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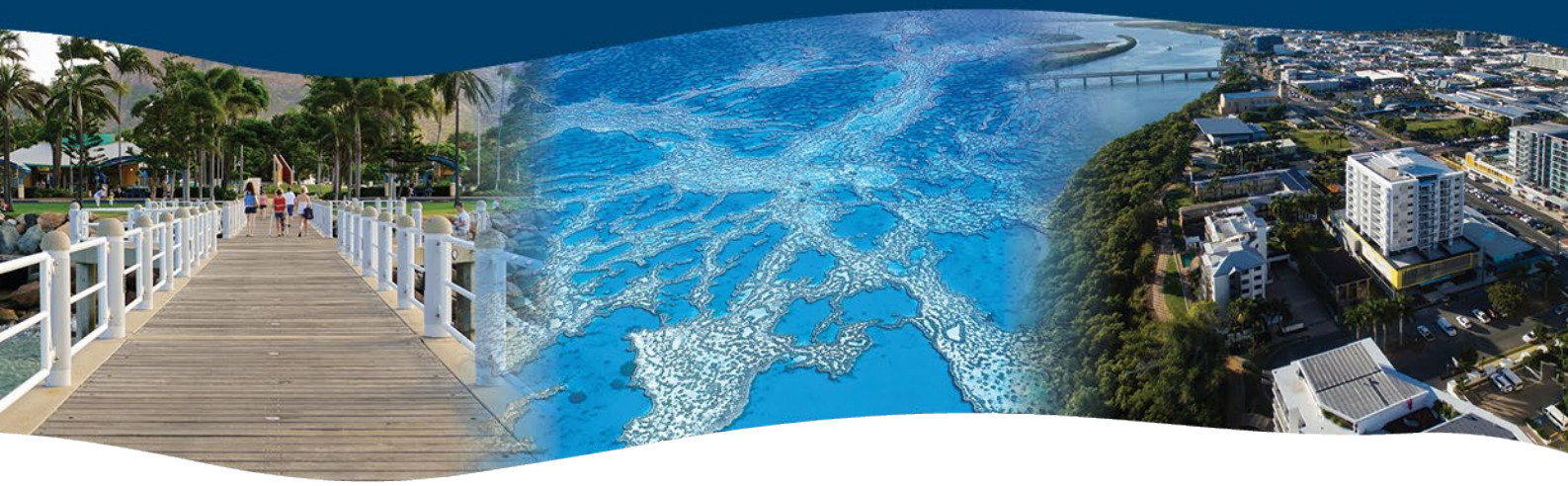

Northern Queensland Primary Health Network

Activity Work Plan

Primary Mental Health Care

2025/26 – 2028/29

Updated September 2026

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

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 - 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 access to timely, developmentally appropriate early intervention mental health services for children and young people (0–24 years of age) across northern Queensland, particularly those at risk of or experiencing emerging mental illness, through commissioning integrated, regionally responsive primary mental health care approaches.

Description of activity

Under this activity, Northern Queensland Primary Health Network (NQPHN) commissions a range of child and youth-specific early intervention mental health services tailored to identified regional needs across northern Queensland. Services are designed to provide developmentally appropriate, trauma-informed, and culturally responsive early intervention for children and young people aged 0–24 years of age.

Current commissioned service components include:

- Bravehearts, delivering trauma-informed early intervention services for children under 14 years in the Mackay region in response to an identified service gap, with evaluation informing potential future scaling.
- headspace centres across northern Queensland, providing youth-focused, trauma-informed clinical mental health services.
- Youth Empowered Towards Independence (YETI), delivering mental health and alcohol and other drug services to young people in the Torres and Cape Hospital and Health Services region through subcontracted arrangements, with ongoing quality improvement activity.
- Aboriginal Community Controlled Health Organisations, commissioned to deliver integrated maternal, child, and youth mental health services to support early intervention for Aboriginal and Torres Strait Islander children and young people.

Services are delivered within a stepped-care framework and supported by cross-sector collaboration to improve access, transition, and integration across health, social, and community services. NQPHN undertakes structured contract management and engages with providers at least quarterly to monitor service access, outcomes, and compliance.

In addition to current service delivery, NQPHN will undertake a focused review of investment in child and youth mental health services, with particular attention to children under 12 years of age, to inform future commissioning in line with the Joint Regional Needs Assessment.

Commissioned providers are supported to meet Primary Mental Health Care Minimum Data Set (PMHC-MDS) requirements, with established business rules and training to ensure consistent data collection and reporting.

MH - 3 - Primary Mental Health Care for Hard to Reach

Activity priorities and description

Program key priority areas

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

Aim of activity

To improve access to primary mental health care and psychological therapies for people who are hard to reach, including those in rural and remote locations and other under-served populations, through commissioning flexible, place-based service models aligned to local needs.

