

# Gold Coast - Primary Mental Health Care

## 2021/22 - 2024/25

### Activity Summary View

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## MH-H2H - 1 - Head to Health Intake and Assessment Phone Service



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH-H2H

#### Activity Number \*

1

**Activity Title \***

Head to Health Intake and Assessment Phone Service

**Existing, Modified or New Activity \***

New Activity

**Activity Priorities and Description****Program Key Priority Area \***

Mental Health Priority Area 7: Stepped care approach

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of this service is to enhance service access for people with mental health needs in the community so that they are able to access the right support at the right time to meet their health and social support needs. This service will provide a central intake and assessment phone service that promotes consistent triage and enables warm transfer and referral to the most appropriate services, including Head to Health centres and satellites, and other appropriate regional health services.

**Description of Activity \***

The Intake and Assessment phone service will:

- Implement a team of clinicians with expertise across mental health, AOD and physical health
- Implement a centralised intake and assessment phone service, where the assessment is conducted by a mental health clinician
- Undertake brief review of client need/s to identify if urgent support is required
- Undertake biopsychosocial assessment of client need/s using the Initial Assessment and Referral (IAR) decisional support tool.
- Determine level of service required by a client based on need/s and refer the client onward for service/s as required.
- Develop and provide information for individuals, families, friends and carers on locally available mental health, AOD and suicide prevention services, and related social support services.
- Provide support and advice for families, friends and carers and acknowledge their social and emotional support needs.
- Provide service navigation for clients with ongoing service needs, supporting clear and seamless pathways, including access to digital self-help services, and providing a point of contact and follow-up.
- Work collaboratively with other service providers in the region to allow smooth transfer to other available local PHN-commissioned, jurisdictional, non-government organisation (NGO) or private services, including those offered on a fee-for-service basis.
- Develop guidelines or procedures with involved regional agencies (including local acute mental health service) to support high quality, effective and efficient service access and referral pathways for clients.

**Needs Assessment Priorities \*****Needs Assessment**

GCPHN Needs Assessment\_2021

**Priorities**

Priority	Page reference
Severe and complex mental illness	315
People at risk of developing mild and moderate mental illness	294
Aboriginal and Torres Strait Islander Health	482



## Activity Demographics

### Target Population Cohort

People with, or at risk of, mental illness

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

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## Activity Consultation and Collaboration

### Consultation

GCPHN will engage broadly with the whole sector as part of this activity. All activities in each priority area including the work of the Joint Regional Plan have supported the work in the stepped care activity.

In particular GCPHN maintains regular contact with all commissioned providers and HHS colleagues as well as drawing on the specialist advice of a range of community members for specific activities. The Joint Regional Plan Strategic Oversight Committee and associated Partnership Groups will be consulted in implementation and ongoing review of this service.

### Collaboration

List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.

- Consumers- co-design, implementation, monitoring, evaluation
  - Non-government organisations- co-design, implementation, monitoring, evaluation
  - Mental health and AOD Multidisciplinary Advisory Group- co-design, implementation, evaluation
  - Hospital and Health Service- co-design, implementation, evaluation
  - Primary Care Providers – co-design, implementation, evaluation
  - Child and Youth Service Providers- co-design, implementation, evaluation
  - Indigenous Health Services- co-design, implementation, evaluation
- 



## Activity Milestone Details/Duration

**Activity Start Date**

30/06/2022

**Activity End Date**

29/06/2023

**Service Delivery Start Date**

1 July 2022

**Service Delivery End Date**

30 June 2023

**Other Relevant Milestones**

July 2022 – June 2023

- Adaptation of the current PCCS service model to include key elements within the Head to Health model (e.g. hours of operation to include after hours)
- Implementation of required Head to Health telephone routing and messaging
- Increase in workforce/FTE
- Scoping, development and implementation of an IT system which has the decision support tool integrated and has functionality to support:
  - o capture of enquiry/referral data
  - o electronic referrals from GPs and clinicians
  - o secure messaging to regional service providers
  - o required reporting/KPIs
- Collation and reporting of IAR level of care and average wait time for a client to access service
- Change management (communication and operational) to support adoption of the national Head to Health Phone Line number by the community
- Development and implementation of a service mapping resource/reference tool across mental health services in Gold Coast region

**Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** Yes

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

**Has this activity previously been co-commissioned or joint-commissioned?**

## Decommissioning

### Decommissioning details?

#### Co-design or co-commissioning comments

As outlined above this service will be co-designed with an existing GC PHN commissioned provider who is already delivering a similar service in Gold Coast region. Key elements that will be co-designed in 2022-2023 include:

- Adaptation of the current PCCS service model to include key elements within the Head to Health model (e.g. hours of operation to include after hours)
  - Scoping, development and implementation of an IT system which has the decision support tool integrated and has functionality to support:
    - o capture of enquiry/referral data
    - o electronic referrals from GPs and clinicians
    - o secure messaging to regional service providers
    - o required reporting/KPIs
  - Change management (communication and operational) to support adoption of the national Head to Health Phone Line number by the community.
  - Development and implementation of a service mapping resource/reference tool across mental health services in Gold Coast region
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## MH - 1 - Low Intensity Services



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

1

**Activity Title \***

Low Intensity Services

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 1: Low intensity mental health services

**Other Program Key Priority Area Description****Aim of Activity \***

This activity aims to improve targeting of evidence based low intensity psychological interventions to support people who are at risk of mild mental illness through the development and/or commissioning of low intensity mental health services.

