

Northern Queensland Primary Health Network

Activity Work Plan

Primary Mental Health Care

2023/24 – 2027/28

Updated December 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
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
Activities	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-AMHCT - 15	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 – Medicare Mental Health Assessment and Referral Phone Service	23
Activity priorities and description	23
Program key priority areas	23
Aim of activity	23
Description of activity	23
MH – 18 – Initial Assessment and Referral Training and Support Officers	24
Activity priorities and description	24
Program key priority areas	24
Aim of activity	24



Description of activity	24
MH – 19 – Targeted Regional Initiatives for Suicide Prevention	25
Activity priorities and description	25
Program key priority areas	25
Aim of activity	25
Description of activity	25

Disclaimer

All activities captured in this Activity Work Plan are identified in the Joint Regional Needs Assessment conducted by Northern Queensland Primary Health Network and have been approved by the Department of Health, Disability, and Ageing.

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 that ensures 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 footprint, 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, 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 northern Queensland through the procurement of a Regional Journey Coordination Lead service.

In addition, NQPHN currently commissions low intensity services across the NQPHN footprint 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 to enhance the 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 to improve access to appropriate mental health low intensity services.

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

- encouraging the utilisation of existing national digital low intensity options through promotion across the primary health sector
- promoting of the Head to Health web portal, and community education regarding low intensity options including apps and on-line self-management courses to general practitioners (GPs) and other service providers.
- the Journey Coordination service and Head to Health Phone Service, ensuring 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/communities in northern Queensland to 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 integration to a 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 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.

There are established business rules and training to support providers in collection of Primary Mental Health Care Minimum Data Set (PMHCMDS) 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 for 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 a severe mental illness 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 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 footprint in the next 12-months.
- headspace centres across northern Queensland to provide trauma-informed clinical services.
- Youth Empowered Towards Independence (YETI) to deliver, through subcontracting arrangements, mental health and alcohol and other drugs services to young people in the Torres and Cape Hospital and Health Services 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:

- 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 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.



NQPHN's review of stepped care had some, albeit limited, focus on services for children and young people. NQPHN will undertake a further review of investment in child and young people services across the northern Queensland region over the next 12-months, specifically focusing on under twelves in line with the Joint Regional Needs Assessment, with the intention to establish an approach to future commissioning as a result of this review.

There are established business rules and training to support providers in collection of Primary Mental Health Minimum Data Set (PMHCMDS) 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-served 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 needs.

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 services throughout the NQPHN footprint 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 peoples. NQPHN commissions a number of Aboriginal Community Controlled Health Organisations to deliver social and emotional wellbeing 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, 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 integration to a range of services to meet 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.

There are established business rules and training to support providers in collection of Primary Mental Health Minimum Data Set (PMHCMDS) 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 (BDI's) LifeSpan Framework and engages whole of community to enhance community wellbeing and the ability 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. 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 Hospital and Health Service regions of NQPHN (Townsville, Mackay, Cairns, and Torres and Cape). SPCAP commissioned agencies facilitate collaborative groups made up of a diverse range of stakeholders 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. 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 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 BDI's LifeSpan Framework.


NQPHN will ensure activity objectives are met through the engagement of 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 service uptake, access issues, and opportunities for further service 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 whose key priority actions include 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 support 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 the Joint Regional Wellbeing Plan activity
 - these activities will focus on community-led, collective impact initiatives
 - commissioning the delivery of suicide prevention training across northern Queensland, based on community identified need.

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.



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 and the Aboriginal Medical Service/Aboriginal Community Controlled Sector to commission services to deliver culturally appropriate evidence-based mental health services to First Nations peoples across northern Queensland.

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

- **Place-based:** five providers are commissioned to deliver place-based mental health services for First Nations communities across northern 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 with delivery in the Torres and Cape region. Services are integrated closely with psychosocial and alcohol and other drugs (AODs) services to support addressing the holistic needs of the individual.



MH – 7 – Stepped care approach: Severe and Complex

Activity priorities and description

Program key priority areas

Mental Health Priority Area 4: Mental health services for people with severe and complex mental illness, including care packages.

Aim of activity

Ensuring access to the continuum of primary mental health care for those experiencing severe and complex mental health difficulties, to meet the individual needs of the person through an integrated stepped care service across northern Queensland. This activity aims to provide primary health based mental health services to adults experiencing severe and complex mental illness, but who do not require tertiary mental health services, through commissioning services across the northern Queensland region.

Description of activity

Northern Queensland Primary Health Network (NQPHN) commissions a range of small and large providers across the Cairns and Hinterland, Townsville, and Mackay Hospital and Health Service regions to deliver severe and complex mental health stepped care services through the Clinical Care Coordination service. These services commenced on the 1 July 2024 following a significant redesign process. The new model is informed by strong guiding principles of how the service should be experienced by people accessing it and includes a range service offerings. 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 the range of services that best meet their needs.

