

Northern Queensland Primary Health Network

# Activity Work Plan

## Primary Mental Health Care

2022/23–2026/27

Updated January 2025



*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.*



ISO 9001  
QUALITY



## Contents

---

MH – 1 – Low intensity	5
Activity priorities and description	5
Program key priority areas	5
Aim of activity	5
Description of activity	5
MH – 2 – Early intervention for children and young people	7
Activity priorities and description	7
Program key priority areas	7
Aim of activity	7
Description of activity	7
MH – 3 – Primary mental health care for hard to reach	9
Activity priorities and description	9
Program key priority areas	9
Aim of activity	9
Description of activity	9
MH – 5 – Community-based suicide prevention activities	10
Activity priorities and description	10
Program key priority areas	10
Aim of activity	10
Description of activity	10
MH – 6 – Aboriginal and Torres Strait Islander mental health services	12
Activity priorities and description	12
Program key priority areas	12
Aim of activity	12
Description of activity	12
Place-based	12
Social and emotional wellbeing (SEWB) and innovative approaches to services	12
MH – 7 – Stepped care approach: severe and complex	13
Activity priorities and description	13
Program key priority areas	13
Aim of activity	13
Description of activity	13
MH – 8 – Regional mental health and suicide prevention plan	15
Activity priorities and description	15

Program key priority areas	15
Aim of activity	15
Description of activity	15
MH – 9 – Psychological therapies for people in residential aged care facilities	16
Activity priorities and description	16
Program key priority areas	16
Aim of activity	16
Description of activity	16
MH – 12 – headspace	17
Activity priorities and description	17
Program key priority areas	17
Aim of activity	17
Description of activity	17
MH – 13 – Aftercare following a suicide attempt (The Way Back Support Service)	18
Activity priorities and description	18
Program key priority areas	18
Aim of activity	18
Description of activity	18
MH – 15 – Adult Mental Health Centre	19
Activity priorities and description	19
Program key priority areas	19
Aim of activity	19
Description of activity	19
MH – 16 – Stepped care approach – low to moderate intensity	21
Activity priorities and description	21
Program key priority areas	21
Aim of activity	21
Description of activity	21
MH-H2H – 17 – Adult mental health phone intake	22
Activity priorities and description	22
Program key priority areas	22
Aim of activity	22
Description of activity	22
MH – 18 – Initial Assessment and Referral Training and support officers	23
Activity priorities and description	23
Program key priority areas	23



Aim of activity	23
Description of activity	23
MH – 19 – Targeted regional initiatives for suicide prevention	24
Activity priorities and description	24
Program key priority areas	24
Aim of activity	24
Description of activity	24
CHHP – 1 – headspace demand management and enhancement	26
Activity priorities and description	26
Program key priority areas	26
Aim of activity	26
Description of activity	26

### **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

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

#### Aim of activity

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 that better meet the low intensity mental health needs across the NQPHN region, with specific consideration for priority group and geographical needs.

A new service offering will be procured to specifically deliver service navigation support and improved access to low intensity supports, providing 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.

Additionally, NQPHN currently commissions low intensity services across the NQPHN region to deliver against several priorities, which will be continued:

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

Furthermore, 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 Health web portal, and community education about low intensity options including software applications (apps) and online self-management courses for general practitioners (GPs) and other service providers
- the Journey Coordination service and Head to Health Phone service will 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 support 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 a range of services that 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 by engaging 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.

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





## 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

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). Activities include the 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-year-old (including under 11-year-olds) 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 into headspace centres across North Queensland to provide trauma-informed clinical services.
- NQPHN commissioned a service provider to deliver the Schools Up North (SUN) program to secondary schools in the Cape York and Torres Strait Islands area, which upskills education providers on the identification, support, and referral of young people with mental health issues. NQPHN is decommissioning this health literacy service due to commissioning priority changes and will collaborate with the provider to ensure a seamless transition.
- NQPHN commissions Youth Empowered Towards Independence (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 collaborating with YETI and other subcontracted providers to consider quality improvement opportunities to enhance the model.
- **Enhancing early intervention for 0 to 11-year-olds:** NQPHN commissions Aboriginal Community Controlled Health Organisations (ACCHOs) to deliver connected maternal child health and mental health services to enhance early intervention opportunities for First Nations young people.

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 to support improved access, transition, and integration.



