan is to implement joint activities that improve access to, and coordination of, care across the region. The Plan guides the strategic direction for northern Queensland, in line with the national reform agenda, and is used for equitable planning and purchasing of place-based mental health, AOD, and suicide prevention programs, services, and integrated care pathways across northern Queensland.

Description of activity

The *Joint Regional Wellbeing Plan for Northern Queensland* is a publicly available foundational plan, developed through wide consultation, which describes the key priority areas for mental health, AOD, and suicide prevention across northern Queensland.

The implementation of the Plan is being progressed by the Joint Regional Wellbeing Steering Committee. The committee is made up of stakeholders including NQPHN, Mackay HHS, Townsville HHS, Cairns HHS, Torres and Cape HHS, Queensland Health's Mental Health and AOD Branch representatives, and representation from peak organisations including the Queensland Mental Health Commission (QMHC), and the Queensland Alliance for Mental Health (QAMH). This year the steering committee is focussing on the completion of consultation in alignment with the Local Area Needs Assessment (LANA) and the Health Needs Assessment (HNA), to inform the development of a comprehensive plan due by 30 June 2025. The steering committee reports to the Better Health NQ Alliance and provides a mechanism to maximise opportunities for codesign, co-commissioning, and innovation. NQPHN leads the administration functions of the steering committee and will lead the approach to consultation and codesign.



MH – 9 – Psychological therapies for people in residential aged care facilities

Activity priorities and description

Program key priority areas

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

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 general practice incentives such as the availability of Mental Health Treatment Plans in RACF settings.

Description of activity

Northern Queensland Primary Health Network (NQPHN) has a contract in place with Neami to deliver psychological therapies into RACFs through a subcontractor provision.

The service was designed pre-COVID and has not had the uptake expected. As a result, NQPHN has undertaken limited codesigns in partnership with RACFs, those with lived experience, and service providers to develop an enhanced model for mental health services for those in RACFs. Further codesign will be done in partnership with NQPHN’s Older Persons Health and Palliative Care (OPHAPC) team, Hospital and Health Service (HHS) partners, and RACFs in our region. A transition plan will ensure services are maintained whilst an alternative approach is developed and commissioned.

NQPHN will ensure activity objectives are met through engagement with providers on a minimum quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include opportunities to:

- obtain updates and discuss service performance indicators and reports.
- understand service uptake, access issues, and opportunities for further service improvement.

MH – 12 – headspace

Activity priorities and description

Program key priority areas

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

Aim of activity

To improve access to mental health services and provide early intervention strategies for young people aged 12 to 25 years old in North Queensland who are at risk of developing or showing early signs of mental ill health, physical ill health, and/or alcohol and other drug problems.

Description of activity

Northern Queensland Primary Health Network (NQPHN) commissions lead organisations to deliver headspace services across the northern Queensland region. headspace services delivering services aligned with the headspace model of care are located in Mackay, including satellite services in Sarina and Proserpine, Townsville, and Cairns.

Activities

- A Wait Time Reduction program providing timely access to services for young people and support long term sustainability of the headspace program.
- Suicide prevention support providing assessment and treatment to young people who present with risk to self.
- Outreach services in the Cairns Hinterland areas of Tablelands, and Cassowary Coast communities.
- Indigenous engagement activities.
- Dialectical behaviour therapy (DBT).
- Satellite activities in Sarina and Proserpine (Whitsundays).
- A Youth Complex Program for youths experiencing complex needs.

NQPHN will ensure activity objectives are met through engagement of providers on a minimum quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include the opportunities to:

- obtain updates and discuss service performance indicators and reports
- understand service uptake, access issues, and opportunities for further service improvement.

In addition, NQPHN maintains a relationship with headspace National through attendance at organised forums and relevant meetings to enable appropriate governance of contracts.

There are established business rules and training to support providers in collection of Primary Mental Health Care Minimum Data Set (PMHC MDS) data.

MH – 13 – Aftercare following a suicide attempt (The Way Back Support Service)

Activity priorities and description

Program key priority areas

Mental Health Priority Area 5: Community-based suicide prevention activities.

Aim of activity

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

Northern Queensland Primary Health Network (NQPHN) commissions service provider, Wellways, to deliver the Way Back Support Service in partnership with Beyond Blue and the Cairns and Hinterland Hospital and Health Service (HHS).