Description of activity

Northern Queensland Primary Health Network (NQPHN) commissions a range of providers to deliver primary mental health care, psychological therapies, and Social and Emotional Wellbeing services to improve access for people who are hard to reach across the NQPHN region. Services include place-based and outreach models codesigned with communities, including rural and remote communities and Aboriginal and Torres Strait Islander people. Activity objectives are overseen through routine contract management, provider engagement, and performance monitoring.

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 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 targeted community responses for collective impact.

Description of activity

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. NQPHN is utilising a systems-based approach to ensure suicide prevention strategies are localised and multi-sectoral with alignment to the National Suicide Prevention model and the Black Dog Institute's LifeSpan Framework. SPCAPS are developed in each of the four Hospital and Health Service regions in northern Queensland (Townsville, Mackay, Cairns and Hinterland, and Torres and Cape), with the commissioned agencies undertaking a backbone role to support local networks and collaborative groups made up of a diverse range of stakeholders. Local needs and issues are consistently reviewed and emerging concerns flagged for collective action. The current commissioned agencies in all regions will continue in 2026-27. All regions have active collaborative networks, and work continues in the Torres and Cape region to develop and uplift 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 are sustainable.

In 2026-27, NQPHN will focus on the development of a strategic approach to suicide prevention in partnership with key stakeholders to:

- Comprehensively map the activity of all commissioners, service providers, and community agencies against the National Suicide Prevention Strategy.
- Undertake a gap analysis against the Strategy.
- Draw on learnings from the National Suicide Prevention Trials, the Queensland Mental Health Commission Every Life outcomes and evaluation, SPCAP trends and priorities, and NQPHN suicide prevention commissioned data.
- Develop an enhanced understanding of measures of community wellbeing and distress that supports an early response at the community level, drawing on the National Suicide Prevention Outcomes Framework.

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 integration of culturally safe Aboriginal and Torres Strait Islander mental health services at a local level, supporting a joined-up approach across Social and Emotional Wellbeing (SEWB), suicide prevention, and alcohol and other drug services.

Description of activity

Northern Queensland Primary Health Network (NQPHN) works in partnership with Aboriginal and Torres Strait Islander communities and the Aboriginal Community Controlled Health Organisation (ACCHO) sector to commission culturally appropriate, evidence-based primary mental health and Social and Emotional Wellbeing services across North Queensland. Services include place-based mental health models and integrated SEWB programs delivered by ACCHOs, combining clinical and non-clinical approaches and supporting holistic care. Activity objectives are overseen through routine contract management, provider engagement, and performance monitoring, with collaboration across hospital and health services and other relevant sectors to improve integration and access, including in remote communities. Additionally, NQPHN facilitates meetings between the Torres and Cape Hospital Health Service's Mental Health and Alcohol and Other Drugs representatives, commissioned service providers, and Aboriginal Community Controlled Health Organisations to enhance working relationships and optimise opportunities to share resources to deliver services to the remote communities throughout this region.

MH - 7 - Stepped care approach: Severe and Complex

Activity priorities and description

Program key priority areas

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

Aim of activity

To provide timely access to integrated, primary health-based mental health services for adults experiencing severe and complex mental illness who do not require tertiary care, through a stepped care approach across northern Queensland.

Description of activity

Northern Queensland Primary Health Network (NQPHN) commissions providers across the Cairns and Hinterland, Townsville, and Mackay Hospital and Health Service regions to deliver primary mental health services for people with severe and complex mental illness, aligned with a stepped care model. Services include clinical care coordination, recovery planning, physical health monitoring, and support for families and carers, delivered through coordinated intake and assessment pathways to improve access, including for rural communities. Services are integrated within regional stepped care networks and overseen through routine contract management, performance monitoring, and provider engagement.

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) leads and coordinates joint regional mental health, alcohol and other drugs, and suicide prevention planning with northern Queensland's hospital and health services (HHSs) to implement, review, and maintain the Joint Regional Wellbeing Plan (The Plan). The Plan guides shared priority settings, system integration, and equitable planning and commissioning of place-based services across northern Queensland, aligned with national and state reform directions.

Description of activity

NQPHN provides system leadership for the implementation and ongoing review of the Joint Regional Wellbeing Plan for Northern Queensland. This work is undertaken in partnership with the four hospital and health services (Cairns and Hinterland, Townsville, Mackay, and Torres and Cape), Queensland Health Mental Health Alcohol and Other Drugs Branch, and peak and statewide partners.

A Joint Regional Wellbeing Steering Committee oversees whole-of-region priorities and provides strategic oversight, alignment with reform agendas, and accountability for implementation. NQPHN leads the administration and coordination of this governance arrangement, including convening meetings, supporting shared reporting, and facilitating system collaboration.