**Linked AWP's**

Priority area 3: Psychological therapies for rural and remote, under-served and/or hard to reach groups

Priority area 7: Stepped care approach

Priority area 8: Regional mental health and suicide prevention plan

**Description of Activity \***

The following activities will be undertaken:

- Commissioning of a structured psychological individual program for people with or at risk of mild mental illness focusing on the continuation and enhancement of Beyond Blue New Access program
- Development and implementation of a communication and marketing plan to increase awareness of Low Intensity services inclusive of e-Mental Health services and direct service delivery (New Access) for General Practitioners and community members (linked to Priority Area 7 – Stepped Care).
- Continue to build a robust partnership between the Intake, Assessment and Information service to support identification and engagement of appropriate referrals with Low Intensity services (linked to Priority Area 7 – Stepped Care).
- Align evaluation, development and marketing of Low Intensity programs with Joint Regional Plan outcomes.

The expected results are:

- Increased access to low intensity services for people experiencing mild mental health issues
- Increased awareness of e-Mental Health programs by services and the community.

In 2022/2023 GCPHN will focus on:

- Continue/Implement provision of New Access from existing provider that aligns and enhances implemented of the step care and provision of more localised services.
- Quality Improvement plan with the Provider to enhance KPIs for client numbers and service contacts.
- Review of low intensity service models as part of the Psychological Services Review
- Develop and implement a communication plan to provide awareness and understanding of the e-Mental Health programs aligned with Low Intensity service delivery.
- Having a stable and well utilised low intensity program that is embedded with current Provider in the stepped care continuum
- Referral pathway development utilising the new Head to Health Intake and Assessment Phone Service
- Finalising the PSP Review and associated recommendations (some of which may relate to low intensity services).

## Needs Assessment Priorities \*

### Needs Assessment

GCPHN Needs Assessment\_2021

#### Priorities

Priority	Page reference
People at risk of developing mild and moderate mental illness	294



## Activity Demographics

### Target Population Cohort

People with or at risk of mild mental illness in the Gold Coast region.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

## Consultation

As part of the Joint Regional Plan, consultation to prioritise opportunities and actions has been occurring with a broad range of stakeholders including Gold Coast Health, Gold Coast AOD and mental health service providers, primary care providers, consumers, carers, and family members. To assist in determining what changes may be required for the activities funded, the needs and opportunities identified through the Joint Regional Planning process will be considered.

Continuous quality improvement will be a focus with the newly established Head to Health Intake and Assessment Phone Service to ensure referral pathways and engagement with General Practice is effective.

It is important that the review of the activity occurs in partnership with not only the Joint Regional Plan, but to also includes referrers and other Primary Health Networks to help identify the new service delivery model going forward.

This program links directly with the Psychological Services Program AWP (MH3: Psychological Services for hard to reach groups) and ongoing viability of this low intensity service model will be informed by outcomes of the formal review of the Psychological Services Program.

## Collaboration

The stakeholders that will be involved in implementing the activity and their roles are as follows:

### Stakeholder-Role

1. Primary Care providers -Referrals, feedback, and partners in client care
2. Mental health service providers-Referral between services, cross promotion of activity
3. Beyondblue-Expert advice for New Access, national promotion of program, coordination of PHN meetings
4. Crisis support services / Gold Coast Health (MH Call 24/7 number)-Referrals, linkages to services
5. Head to Health and eMHPPrac -Referral into complementary online treatment programs
6. Community and social groups and support-Referral and liaison
7. GCPHN Primary Health Care Improvement Committee, Clinical Council, Consumer Advisory Council, Joint Regional Plan Governance-Advice, consultation, codesign and linkages to primary care and clinical services.
8. Queensland Primary Health Networks (PHNs)-Partnerships with Queensland PHNs to maximise investment opportunities and economies of scale for workforce development opportunities, quality improvement opportunities with providers, primary care improvement strategies



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2020

### Activity End Date

29/06/2025

### Service Delivery Start Date

1 July 2020

### Service Delivery End Date

30 June 2023

### Other Relevant Milestones

July 2020 - New Service providers (New Access) commence provision of Service.

July 2020 – Dec 2020 - Review the Low Intensity Program

February 2021 - Board Approval of the Low Intensity Commissioning Plan 2021/22

June 2021 - Procurement Plan approval to continue to fund the existing low intensity service provider for 2021/22. Review of service performance by youth mental health low intensity service - recommendation was made to decommission this service due to lack of performance.