Service offerings delivered under the Clinical Care Coordination programs include:

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

Intake will occur via the Medicare Mental Health Phone service 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 services, where additional supports are required. The services will be delivered in alignment with the strong principles of how the service should be experienced by people, developed through the stepped care codesign process. The services will be integrated with the broader stepped care services through regional service provider networks that form a key element of the redesigned mental health stepped care services in northern Queensland, branded MyndKind.



NQPHN will ensure activity objectives with new and existing service providers 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.



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) coordinates with partners, consisting of the four Hospital and Health Services (HHSs), the development, implementation, and review of an evidence-based joint regional mental health, alcohol and other drugs, and suicide prevention plan – the *Joint Regional Wellbeing Plan for Northern Queensland* (The Plan). The plan will guide the strategic direction for northern Queensland, in line with the national reform agenda, and will be used for equitable planning and purchasing of place-based mental health, alcohol and other drugs, and suicide prevention programs, services, and integrated care pathways across northern Queensland.


Description of activity

NQPHN has a key leadership role in the implementation and review of the Joint Regional Wellbeing Plan for Northern Queensland. The Plan represents joint planning between PHNs and HHSs, whilst aligning with national and state reform efforts to support locally driven planning, funding, and delivery of mental health, suicide prevention, and alcohol and other drug services and initiatives.

The Joint Regional Wellbeing Steering Committee's membership is made up of NQPHN, Mackay, Townsville, Cairns and Hinterland, and Torres and Cape HHSs, and Queensland Health Mental Health Alcohol and Other Drugs Branch representatives and includes representation from peak bodies, including the Queensland Mental Health Commission (QMHC) and the Queensland Alliance for Mental Health (QAMH). This year the Committee's focus will be on implementing the updated plan, due by 30 June 2025, as issued by the Department of Health, Disability and Ageing (DHDA) in alignment with requirements. The consultation for the updated plan was undertaken for the Local Area Needs Assessment (LANA) and the Health Needs Assessment (HNA) and expanded to include a broader range of engagement across the mental health, alcohol and other drugs, and suicide prevention sectors across northern Queensland, with engagement including other government departments, such as education, the coroner's office, and housing.

The updated plan incorporates region specific priorities and actions, overseen by region specific Hospital and Health Services; Torres and Cape, Cairns and Hinterland, Townsville, and Mackay, including working groups who reporting to the steering committee. This approach ensures the unique needs of each region are addressed in a direct and meaningful way.

The steering committee will actively progress the whole of northern Queensland priority actions and oversee the region-specific implementation of actions. The steering committee reports to the Better Health NQ Alliance and provides a mechanism to maximise opportunities for integration of the system, codesign, co-commissioning, and innovation. NQPHN leads the administration functions of the steering committee.



MH – 9- Psychological therapies for people in Residential Aged Care Facilities

Activity priorities and description

Program key priority areas

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

Aim of activity

To provide psychological treatment services for people living in residential aged care homes (RACHs) classified as “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 contracts in place with seven service providers to deliver psychological therapies into RACHs. Initial service codesign was undertaken in 2024 in partnership with RACHs, people with lived experience, and service providers, with further codesign now underway in partnership with contracted providers. The new model focuses on ensuring all RACHs have a designated service provider. There is no central intake for the service, rather providers and their specific RACHs work in partnership to develop streamlined direct referral pathways. In addition to the delivering of psychological therapies, providers will provide support and education to RACH staff, support family, and carers of residents, to provide low intensity groups where this is indicated by individual RACH’s needs.

NQPHN is now facilitating a Community of Practice between providers to share learnings.

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.



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 in northern 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 are located in Mackay (including satellite services in Sarina and Proserpine), Townsville, and Cairns, with each location delivering services aligned with the headspace model of care.

Activities


- A Wait Time Reduction program that provides timely access to services for young people and supports long term sustainability of the headspace program.
- Suicide prevention support to provide assessment and treatment to young people who present with a risk to self.
- Outreach services to the 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 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.

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 the collection of PMHCMS 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 the Cairns and Hinterland Hospital and Health Service (CHHHS). NQPHN, CHHHS, and Wellways will host quarterly governance meetings to monitor the program. The service was originally established as a trial and included Beyond Blue as a partner. This has transitioned over the last two years.

The service delivers non-clinical after care support, in partnership with clinical services, to individuals that have attempted suicide or are experiencing 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 approximately three months following a 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 peoples is a key priority, with the service employing two identified positions. The service collaborates with Aboriginal Community Controlled Health Organisations (ACCHOs) to further improve access to 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 the opportunity 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.

MH-AMHCT - 15

Activity priorities and description

Program key priority areas

Other - Head to Health Adult Mental Health Centres and satellites (includes trial sites) Supporting Recovery Pilot.