To support place-based delivery, region-specific working groups operate under the Steering Committee for each HHS region. These groups are responsible for progressing regionally identified priorities and actions within the Plan and reporting back to the Steering Committee. This model enables regional differences in need, service gaps, and system maturity to be addressed while maintaining consistency and shared direction across northern Queensland.

The updated Joint Regional Wellbeing Plan (submitted to the Department of Health, Disability and Ageing by 30 June 2025) was informed by coordinated consultation undertaken alongside the Local Area Needs Assessment and Health Needs Assessment processes. Engagement was expanded to include lived experience representatives, the mental health, alcohol and other drugs, and suicide prevention sectors, and relevant government partners such as education, housing, and the coroner's office.

Through this activity, NQPHN supports sustained joint planning, shared accountability, and integration across the mental health and suicide prevention system, consistent with commitments under the National Mental Health and Suicide Prevention Agreement.

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

Activity priorities and description

Program key priority areas

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

Aim of activity

To improve access to low-intensity psychological therapies for people living in residential aged care homes (RACHs) by commissioning services that overcome access barriers and support the mental health and wellbeing of older residents who are unable to engage with mainstream primary mental health care pathways.

Description of activity

Under this activity, Northern Queensland Primary Health Network (NQPHN) commissions psychological therapy providers to deliver low-intensity, evidence-based psychological therapies to residents of RACHs across northern Queensland.

NQPHN currently contracts multiple service providers to ensure coverage across RACHs, with a model designed to address access barriers experienced by older people who are unable to attend community-based services. Each RACH is linked to a designated provider, with direct referral pathways established between providers and facilities to streamline access.

Service delivery includes individual psychological therapies, support and education for residential aged care staff, engagement with families and carers, and low-intensity group-based interventions where appropriate to resident need and facility context.

The service model has been informed through codesign with RACHs, service providers, and people with lived experience, and continues to be refined through ongoing collaboration. NQPHN also facilitates a community of practice for commissioned providers to support shared learning and continuous improvement.

NQPHN oversees service delivery through structured contract management and engages with providers at least quarterly to monitor access, outcomes, and compliance.

Commissioned services are in scope for Primary Mental Health Care Minimum Data Set (PMHC-MDS) collection, with providers supported to meet data quality and reporting requirements.

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 integrated, youth-friendly primary mental health care and early intervention services for young people aged 12–25 years of age across northern Queensland who are at risk of, or experiencing, emerging mental ill-health, including co-occurring physical health and alcohol and other drug concerns.

Description of activity

Under this activity, Northern Queensland Primary Health Network (NQPHN) commissions lead organisations to deliver headspace youth mental health services across northern Queensland, providing integrated, youth-friendly primary mental health care for young people aged 12–25 years of age.

headspace centres operate in Mackay (including satellite services in Sarina and Proserpine), Townsville, and Cairns, with additional outreach services to the Tablelands and Cassowary Coast communities. Services are delivered in line with the national headspace model of care and include early intervention mental health support, physical health, alcohol and other drug services, and psychosocial support.

Commissioned service components include:

- wait time reduction initiatives to support timely access and service sustainability
- suicide prevention assessment and treatment for young people presenting with risk to self
- outreach services to improve access for young people in rural and hinterland locations
- Indigenous engagement activities to support culturally safe access
- evidence-based therapeutic interventions, including dialectical behaviour therapy
- satellite service delivery in Sarina and Proserpine (Whitsundays)
- youth complex programs for young people with high and multiple needs.

NQPHN oversees service delivery through structured contract management and engages with providers at least quarterly to monitor performance, outcomes, and compliance. NQPHN also maintains an active relationship with headspace National through participation in forums and governance activities.

Commissioned providers are supported to meet Primary Mental Health Care Minimum Data Set (PMHC-MDS) requirements, with established business rules and training to support consistent and accurate data collection.

MH-AMHCT - 15 - Adult Mental Health Centre

Activity priorities and description

Program key priority areas

Adult Mental Health – Crisis and Immediate Care Alternatives.

Aim of activity

To provide accessible, walk-in adult mental health centres that deliver immediate, short-to-medium term clinical and non-clinical support, improve linkage to ongoing care, and offer a community-based alternative to emergency department presentation for adults experiencing mental health distress.

Description of activity

Under this activity, Northern Queensland Primary Health Network (NQPHN) commissions Adult Mental Health Centres operating under the national model to provide accessible, community-based mental health support for adults experiencing distress or crisis.

In Townsville, NQPHN commissions Neami National as the lead provider to deliver the service. In Cairns, NQPHN commissions MIND Australia as the lead provider to deliver the service. In Mackay, NQPHN commissions Grand Pacific Health as the lead to deliver the services.