July 2021 - June 2022 - Low Intensity program commissioned. Commissioned services delivered from 2021-2022  
June 2022 - Procurement Plan approval to continue to fund the existing provider at the same level for 2022/23  
July 2022 - June 2023 - Low Intensity program commissioned for 2022-2023 (planned)

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## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No  
Continuing Service Provider / Contract Extension: No  
Direct Engagement: Yes  
Open Tender: No  
Expression Of Interest (EOI): No  
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

N/A

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes

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## MH - 2 - Child and Youth Mental Health Services



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

2

**Activity Title \***

Child and Youth Mental Health Services

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

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

**Other Program Key Priority Area Description****Aim of Activity \***

This activity aims to support region-specific, cross sectoral approaches to early intervention for children and/or young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care).

The activities aim to increase overall community access to evidence-based early intervention to reduce the prevalence and impact of mental illness for the child and youth population and includes the following services and activities;

Gold Coast Youth Severe (12 – 18 years)

Gold Coast Youth Severe (18-25 years)

Child Psychological Services (0-12 years)

**Description of Activity \***

Gold Coast Youth Severe (12 – 18 years)

Commission the provision youth severe and complex services, targeting the 12 – 18 years. Increase and enhance assertive outreach service delivery to ensure services to young people that are hard to reach and are not engaged with the service system and providing clinical care coordination.

Gold Coast Youth Severe (18-25 years)

This activity is a component of the service delivery outlined in priority area 4: Please see activity MH-4 Services (Clinical Care Coordination) for people with severe and complex mental illness for details.

#### Child Psychological Services (0-12 years)

Continue to commission psychological services for children (0-12) described under Priority area 3. Additionally, GCPHN will undertake further work to better understand the current service delivery environment to more accurately identify needs, challenges, intervention opportunities and models of care for this vulnerable group.

GCPHN is working collaboratively with BSPHN to participate in a project: Strengthening the Health Response for Children and Young People in Alternate Care. This project is supporting the identified need of children in care.

The above activities and any new activities will be aligned to the outputs from the Gold Coast Joint Regional Plan implementation.

### Needs Assessment Priorities \*

#### Needs Assessment

GCPHN Needs Assessment\_2021

#### Priorities

Priority	Page reference
Child, youth and families mental health	345



### Activity Demographics

#### Target Population Cohort

Children and young people aged 0-25 with, or at risk of mental illness across all the activities listed above

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

#### Whole Region

Yes



### Activity Consultation and Collaboration

#### Consultation

Since services have been commissioned, consultation will focus on the service provider, lead agency, referrers and clients through a review to inform future service delivery.

#### Collaboration

The stakeholders that will be involved in implementing the activities and their roles are as follows:

1. BSPHN-Joint Commissioners headspace early psychosis
2. Lives Lived Well & After Care -Lead Agencies – headspace early psychosis
3. Headspace National
4. Orygen -Expert advice, procurement panel representation
5. Primary Care providers -Referrals and partners in client care
6. Mental health service providers-Referral between services, cross promotion of activity, shared care arrangements
7. Youth service providers, including schools, Department of Child Safety, Department of Education, NGOS-Referrals and partners in improving service integration, regional planning
8. Gold Coast Health – Child and Youth Services
8. Partner in client care and regional integration and service planning
9. Queensland Health-Partner and Commissioner of Services



### Activity Milestone Details/Duration

**Activity Start Date**

30/06/2020

**Activity End Date**

29/06/2025

**Service Delivery Start Date**

1 July 2020

**Service Delivery End Date**

30 June 2025

**Other Relevant Milestones**

### Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

Yes

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

No

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## MH - 3 - Psychological Services for hard-to-reach groups (PSP)



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

3

**Activity Title \***

Psychological Services for hard-to-reach groups (PSP)

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

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

**Other Program Key Priority Area Description****Aim of Activity \***

This service aims to address service gaps in the provision of psychological therapies for people in under-serviced and/or hard to reach populations, making optimal use of the available service infrastructure and workforce through:

- Ensuring referral pathways are in place to enable and support patients to seamlessly transition between services as their needs change.
- Ensuring most efficient use of resources
- Ensuring high level of service quality
- Ensuring mental health services are offered to people in times of situational distress

MH3.1 – Psychological Services Program

\*Note: This activity relates to activity MH2.5: Child Psychological Services and MH1: Low Intensity Services

**Description of Activity \***

In 2022/23 GCPHN will focus on:

- Continuation of commissioning of the Psychological Services Program (PSP) in the current program format which includes service delivery to the above mentioned specific hard to reach groups (subject to outcomes of formal Review of the PSP by January 2023).
- Continuation of commissioning of the current LGBTIQAP+ specialised mental health service.
- Continuation of commissioning of the current specialised low intensity mental health services