The service delivers non-clinical aftercare support, in partnership with clinical services, to those that have attempted suicide or experienced a suicidal crisis. A non-clinical assertive outreach approach is used to ensure that support is patient-centred, accessible, and responsive to the needs of the individual. Clinical support through the Cairns and Hinterland HHS Clinical Coordinator has been a recent enhancement to the service. Eligible individuals are referred to The Way Back Support Service for a period of three months following presentation at a hospital emergency department or community mental health service.

The program also aims to improve the capacity and capability of the workforce to support individuals at risk of suicide to self-manage distress and stay safe. Engagement of First Nations individuals is a key priority, with the service employing two identified positions. The service collaborates with Aboriginal Community Controlled Health Organisations (ACCHOs) to consider further opportunities on improving access to the service.

NQPHN will ensure activity objectives are met through engagement with providers on a minimum quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include opportunities to:

- obtain project updates, including on service provider expansion to communities identified in the contract and scope of works as relevant
- understand service uptake, access issues, and opportunities for further service improvement.

Local governance of the trial is managed through the Cairns Suicide Prevention Aftercare Governance Group, made up of service provider representation from Cairns and Hinterland HHS, Beyond Blue, and NQPHN. The group met monthly during establishment, now meeting quarterly. The group reviews performance data and considers service changes required to meet changing needs.

A national evaluation is being undertaken by Nous Consulting, with a Beyond Blue representative providing updates on this work.

MH-AMHCT – 15 – Adult Mental Health Centre

Activity priorities and description

Program key priority areas

Adult Mental Health.

Aim of activity

Provide adult mental health centres and services in line with departmental guidelines to provide a central point of clinical and non-clinical support and linkage within the community and provide an alternative to attending an emergency department for people experiencing distress.

Description of activity

Northern Queensland Primary Health Network (NQPHN) commissions Neami National as the lead agency for Townsville Head to Health in accordance with the following principles:

- responding to people experiencing crisis or distress
- providing a central point to connect people to other services in the region
- assessing people's needs using the Initial Assessment and Referral Decision Support Tool (IAR-DST) to match them to the services they need
- providing evidence-based and evidence-informed immediate and short to medium episodes of care in line with a best practice stepped care approach
- the centre being a highly visible and easily accessible entry point for adults into the mental health system
- the centre providing on-the-spot treatment, advice, and support from a range of mental health professionals, without prior appointments or a fee
- the centre providing an alternative to presenting to an emergency department for people through offering extended opening hours
- the centre complementing rather than replacing or duplicating mental health services already provided in the community
- collaboration across the service sector to ensure the centre and other primary health services operate in an integrated way
- liaison with primary care services, public and private hospitals, general practitioners, Aboriginal Community Controlled Health Organisations (ACCHOs), and non-government and community organisations, including carer and consumer (lived experience) representatives in the ongoing implementation of the service.

In line with NQPHN's mental health service principles and developed through codesign processes for Stepped Care services, commissioned providers will be encouraged to engage in new regional service provider networks, where relevant, to support improved access, transition, and access to the range of services to meet needs.



NQPHN will ensure activity objectives are met through engagement with Neami National on a minimum quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include opportunities to:

- obtain updates and discuss service performance indicators and reports
- understand service uptake, access issues, and opportunities for further service improvement.

NQPHN is a member of the Townsville Head to Health (H2H) Governance Committee to further support the implementation of the service.



MH – 16 – Stepped Care approach

Activity priorities and description

Program key priority areas

Mental Health Priority Area 1: Low intensity mental health services.

Aim of activity

To provide access to primary mental health care for those experiencing low to moderate intensity mental health difficulties and meet the individual needs of the person through an integrated Stepped Care service across North Queensland.

Description of activity

In 2018, Northern Queensland Primary Health Network (NQPHN) commissioned Neami to provide a central intake, assessment, and referral service across northern Queensland for all components of the Stepped Care model. This was a key component of low to moderate services. However, NQPHN is currently finalising a procurement process following a 12-month process to redesign Stepped Care services, with a specific focus on improving access to services, transition, and the integration of services.

The new model is informed by strong guiding principles of how the service should be experienced by individuals accessing it and includes a range service offerings. Low to moderate intensity services will be provided through a range of offerings designed in 2023. The Initial Assessment and Referral Decision Support Tool (IAR-DST) will be utilised through the intake and assessment phase to support the navigation of the individual to a range of services that best meets their needs.