The centres operate as a highly visible, walk-in entry points to the mental health system, offering immediate assessment, evidence-based short to medium term care, and active linkage to appropriate ongoing supports. Services are delivered without the need for appointments or fees and operate extended hours to reduce pressure on emergency departments.

The service model includes:

- Assessment using the Initial Assessment and Referral – Decision Support Tool (IAR DST).
- Immediate and short to medium term episodes of evidence-based care within a stepped care framework.
- On the spot clinical and non-clinical support from multidisciplinary mental health professionals.
- Coordination and referral to primary care, hospital, and community-based mental health and support services.
- Active collaboration with Aboriginal Community Controlled Health Services, community organisations, carers, and people with lived experience.
- NQPHN oversees delivery through structured contract management and minimum quarterly engagement with commissioned providers to monitor service access, outcomes, and compliance, and participates in established governance groups to support effective system integration.

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

To provide timely access to low to moderate intensity primary mental health care through an integrated stepped care model that responds to individual needs across northern Queensland.

Description of activity

Northern Queensland Primary Health Network (NQPHN) commissions a range of providers across the Cairns and Hinterland, Townsville, and Mackay Hospital and Health Service regions to deliver low to moderate intensity primary mental health services aligned with a stepped care model. Services include coordinated intake and assessment, low intensity supports, and psychological therapies delivered through face-to-face, telehealth, and outreach modalities to improve access, particularly for rural communities. Services are integrated through regional provider networks and supported by routine contract management, performance monitoring, and engagement to ensure alignment with stepped care principles and service outcomes.

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 Medicare Mental 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 and Medicare Mental Health Centres) to provide seamless access to mental health care.

Description of activity

Northern Queensland Primary Health Network (NQPHN) commissions Primary and Community Care Services (PCCS) to deliver the Medicare Mental Health Phone Service for northern Queensland.

The Medicare Mental Health Phone Service provides direct access to the community to mental health support, through the provision of a triage, assessment and service navigation role to northern Queensland people.

The Initial Assessment Referral Decision Support Tool is used through the intake and assessment phase to support the navigation of the individual to the range of services that best meet their needs.

The service is integrated with the broader stepped care services through alignment to guiding principles and the regional service provider network that form a key element of the redesigned mental health stepped care services in northern Queensland. NQPHN also works in partnership with PCCS and Medicare Mental Health Centre commissioned providers to ensure strong integration and effective referral pathways). NQPHN will also be working with the provider to ensure the effective implementation and delivery of the Medicare Mental Health Check In service.

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

Activity priorities and description

Program key priority areas

Mental Health Priority Area 7: Stepped care approach.

Aim of activity

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

Description of activity

The program guidance for IAR Training and Support Officers (Dec 2021) guides this activity. Northern Queensland Primary Health Network (NQPHN) has employed a one full-time employee (FTE) Training and Support Officer who has undergone 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 (GPs), other primary care clinicians, and NQPHN-commissioned service providers.

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 works 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, and general practices are 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 to the training attendance for GPs, as well as socialising the tool with HHS teams to work towards consistent understand and shared language.

Training Support Officers (TSO) engage in national network meetings with other TSOs 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 be able to maintain a limited training support to GPs 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 LifeSpan Framework and the National Suicide Prevention 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.

Description of activity

The Targeted Regional Initiatives for Suicide Prevention (TRISP) measure was to cease on 30 June 2026. The Department approved an extension of time to 31 December 2026 to allow for continued delivery of activities with a priority for sustainability of outputs.

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. The activity has focused 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.

NQPHN utilises a systems-based approach to ensure suicide prevention strategies are localised and multi-sectoral. NQPHN ensures there is coordination and alignment of activities across this measure and activities through MH-5-Community based suicide prevention activities to avoid duplication and increasing impact through SPCAP Suicide Prevention Community Action Plans (SPCAPs), commissioning activities aligned with SPCAP priorities, the Joint Regional Wellbeing Plan (JRWP), responding to emerging trends, and commissioning suicide prevention training.

Additionally, a comprehensive workforce development initiative has been designed to respond to the current and emerging needs from the region that continue to identify gaps in the knowledge, skills, and capability for suicide prevention in the health workforce and across community services. Lead workforce planning agencies will be commissioned to ensure there is subject matter expertise and links to workforce streams to manage the program of work.

The program is framed to reduce workforce silos and increase participation through a multidisciplinary approach. The focus is on recognition, confidence-building, and connection-supporting practitioners to recognise their role in Mental Health, Alcohol and Other Drugs, and Suicide Prevention (MHAODSP) and workforce wellbeing, strengthen skills in early identification, intervention, and referral, and integrate more confidently into local MHAODSP pathways.

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