- Ongoing quality improvement with the above commissioned providers including:
  - o Review of intake and triage management including timely acceptance (or otherwise) and management of Suicide Prevention referrals.
  - o Performance data and monitoring – ensuring all Providers understand the KPI's and how the data management system feeds into these KPI's.
  - o Workforce – to ensure Providers are informing GCPHN of staff changes including AHPRA numbers and target groups.
  - o Quarterly meetings with providers to assist with ongoing co-design collaboration, partnering across the sector and provides them the opportunity to discuss any specific issues/opportunities.
- A formal review of PSP which will include the following:
  - o Review of target population/s, quality of the service, service pathways, service performance and service impact/s. This will be assisted by current data and performance of the program over recent years. This review will be coordinated by the GCPHN with external consultants engaged to assist with identified pieces of work.
  - o Needs analysis - as part of the regional planning process identify the needs (target groups) of the Gold Coast community that can be addressed.
  - o Undertaking of service mapping in the Gold Coast region and analysis of same.
  - o Review of the PSP suicide prevention referral and service delivery pathway and consideration of how it fits into the wider Gold Coast service system.
  - o Analysis of commissioning models from other PHN's which will include:
    - ☐ Block funding vs fee for service models
    - ☐ Low Intensity and PSP alignment within the stepped care continuum
  - o Review of evidence-based models of care that could be considered for delivery to identified hard-to-reach groups in the region.
  - o Development of recommendations regarding model/s of care for implementation from Dec 2022/Jan 2023.

## Needs Assessment Priorities \*

### Needs Assessment

GCPHN Needs Assessment\_2021

#### Priorities

Priority	Page reference
Underserved population groups	387
People at risk of developing mild and moderate mental illness	294



## Activity Demographics

### Target Population Cohort

People with mild to moderate mental illness who are financially disadvantaged (Health Card required) from the following target groups:

- Children (aged 0-12)
- Women experiencing perinatal depression
- People who are at risk of suicide
- People who are, or are at risk of becoming, homeless
- People who are Culturally and Linguistically Diverse (CALD)
- People who identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and others (LGBTIQAP+)
- Aboriginal and Torres Strait Islanders

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

Yes

#### Indigenous Specific Comments

Yes, but targeted as a hard to reach and high-risk group

#### Coverage

##### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

As part of the Joint Regional Plan, consultation to prioritise opportunities and actions has been occurring with a broad range of stakeholders including Gold Coast Health, Gold Coast AOD and mental health service providers, primary care providers, consumers, carers and family members. To assist in determining what changes may be required for the activities funded, the needs and opportunities identified through the Joint Regional Planning process will be considered.

Continuous quality improvement will be a focus with the newly established Head to Health Intake and Assessment Phone Service to ensure referral pathways and engagement with General Practice is effective, particularly given that General Practitioners are the only referrers into the PSP.

It is important that the review of the activity occurs in partnership with not only the Joint Regional Plan, but to also includes referrers and other Primary Health Networks to help identify the new service delivery model going forward.

Quarterly provider meetings will be performed as will consultation with GCPHN Clinical Council to inform the PSP program guidelines and to ensure referral pathways and business processes support effective and efficient service delivery.

### Collaboration

The stakeholders that will be involved in implementing Activity 3 and their roles are as follows:

1. Consumers- planning, co-design, implementation, monitoring
2. Psychological Service Providers – planning, co-design, procurement, implementation, monitoring
3. Primary Care Providers- planning, co-design, procurement, monitoring
4. Hospital and Health Service- planning, co-design, procurement
5. Education Services- planning, co-design
6. Professional Bodies Australian Psychological Society, Mental Health Nurses, Occupational Therapy and Social Workers. – planning, co-design, procurement, implementation
7. Queensland Primary Health Networks (PHN's)- planning
8. GCPHN Primary Health Care Improvement Committee, Clinical Council, Consumer Advisory Council, Joint Regional Plan Governance



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2020

### Activity End Date

29/06/2025

**Service Delivery Start Date**

1 July 2021

**Service Delivery End Date**

30 June 2023

**Other Relevant Milestones**

July 2022 – June 2023:

- Review of the PSP program by Feb/Mar 2023 including:
  - Service mapping of Gold Coast mental health services and analysis of same
  - Key stakeholder consultation
  - Analysis of evidence-based models of care
  - Development of new/revised service model/s of care
  - Procurement planning
  - New service commissioning (as required and appropriate)
  - New service establishment
- Service Delivery
  - Continue to fund current providers to 28th February 2023
  - Implementation of new services (as required) from Dec 2022/Jan 2023
  - Decommissioning of services (as required) from March 2023
  - Change management to support service changes

Linked AWP's

- Priority Area 1: Low Intensity
- Priority Area 7: Stepped Care
- Priority Area 2: Child & Youth Mental Health Services
- Priority Area 6: Aboriginal and Torres Strait Islander



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

**Not Yet Known:** Yes

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

Yes

**Decommissioning details?**

Existing providers have been (and will continue to be) a key stakeholder in the review and co-design of the most effective model for psychological services for the hard-to-reach groups into the future. The procurement plan developed in Aug/Sept 2022 will include a full decommissioning plan, giving providers plenty of notice that their contracts would not be extended. To ensure minimum disruption for individual clients it would be our intent to enable all clients to continue to see the same provider for their full episode of care, clients would not be transferred to new or different. New referral from certain date would be directed to the new providers.