Service offerings include:

- front door intake
- journey coordination
- psychological therapies.

Intake will be managed via Head to Health or a physical front door, identified through the procurement process, with a specific focus on improving access for rural communities. Journey coordination will support people to access low intensity supports such as existing mental health digital services and social and community services. In the new model, psychological therapies for people with low to moderate mental health needs will include individual and group therapies via face-to-face care, telehealth, and/or outreach, making services more accessible for communities.

Establishment of the new Stepped Care model will be the key focus for the 2024–25 financial year, inclusive of new regional service provider networks.

NQPHN will ensure activity objectives with new and existing service providers are met through engagement with providers on a minimum quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include opportunities to:

- obtain updates and discuss service performance indicators and reports
- understand service uptake, access issues, and opportunities for further service improvement.

MH-H2H – 17 – Adult Mental Health Phone Intake

Activity priorities and description

Program key priority areas

Mental Health Priority Area 7: Stepped Care approach.

Aim of activity

This activity aims to embed the Head to Health (H2H) Phone Service as a key intake point for mental health service delivery in northern Queensland and integrates this with other relevant services (particularly Stepped Care) to provide seamless access to mental health care.

Description of activity

The Head to Health Phone Service provides navigation to direct individuals to services that meet their mental health needs.

In 2021–22, Northern Queensland Primary Health Network (NQPHN) commissioned Neami National to deliver the Head to Health Phone Service for the NQPHN region. However, in 2024, the current arrangement will be better integrated with other services including Stepped Care, whereby all referrals for Stepped Care will also be managed through the Head to Health Phone Service. This will support a direct interface between the intake, assessment, triage, and referral function for mental health Stepped Care services, Townsville Head to Health, and Cairns Head to Health, once established.

NQPHN will ensure activity objectives are met through engagement with service providers on a minimum quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include the opportunities to:

- obtain updates and discuss service performance indicators and reports
- understand service uptake, access issues, and opportunities for further service improvement and enhancement.

Stepped Care changes have arisen from the independent review of mental health Stepped Care services completed in 2022, and from significant redesign and recommissioning in the 2023–24 financial year. A key recommendation from the review was to redesign Stepped Care services across the region, with a focus on improving access, transitions in care, and integration. Commissioning and procurement in 2023 informed establishment of these services from 1 July 2024 onwards. Within this redesign process, NQPHN is working with Hospital and Health Service (HHS) partners to consider opportunities to further connect NQPHN-funded intake and assessment services with the tertiary intake system to enhance integration of the service system.

MH –18 – Initial Assessment and Referral Training and support officers

Activity priorities and description

Program key priority areas

Mental Health Priority Area 7: Stepped Care approach.

Aim of activity

Support the implementation of the utilisation of the Initial Assessment and Referral Decision Support Tool (IAR-DST) tool within primary care through targeted training and support for general practitioners, clinicians, and service providers.

Description of activity

The program guidance for IAR Training and Support Officers, as of December 2021, guides this activity. Northern Queensland Primary Health Network (NQPHN) employs one full time equivalent (FTE) employee, a Training Support Officer (TSO), who has training that enables them to facilitate training for the Initial Assessment and Referral Decision Support Tool (IAR-DST) across the northern Queensland region.

Training is targeted at general practitioners (GPs) and other primary care clinicians.

NQPHN contracts a range of service providers and Aboriginal Community Controlled Health Organisations (ACCHOs) to deliver Stepped Care and place-based mental health services that value a consistent IAR process. The TSO works with NQPHN's Primary Care Engagement Team and Hospital and Health Service (HHS) GP Liaison Officers to identify clinicians to deliver training to. Training is delivered in-person and online, and GPs are remunerated for their participation in line with guidance. TSOs engage in national network meetings with other TSOs to support the implementation of this work.

MH -19 – Targeted regional initiatives for suicide prevention

Activity priorities and description

Program key priority areas

Mental Health Priority Area 5: Community-based suicide prevention activities.

Aim of activity

To reduce suicide and self-harm within communities through developing a systems-based, community-led, and regional approach to suicide prevention.

This activity will support regional initiatives, informed by the successes of the National Suicide Prevention Trial. The work will be guided by the Black Dog Institute's (BDI's) *LifeSpan Framework* and aims to engage the whole of community to enhance community wellbeing and capability to respond to social determinants of distress at the community level. The activity focuses on building partnerships with key stakeholders, including people with a lived experience of suicide, Hospital and Health Services (HHSs), service providers, and community members to codesign and implement whole of community responses for collective impact.