NQPHN will ensure activity objectives are met by engaging 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 a 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 focussed on under 12-year-olds in line with the Health Needs Assessment and establish an approach to future commissioning from this review.

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





## 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

Improve access to primary mental health care for those with mild to moderate mental health issues located in rural and remote communities, or who have difficulty accessing mainstream services for other reasons. This will be achieved by planning and commissioning 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 delivering culturally appropriate mental health services. In line with NQPHN's mental health service principles, developed through codesign processes for stepped care services, commissioned providers are 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 by engaging 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 12-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

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 (BDI's) LifeSpan Framework and engages 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 uses 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 BDI's 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 are sustainable.

NQPHN reviewed its reporting framework for commissioned agencies to improve alignment with the BDI's LifeSpan Framework. NQPHN will ensure activity objectives are met by engaging 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.

Additionally, 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 Steering Committee which has key priority actions identified for suicide prevention. Using 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, need assessments, and Joint Regional Wellbeing Plan activity, with a focus 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 by engaging 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

Enhance access to, and better integrate Aboriginal and Torres Strait Islander mental health services at a local level, facilitating a collaborative approach with other intricately 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 and the Aboriginal Medical Service (AMS)/Aboriginal community-controlled health sector to commission services to deliver culturally appropriate evidence-based mental health services to First Nations people across North Queensland.

NQPHN commissions several services across key areas of focus.

#### Place-based

Five providers are commissioned to deliver place-based mental health services to First Nations communities across North Queensland. NQPHN collaborates with the local community, Aboriginal Community Controlled Health Organisations (ACCHOs), and state health providers to deliver services with a place-based approach that best meets the needs of these communities.

#### Social and emotional wellbeing (SEWB) and innovative approaches to services

A number of ACCHOs are commissioned to deliver integrated SEWB programs, with clinical staff collaborating alongside non-clinical staff to deliver culturally safe and appropriate services. This includes an Indigenous psychology service working within 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 the engagement of providers on a minimum quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include an 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 that enhance an understanding of outcomes and impacts of services for First Nations peoples, delivered using culturally valid and meaningful measurements.

Additionally, NQPHN facilitates meetings between Torres and Cape Hospital and Health Service's Mental Health and Alcohol and Other Drug representatives, commissioned service providers, and ACCHOs to enhance working relationships and optimise opportunities to share resources, improving the delivery of services to remote communities throughout this region.

## MH – 7 – Stepped care approach: severe and complex

---

### Activity priorities and description

#### Program key priority areas

Mental Health Priority Area 7: Stepped care approach.

#### Aim of activity

Provide those experiencing severe and complex mental health difficulties with access to primary mental health care, by meeting the individual needs of the person through integrated stepped care services across North Queensland. The target population is adults experiencing severe and complex mental illness but who do not require tertiary mental health services.

#### Description of activity

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

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

The service offering is designed for members of the community with severe and complex mental illness through 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) working as part of a multi-disciplinary team to provide clinical support and ensure integration of services with non-clinical psychosocial support. Additionally, the inclusion of psychological therapies for high intensity needs in response to the identified need allows for both elements of care to be delivered during times of higher intensity need.

NQPHN commissions service providers across northern Queensland to deliver evidence-based mental health clinical services to people experiencing severe and complex mental illness who 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 delivered using 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 collaborated with current high intensity mental health clinical service providers to ensure a seamless transition of services on 1 July 2024, including a cross over period to allow for a warm handover of clients.

In line with NQPHN's mental health service principles, 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 that meet needs.



NQPHN will ensure activity objectives are met by engaging 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.







## 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

The Joint Regional Wellbeing Plan for North Queensland (the Plan), an evidence-informed foundational joint regional strategy, was developed by Northern Queensland Primary Health Network (NQPHN), in partnership with the four Hospital and Health Services (HHSs) to implement joint mental health, alcohol and other drugs (AOD), and suicide prevention activities that improve access to, and coordination of care across the region.

The Plan provides strategic direction, in line with national reform agenda, for equitable planning and purchasing of place-based mental health, AOD, and suicide prevention programs, services, and integrated care pathways across North Queensland.

#### Description of activity

The publicly available Joint Regional Wellbeing Plan was developed through wide consultation, with a focus on the key priority areas of mental health, AOD, and suicide prevention across North Queensland.