A full change management plan will be developed to support decommissioning and implementation of new model/s of care. This will include communication to key stakeholders in the region including our current PSP providers and key referrers into the PSP

**Co-design or co-commissioning comments**

Co-design of new models of care may be considered for implementation in 2022/23 should the opportunity arise an outcome of the PSP review.

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

Yes

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## MH - 4 - Services for people with severe and complex mental illness



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

4

**Activity Title \***

Services for people with severe and complex mental illness

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

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

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of the activity is to commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with severe and complex mental illness who are being managed in primary care.

\*Note: This activity relates to Priority area 2 – Activity MH 2.4 Clinical care co-ordination for 18 – 25 years

**Description of Activity \***

This activity will continue to commission Clinical Care Coordination services to support people with severe and complex needs (inclusive of activity MH2.4).

The commissioned service will:

- Provide comprehensive multidisciplinary assessment and care planning.
- Support GPs and consumers to implement care plans ensuring access to clinical and non-clinical services
- Support consumers and their carer's/family have improved health literacy and increased confidence and skills to effectively manage their mental health, avoiding escalation of distress and unnecessary hospitalisations.
- Support GPs and private Psychiatrists to be confident to manage the mental and physical health of their patients in a team approach with the clinical care coordinator.
- Support consumers to access the service where they need it and in the way that suits their circumstances.

A quality improvement review of the service will be conducted in 2022/23. This will involve:

- Review and update of the service model to ensure alignment with DoH guidance
- Review of service performance requirements
- Review of performance reporting and monitoring to support the development of outcomes-based evaluation of the service
- Alignment of service model and performance based on GCPHN and consumer needs and expectations.

## Needs Assessment Priorities \*

### Needs Assessment

GCPHN Needs Assessment\_2021

#### Priorities

Priority	Page reference
Severe and complex mental illness	315



## Activity Demographics

### Target Population Cohort

- Individuals aged over 18 years with a mental health condition which is severe and either episodic or persistent in nature
- Individuals that cannot have their needs met solely by a primary care provider and do not meet the clinical thresholds for the acute sector.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

In the design of this activity a comprehensive round of consultations occurred in 2017 and involved a wide range of committees, groups and workshops that were held to ensure advice and input from all key stakeholders including consumers, partners, Gold Coast Health, government departments, Mental Health Nurses and service providers.

As part of the quality assurance process GCPHN will engage with service users and providers to monitor the quality and development of the commissioned services.

In 2022/23 GCPHN will undertake review of key service components within the Clinical Care Coordination service including:

- referral pathways
- workforce
- service performance and outcomes
- consumer service need/s and expectations.

### Collaboration

The stakeholders that will be involved in ongoing collaboration are implementing activity MH4 and their roles are as follows:

Consumers-Completed (planning, co-design, procurement), implementation, monitoring, evaluation

- Non-government organisations- (planning, co-design, procurement), implementation, monitoring, evaluation
- Mental health and AOD Multidisciplinary Advisory Group - (planning, co-design, procurement), implementation
- Hospital and Health Service- (planning, co-design, procurement), implementation, evaluation
- Primary Care Providers – General Practitioners--(planning, co-design, procurement), implementation, evaluation
- Primary Care Providers – Psychological Service Providers—implementation, evaluation



### Activity Milestone Details/Duration

#### Activity Start Date

30/06/2021

#### Activity End Date

29/06/2025

#### Service Delivery Start Date

1 July 2021

#### Service Delivery End Date

30 June 2023

#### Other Relevant Milestones

N/A



### Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

#### Is this activity being co-designed?

No

#### Is this activity the result of a previous co-design process?

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

N/A

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

Yes

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## MH - 5 - Community Based Suicide Prevention Services



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

5

**Activity Title \***

Community Based Suicide Prevention Services

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 5: Community based suicide prevention activities

**Other Program Key Priority Area Description****Aim of Activity \***

This activity aims to:

- increase the efficiency and effectiveness of suicide prevention services for people at risk of suicide
- improve access to and integration of primary mental health care and suicide prevention services to ensure people receive the right care in the right place at the right time
- plan, deliver and commission services to address service gaps in the provision of psychological therapies for people at risk of suicide. Refer to Activity MH3.
- encourage and promote a regional approach to suicide prevention including community-based activities and liaising with Local Hospital Networks (LHNs) and other providers to ensure appropriate follow-up and support arrangements are in place at a regional level for people at high risk of suicide
- Commission suicide prevention services which are evidence based and consistent with a best practice Stepped Care approach, including incorporating a joined-up assessment process and referral pathways; make best use of the available workforce; are cost effective; and do not duplicate or supplement services that are the responsibility of Commonwealth Programs, state and territory government or other service sectors, including the disability support sector.