Description of activity

Northern Queensland Primary Health Network's (NQPHN's) Suicide Prevention Coordinator leads the engagements and community consultation to inform the development of the targeted regional initiatives for suicide prevention. This is achieved through broad consultation across community, whilst linking and supporting established mechanisms of engagement and suicide prevention activity. Additionally, the Suicide Prevention Coordinator oversees contracts specifically related to community-based suicide prevention. NQPHN utilises a systems-based approach to ensure suicide prevention strategies are localised and multi-sectoral through commissioning agencies to lead the ongoing development and implementation of Suicide Prevention Community Action Plans (SPCAPs), commissioning activities aligned with SPCAP priorities, emerging trends, and commissioning suicide prevention training.

NQPHN commissions agencies to facilitate the development and implementation of SPCAPS in each of the four HHS regions of northern Queensland; Torres and Cape, Cairns, Townsville, and Mackay. SPCAP commissioned agencies facilitate collaborative groups made up of a diverse range of stakeholders, including HHSs and lived/living experience representation, while ensuring local needs and issues are consistently reviewed and emerging concerns flagged for collective action.

Commissioned agencies undertake a backbone role to support local networks, using BDI's *LifeSpan Framework* to guide the development and review of SPCAPs. SPCAPs lead agencies are supported through a community of practice, facilitated by the NQPHN Suicide Prevention Regional Response Coordinator. These meetings provide an opportunity to share learnings and challenges and identify trends across northern Queensland. This group also provides input into the Joint Regional Wellbeing Plan for Northern Queensland's Steering Committee which has key priority actions identified for suicide prevention. Utilising the learnings of the National Suicide Prevention Trials, NQPHN is developing, in partnership with key stakeholders, a strategic approach to suicide prevention that will include:

- developing an enhanced understanding of measures of community wellbeing and distress that could support the early response at the community level
- exploring opportunities to connect and coordinate the range of grant funding available to communities to maximise community impact at a whole of government level

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- specifically, this includes working alongside HHS Regional Adversity Coordinators and connecting those grant programs with NQPHN’s Targeted Regional Initiative for Suicide Prevention (TRISP) grants
 - commissioning community-based suicide prevention activities based on priorities emerging from SPCAPs, needs assessments, and Joint Regional Wellbeing Plan activity
 - these activities focus on community-led, collective impact initiatives. These will be commissioned across the NQPHN region using resource allocation methodology to inform investment
 - digital wellbeing initiatives.

NQPHN commissions the delivery of suicide prevention training across northern Queensland, based on community identified needs.

NQPHN will ensure activity objectives are met through engagement with providers on a minimum quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include opportunities to:

- obtain updates and discuss service performance indicators and reports
- understand successes, challenges, and opportunities for further improvement.

CHHP – 1 – headspace demand management and enhancement

Activity priorities and description

Program key priority areas

Mental Health.

Aim of activity

To further improve accessibility and responsiveness of headspace services by implementing targeted initiatives based on community need and feedback. This will increase the efficiency and effectiveness of primary mental health services for young people aged 12 to 25 years old with, or at risk of, mental illness and improve access and integration of primary health care services to ensure young people with mental illnesses receive the right care, in the right place, at the right time.

Description of activity

Northern Queensland Primary Health Network (NQPHN) commissioned the lead agency of headspace Cairns to:

- improve demand management through employment of additional staffing to target intake and triage, group, and brief intervention opportunities for young people
- enhance the headspace Cairns centre through refurbishment that accommodates additional staff and improves telehealth capability.

NQPHN will ensure activity objectives are met through engagement with providers on a minimum quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include opportunities to:

- obtain updates and discuss service performance indicators and reports
- understand service uptake, access issues, and opportunities for further service improvement
- monitor with service providers the impact on waitlists.

NQPHN will commission the lead agency of headspace Mackay to:

- project manage the relocation of the headspace Mackay centre, in consultation with headspace National and NQPHN
- ensure community and youth engagement in the process of relocation, including consideration of ensuring cultural safety in the new centre
- relocate to a larger site, including refurbishment and fitout as required, including a general practitioner room.

NQPHN will ensure activity objectives are met through:

- regular attendance at project governance meetings between NQPHN and headspace National
- meetings with the lead agency, at least quarterly, to monitor contract deliverables.