The implementation of the Plan is managed by the Joint Regional Wellbeing Steering Committee, made up of NQPHN, Mackay HHS, Townsville HHS, Cairns and Hinterland HHS, Torres and Cape HHS, Queensland Health's Mental Health and Alcohol and Other Drugs (MHAOD) Branch representatives, and representation from peak organisations including the Queensland Mental Health Commission (QMHC) and Queensland Alliance for Mental Health (QAMH).

This year, the Joint Regional Wellbeing Steering Committee is focussed on completing consultation in alignment with the Local Area Needs Assessment (LANA) and the Joint Regional Health Assessment (JRNA), to inform the development of a Comprehensive Plan, due on the 30 June 2025. The steering committee reports to the Better Health NQ Alliance and acts as 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-served, and/or hard to reach groups.

#### Aim of activity

Provide psychological treatment services for people living in residential aged care facilities (RACHs) who are currently “hard to reach” due to a lack of services and general practice incentives, such as the availability of mental health treatment plans in RACH settings.

#### Description of activity

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

The service, designed pre-COVID, has not had the expected uptake. As a result, NQPHN has undertaken a limited codesign in partnership with RACHs, lived experience individuals, and service providers to develop an enhanced model for mental health services for individuals in RACHs. Further codesign will be done in partnership with NQPHN’s Older Person’s team, Hospital and Health Service (HHS) partners, and RACHs, with a transition plan ensuring services are maintained whilst an alternative approach is developed and commissioned.

NQPHN will ensure activity objectives are met by engaging 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.

## 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

Improve access to mental health services and provide early intervention strategies for young people aged 12 to 25-year-olds 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 (AOD) problems.

#### Description of activity

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

Activities include:

- a wait time reduction program that provides timely access to services for young people and support long term sustainability of the headspace program
- suicide prevention support to provide assessment and treatment to young people who present with risk to self
- outreach services for Cairns Hinterland areas of the Tablelands and Cassowary Coast communities
- Indigenous engagement activities
- dialectical behaviour therapy
- satellite activities in Sarina and Proserpine (Whitsundays)
- a Youth Complex program for youths experiencing complex needs.

NQPHN will ensure activity objectives are met through the engagement of 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.

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

There are also established business rules and training to support providers in the collection of the 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

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 Cairns and Hinterland Hospital and Health Service (CHHHS).

The service delivers non-clinical after care support in partnership with clinical services, to individuals that have attempted suicide or experienced a suicidal crisis. A non-clinical assertive outreach approach ensures that support is patient-centred, accessible, and responsive to the needs of the individual. Recent clinical support through the CHHHS Clinical Coordinator has enhanced 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 workforce's capacity and capability to support individuals at risk of suicide to self-manage distress and stay safe. Engagement of First Nations people is a key priority, with the service employing two identified positions. The service collaborates with Aboriginal Community Controlled Health Organisations (ACCHOs) to improve further opportunities in accessing the service.

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

- obtain project updates, including 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 achieved through the Cairns Suicide Prevention Aftercare Governance Group, made up of service provider representation from CHHHS, Beyond Blue, and NQPHN. During establishment, the group met monthly, but now meet quarterly to review performance data and consider any required service changes to continue meeting changing needs.

National evaluation is being undertaken by Nous Consulting, with a Beyond Blue representative providing updates.

## MH – 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 below 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 to match them to the services they need using the Initial Assessment and Referral Decision Support Tool (IAR-DST).
- Providing evidence-based and evidence-informed immediate and short to medium episodes of care in line with a best practice stepped care approach.
- Being a highly visible and easily accessible entry point for adults into the mental health system.
- Providing on-the-spot treatment, advice, and support from a range of mental health professionals, without prior appointments or a fee.
- Providing an alternative to presenting to an emergency department for people by offering extended opening hours.
- 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 Services (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, developed through codesign processes for stepped care services, commissioned providers are 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 by engaging 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 is a member of the Townsville Head to Health Governance Committee to further support the implementation of the service.





## MH – 16 – Stepped care approach – low to moderate intensity

---

### Activity priorities and description

#### Program key priority areas

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

#### Aim of activity

Provide access to primary mental health care for those experiencing low to moderate intensity mental health difficulties, to meet the individual needs of the individual 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 (IAR) 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 now finalising a procurement process following a 12-month process to redesign stepped care services, with a specific focus on improving access to, transition, and integration of services.