**Description of Activity \***

Key activities will include:

- Working with service providers to ensure services are delivered in line with funding agreements and best practice
- Research, consultation, and review of models to ensure any future GCPHN commissioned structured psychological services for

people at risk of Suicide and the Community Suicide Prevention (CSP) service is providing evidence-based therapies and are consistent with best stepped care approaches.

- Support to the Suicide Prevention Implementation Group (SPIG) to assist in coordination of workplan activities and to assist with collaboration and engagement with key agencies and individuals in the community to support successful achievement of planned activities.

## Needs Assessment Priorities \*

### Needs Assessment

GCPHN Needs Assessment\_2021

#### Priorities

Priority	Page reference
Underserved population groups	387
Severe and complex mental illness	315
People at risk of developing mild and moderate mental illness	294



## Activity Demographics

### Target Population Cohort

Individuals at high risk of suicide, including those experiencing:

- socially isolation
- financial stress
- unemployment
- Relationship difficulties and breakdown
- mental health and/or problematic alcohol, drug and/or gambling issues
- chronic health condition or disability
- Frontline health and/or emergency services workers
- Caring for people with a physical or mental health concern
- homelessness or insecure housing

or who identify as

- Aboriginal and Torres Strait Islander
- LGBTIQAP+

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Since services have been commissioned, ongoing consultation continues to focus on the provision of services complementary to the Gold Coast Health Zero Suicide Framework and the Suicide Prevention Community Action Plan through a review of activities and regional planning to inform future service delivery. This includes:

- Continued consultation with GCPHN Board, Clinical and Community Councils, and Mental Health expert advisory groups
- Ongoing consultation with key Suicide Prevention champions and potential leads

### Collaboration

The stakeholders that will be involved in implementing this Suicide prevention activity are as follows:

- Consumers
- Suicide Prevention services including Wesley Mission Queensland
- Primary Care Providers
- Gold Coast Health
- Queensland Health
- Gold Coast Health and Acute Care Team
- Psychological Services Program providers
- Aboriginal service providers
- Community and non-government organisations and social supports
- Queensland Primary Health Networks (PHN's)
- GCPHN Primary Health Care Improvement Committee, Clinical Council, Consumer Advisory Council, Joint Regional Plan Governance, SPIG committee



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2020

### Activity End Date

29/06/2025

### Service Delivery Start Date

30 June 2020

### Service Delivery End Date

30 June 2023

### Other Relevant Milestones

Provide the anticipated activity start and completion dates (including the planning and procurement cycle):

Review of Northern Gold Coast Community Suicide Prevention Service

Activity start date: 01/07/2022

Activity end date: 30/06/2023

Attendance at SPIG and implementation of Suicide Prevention Community Action Plan

Activity start date: 01/07/2022

Activity end date: 30/06/2023



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** Yes

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** Yes

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

Yes

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

Listed above in 'Other Approach Details'

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



## MH - 6 - Mental Health Indigenous Services



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

6

**Activity Title \***

Mental Health Indigenous Services

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

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

**Other Program Key Priority Area Description****Aim of Activity \***

This activity aims 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 \***

The aim and needs will be met through the activities as follows:

- Continuing to commission an Aboriginal and Torres Strait Islander medical Centre (AMS) to provide an integrated clinical mental health service, alcohol and other drug and community suicide prevention activities.
- Commission an Aboriginal and Torres Strait Islander Medical Centre (AMS) to provide navigation support for first nations people to mainstream services where appropriate.
- Commission services that enhance service integration through:
  - o Enhancing existing primary care services by optimising the use of a mental health nurses and access to psychological services
  - o Delivery of early intervention and care coordination
  - o Delivery of clinical case management services within a social and emotional wellbeing framework
  - o Developing strong partnerships within and externally to the local Indigenous community and service provider network
  - o Clear referral pathways

Through the life of this activity plan there will be an ongoing focus on relationship management, data collection and analysis,

performance management, continuous improvement and service evaluations.

The expected results are:

- Patient access to mental health supports within the one a comprehensive primary health care model
- Improved access for first nations people to mainstream commissioned services
- Strong working relationships between the first nations community, suicide prevention and other mental health services

## Needs Assessment Priorities \*

### Needs Assessment

GCPHN Needs Assessment\_2021

#### Priorities

Priority	Page reference
Crisis Support and Suicide Prevention	443
Aboriginal and Torres Strait Islander Health	482



## Activity Demographics

### Target Population Cohort

Aboriginal and Torres Strait islander Population and those accessing the Aboriginal Medical Centres within Gold Coast region.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

Yes

#### Indigenous Specific Comments

See description of activity.

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Since services have been commissioned, consultation has focused on review and refinement of the service model to ensure that it meets consumer needs.