Aim of activity

To provide adult mental health centres and services, in line with departmental guidelines, with a central point of clinical and non-clinical support and linkage within the community, whilst providing 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 support for short-to-medium episodes of care in line with a best practice stepped care approach
- being a highly visible centre, with 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 by offering extended opening hours
- complementing rather than replacing or duplicating mental health services already provided in the community
- collaborating across the service sector to ensure the centre and other primary health services operate in an integrated way
- liaising with primary care services, public and private hospitals, general practitioners, Aboriginal Community Controlled Health Services, and non-government and community organisations, including carers and lived experience individuals, and 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 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 Neami National on a minimum quarterly basis, monitoring 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.

Aim of activity

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

Description of activity

Northern Queensland Primary Health Network (NQPHN) commissions a range of small and large providers across Cairns and Hinterland, Townsville, and Mackay Hospital and Health Service (HHS) regions to deliver low to moderate mental health stepped care services. These services commenced on 1 July 2024 following a significant redesign process. The new model is informed by strong guiding principles of how the service should be experienced by people and includes a range of service offerings. Low to moderate intensity services will be provided through a range of service offerings. 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 the range of services that best meet their needs.

Service offerings include:

- front door intake
- journey coordination
- psychological therapies.

Intake will be via the Medicare Mental Health Phone service 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 addition, social prescribing support will be provided by the Medicare Mental Health Phone Service as an additional low intensity support service. Psychological therapies for people with low to moderate mental health needs, will include individual and group therapies with face-to-face services, telehealth, and/or through outreach, making services more accessible for communities.

The services will be delivered in alignment with the strong principles of how the service should be experienced by people, as developed through the stepped care codesign process. The services will integrate with broader stepped care services through regional service provider networks that form a key element of the redesigned mental health stepped care services in northern Queensland, branded MyndKind.

NQPHN will ensure activity objectives with new and existing service providers 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.

MH – H2H – 17 – Medicare Mental Health Assessment and Referral Phone Service

Activity priorities and description

Program key priority areas

Mental Health Priority Area 7: Stepped care approach.

Aim of activity

To embed the Head to Health Phone Service as a key intake point for mental health service delivery in northern Queensland, whilst integrating with other relevant services (particularly stepped care) to provide seamless access to mental health care.

Description of activity

Northern Queensland Primary Health Network (NQPHN) commissions Primary & Community Care Services (PCCS) to deliver the Medicare Mental Health Phone Service (formally known as the Head to Health Phone Service) for northern Queensland. The service transitioned to PCCS from the previous provider on the 1 July 2024 with no disruptions to the service.


The Medicare Mental Health Phone Service provides direct access to the northern Queensland community for mental health support, through the provision of a triage, assessment, and service navigation role. The service will support people through the referral process to ensure a smooth connection to the services needed. In addition to this navigation role, the Medicare Mental Health Phone Service will provide support utilising a social prescribing framework. The Initial Assessment Referral Decision Support Tool (IAR-DST) will be utilised through the intake and assessment phase to support navigation of the individual to the range of services that best meet their needs.

The service is delivered in alignment with the strong principles of how the service should be experienced by people accessing it, developed through the stepped care codesign process. The service is integrated with the broader stepped care services through regional service provider networks that form a key element of the redesigned mental health stepped care services in northern Queensland, branded MyndKind. The service also works to ensure strong integration with other PHN funded services, including Medicare Mental Health Centres (where they exist).

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 opportunity to:

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



MH – 18 – Initial Assessment and Referral Training and Support Officers

Activity priorities and description

Program key priority areas

Mental health.

Aim of activity

To support the implementation and 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 Initial Assessment and Referral (IAR) Training and Support Officers (Dec 2021) guides this activity. Northern Queensland Primary Health Network (NQPHN) has employed one full time employee (FTE) Training and Support Officer who has undergone training to enable them to facilitate training in the IAR-DST across the northern Queensland region.

Training is targeted at general practitioners 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 Initial Assessment and Referral (IAR) process. The Training Support Officer is working with NQPHN's Primary Care Engagement Team and the 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 practices being remunerated for their participation in line with guidance. Opportunities to better connect the IAR-DST into local HealthPathways and general practice software are being utilised to add further value in the training attendance for General Practices.

Training Support Officers engage in national network meetings with other Training Support Officers to support the implementation of this work. With the cessation of the funding for the program on 30 June 2025, NQPHN will utilise available underspend to continue the delivery of training and upskill staff within NQPHN to maintain a limited training support for general practices and other primary care providers.



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. It 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 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, alongside linking and supporting established mechanisms of engagement and suicide prevention activity. In addition, 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 by commissioning agencies to lead the ongoing development and implementation of Suicide Prevention Community Action Plans (SPCAPs), commissioning activities aligned 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; Townsville, Mackay, Cairns and Hinterland, and Cape and Torres. 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. SPCAP 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.

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 a 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 Targeted Regional Initiatives 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 will focus on community-led, collective impact initiatives
 - these will be commissioned across the NQPHN footprint through use of resource allocation methodology to inform 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 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.