The new model is informed by strong guiding principles of how the service should be experienced by the individuals who access them and includes a range service offerings. Low to moderate intensity services will be provided through a range of service offerings designed in 2023. The Intake Assessment Referral Decision Support Tool (IAR DST) will be used through the intake and assessment phase to support the navigation of the individual to a range of services that best meet their needs. Service offerings include:

- front door intake
- journey coordination
- psychological therapies.

Front door intake occurs via a Head to Health centre or psychical front door (identified through the procurement process, with a specific focus on improving access for rural communities).

Journey coordination supports individuals to access low intensity supports such as existing mental health digital services and social and community services.

The new model psychological therapies are for individuals with low to moderate mental health needs, and include individual and group therapies via face-to-face care, telehealth, and/or through outreach, making services more accessible for communities.

Establishment of the new stepped care model will be the key focus for 2024–25, inclusive of new regional service provider networks.

NQPHN will ensure activity objectives are met by engaging 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.



## 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

Embed the Head to Health Phone Service as a key intake point for mental health service delivery in northern Queensland and integrate 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 navigates 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 northern Queensland. However, in 2024, the arrangement was better integrated with other services including stepped care, whereby all referrals for stepped care are also managed through the Head to Health Phone Service. This supports 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 by engaging 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 and enhancement.

The stepped care changes arise from the independent review of mental health stepped care services completed in 2022 and significant redesign and recommissioning from 2023–24. Redesigning stepped care services across the region was a key recommendation of the review, 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) within primary care by providing training and support targeted at general practitioners, clinicians, and service providers.

#### Description of activity

The program guidance for Initial Assessment Referral (IAR) Training and Support Officers (Dec 2021) guides this activity. Northern Queensland Primary Health Network (NQPHN) employed one full time employee (FTE) Training and Support Officer with training, to enable 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, 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 Training Support Officer role works with NQPHN's Primary Care Engagement team and Hospital and Health Service (HHS) General Practice Liaison Officers to engage primary care clinicians in training. Training is delivered in-person and online, with general practitioners remunerated for their participation in line with guidance.

Opportunities to better connect the IAR-DST into local Health Pathways and general practice software provide further value for general practitioners attending the training.

An additional focus for the next twelve months will include increased direct follow up with general practitioners, with the training officer role travelling more across the NQPHN region to provide increased in-person engagement and uptake.

The Training Support Officer engages in national network meetings with other Training Support Officers 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

Reduce suicide and self-harm within communities through the development of a systems-based, community-led, and regional approach to suicide prevention to support regional initiatives, informed by the successes of the National Suicide Prevention Trial. Work will be guided by the Black Dog Institute's (BDI's) LifeSpan Framework and aim to engage 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 individuals 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 engagements and community consultations 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 activities. Additionally, the Suicide Prevention Coordinator oversees contracts specifically related to community-based suicide prevention. NQPHN uses a systems-based approach to ensure suicide prevention strategies are localised and multi-sectoral through commissioning agencies that 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 Hospital and Health Service (HHS) regions in northern Queensland; Townsville, Mackay, Cairns and Hinterland, and Torres and Cape. SPCAP commissioned agencies facilitate collaborative groups made up of a diverse range of stakeholders, including HHSs and lived/living experience representation to 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 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 Steering Committee which has key priority actions identified for suicide prevention.

Using 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.

- 
- specifically, this includes working alongside HHS Regional Adversity Coordinators and connecting those grant programs with NQPHN Targeting Regional Incentives for Suicide Prevention (TRISP) grants
  - commissioning community-based suicide prevention activities based on SPCAP’s emerging priorities, needs assessments, and Joint Regional Wellbeing Plan activity.
    - these activities focus on community-led, collective impact initiatives and will be commissioned across the NQPHN region through use of resource allocation methodology that informs investment
  - digital wellbeing initiatives.

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

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

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-year-olds with, or at risk of, mental illness and improve access 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

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

- improve demand management by employing additional staff to target intake and triage, group, and brief intervention opportunities for young people
- enhance the headspace Cairns centre to accommodate additional staff and improve telehealth capability through refurbishment.

NQPHN will ensure activity objectives are met through engagement of providers on a minimum of a quarterly basis to monitor service deliverables, outcomes, and compliance. Meetings will include opportunity 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 is continued during the process of relocation, ensuring cultural safety is a consideration in the new centre
- relocate to a larger site, including refurbishment and fit out as required, including a general practitioner room.

NQPHN will ensure activity objectives are achieved through:

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