### Collaboration

List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.

- Local Mental Health and AOD Service Provider, co-design, referral, provider of services
- Primary CARE Providers, advisor, referees, provision of feedback on services
- Aboriginal Medical Centre, provider, co-design

- Aboriginal Community —, advisors, co-design, feedback
- Gold Coast Health



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2020

### Activity End Date

29/06/2024

### Service Delivery Start Date

1 July 2020

### Service Delivery End Date

30 June 2023

### Other Relevant Milestones

In 2022/23 GCPHN will undertake:

- review of the service model by Jan 2023 in partnership with the provider
- support the provider to implement improved data and reporting systems (by Jan 2023)
- refine quarterly reporting processes to make them more efficient and easier for the provider to manage (by Jan 2023)



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

N/A

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

Yes

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## MH - 7 - Stepped Care Approach



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

7

**Activity Title \***

Stepped Care Approach

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 7: Stepped care approach

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of this activity is to commission a continuum of primary mental health services within a person-centred Stepped Care approach so that a range of service types, making best use of available workforce and technology, are available within local regions to better match with individual and local population needs.

**Description of Activity \***

MH7.1 Continue to commission a continuum of primary mental health services in a stepped care model

This activity aims to build on the commissioned services that address the continuum of primary mental health services within a person-centred stepped care approach so that a range of service types, making best use of available workforce and technology, are available within the Gold Coast to better match with individual and local population needs. The focus for these services will be on:

- quarterly performance review and monitoring
- delivery of quality improvement activities
- building and maintaining collaborative working partnerships
- enhancing the communications and marketing approach for digital health services
- building linkages with non-mental health services to provide greater reach and robustness to the stepped care continuum (see activity 7.4)

MH7.2 Head to Health Intake and Assessment Phone Service (refer to MH-H2H-1 Head to Health Intake and Assessment Phone

Service )

This activity will continue to build the development of assessment and referral pathways and infrastructure i.e. Head to Health Intake and Assessment Phone Service to support access and delivery of services that provide the least intensive care and most appropriate option of support service to meet individuals needs and preferences. GCPHN will work with the provider (PCCS) to implement the Head to Health Intake and Assessment Phone Service Model (and associated staffing and infrastructure requirements).

#### MH7.3 Stepped Care Communication Plan

This activity will support the education and awareness raising of stepped care continuum (MBS, digital and PHN commissioned services) and promote referral pathways across all stakeholders in the region inclusive of: GP's, Mental Health Providers, other service providers, community members etc.

#### MH7.4 Safety and Quality of Commissioned Services

This activity will continue to support the maintenance of robust safety and quality of commissioned stepped care mental health services by adherence to the endorsed Service Delivery Quality Performance Framework and promotion of opportunities for consumer involvement in service design, implementation and review at all levels. There will also be a focus on services achieving quality accreditation where suitable and appropriate.

#### MH7.5 Regional Workforce Development

This activity will provide consistent training for key skill areas across the mental health workforce by leveraging standardised training packages (online and/or established agencies) such as suicide prevention and response, mental health assessment and trauma informed care.

#### MH7.6 Ongoing development of HealthPathways

This activity will review and identify available service options in the local community in relation to mental health and translate these into the digital HealthPathways system and other supportive resources that health providers and consumers can use to understand services available in the region.

#### MH7.7 Implementation of the Intake, Assessment and Referral Guidelines (refer to MH-10: Mental Health Training and Support Officer s (TSO)

This activity will focus on education of the Intake, Assessment and Referral (IAR) Guidelines to mental health providers and clinicians in the region over 2022/23. There will also be a focus in 2022/23 on development of literacy in the region of the IAR guidelines (and implementation of same) within clinical practice.

### Needs Assessment Priorities \*

#### Needs Assessment

GCPHN Needs Assessment\_2021

#### Priorities

Priority	Page reference
Severe and complex mental illness	315
People at risk of developing mild and moderate mental illness	294
Aboriginal and Torres Strait Islander Health	482



#### Activity Demographics

#### Target Population Cohort

People with, or at risk of, mental illness

**In Scope AOD Treatment Type \***

**Indigenous Specific \***

No

**Indigenous Specific Comments**

**Coverage**

**Whole Region**

Yes



## Activity Consultation and Collaboration

### Consultation

GCPHN has engaged broadly with the whole sector as part of this activity. All activities in each priority area including the work of the Joint Regional Plan have supported the work in the stepped care activity.

In particular GCPHN maintains regular contact with all commissioned providers and HHS colleagues as well as drawing on the specialist advice of a range of community members for specific activities e.g. GP's to support the development and roll out of new referral forms.

### Collaboration

List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.

- Consumers- co-design, implementation, monitoring, evaluation
- Non-government organisations- co-design, implementation, monitoring, evaluation
- Mental health and AOD Multidisciplinary Advisory Group- co-design, implementation, evaluation
- Hospital and Health Service- co-design, implementation, evaluation
- Primary Care Providers – co-design, implementation, evaluation
- Child and Youth Service Providers- co-design, implementation, evaluation
- Indigenous Health Services- co-design, implementation, evaluation
- EMHPrac – co-design



## Activity Milestone Details/Duration

**Activity Start Date**

28/02/2019

**Activity End Date**

29/06/2023

**Service Delivery Start Date**

## Service Delivery End Date

## Other Relevant Milestones

July 21 – June 22:

- Commissioning across all levels of the stepped care continuum maintained.
- Activities developed and actioned as part of the joint regional planning process.
- Implementation of the HealthPathways system in the region

July 22 – June 23

- Commissioning across all levels of the stepped care continuum maintained
- Activities developed and actioned as part of the joint regional planning process
- Implementation of the Head to Health Intake and Assessment Phone Service – from 1/7/22
- Commencement of Intake, Assessment and Referral Training and Support Officer role for delivery of education and training in 2022/23.
- Ongoing review and update of the HealthPathways system across 2022/23



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



## MH - 8 - Regional mental health and suicide prevention plan



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

8

**Activity Title \***

Regional mental health and suicide prevention plan

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

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

**Other Program Key Priority Area Description****Aim of Activity \***

This activity aims to progress the implementation of the Foundational Joint Regional Mental Health and Suicide Prevention Plan (the Plan) by providing oversight for regional sector collaboration. This includes, supporting the sector to work better together towards shared priorities and more effectively use available resources to meet regional needs in the short term. The Plan also aims to drive evidence-based service development to address identified gaps and deliver on regional priorities which have been developed and delivered in partnership with local communities. Building on the foundational plan, the activity will contribute to a more detailed joint planning, including a comprehensive service development plan.

**Description of Activity \***

Building on previous collaboration, the foundational planning process established joint governance structures between GCPHN and Gold Coast Health and delivered a Plan with shared priorities. GCPHN will dedicate a project position to coordinate and progress the implementation of this Plan. Activities will include:

- review and modification of joint governance structures to support implementation and oversee accountability to the Plan
- development and coordination of a workplan to support completion of agreed activities and achievement of outcomes
- Development and implementation of workforce and community-based training activities
- working in collaboration with Gold Coast Health to use the NMHSPF to undertake further mapping of existing services as part of the commitment and expectation of more detailed service planning
- Working in partnership with consumers and carers, NGO service providers, general practice and other mental health service providers to support coordination and integration regional priorities jointly agreed upon in the Plan.

## Needs Assessment Priorities \*

### Needs Assessment

GCPHN Needs Assessment\_2021

#### Priorities

Priority	Page reference
Crisis Support and Suicide Prevention	443
Child, youth and families mental health	345
Adult mental health	377
Older people mental health	396
Underserved population groups	387
Severe and complex mental illness	315
People at risk of developing mild and moderate mental illness	294



## Activity Demographics

### Target Population Cohort

GCPHN population with mental health needs, with a particular focus on a number of population cohorts including children and young people, adults, older people, Aboriginal and Torres Strait Islander people, people with drug and alcohol issues and people at risk of suicide.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

In addition to the joint governance arrangements, a number of specific working groups will be established to progress key pieces of work in the plan. Existing groups will be actively engaged including mental health consumer and carer groups and panels, the

local Aboriginal and Torres Strait Islander Partnership Group, local Mental Health and Drug and Alcohol sector at multiple times during the process.

#### Collaboration

1. Gold Coast Primary Health Network – Project partner delivering coordination, engagement, data and planning expertise
2. Gold Coast Health – project partner contributing clinical, data, operational and planning expertise



#### Activity Milestone Details/Duration

##### Activity Start Date

30/06/2019

##### Activity End Date

29/06/2023

##### Service Delivery Start Date

##### Service Delivery End Date

##### Other Relevant Milestones



#### Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

Yes

Decommissioning

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

Activity was undertaken as a Joint development project between Gold Coast Health (HHS) and GCPHN

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

No

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## MH - 9 - Psychological Services for hard-to-reach groups (RACFs)



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

9

**Activity Title \***

Psychological Services for hard-to-reach groups (RACFs)

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

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

**Other Program Key Priority Area Description****Aim of Activity \***

This activity aims to:

- Improve access to psychological services for people with mental health disorders and illness in residential aged care
- Provide evidence based psychological and behavioural therapy, including low intensity options if appropriate
- Provide a responsive and flexible service within a stepped care approach, matching service option to need
- Build capacity of RACF and their staff through education, training and liaison

**Description of Activity \***

In 2022/23 GCPHN will focus on continuing to commission the provider for the provision of psychological services for people with mental health conditions living in residential aged care facilities, both through individual and group interventions. The current provider will deliver services that:

- o provide early intervention, response and referral
- o support the residents to attend therapy, undertake self-help and follow interventions
- o provide the residents with lifestyle options to support mental wellbeing
- o support GPs to identify and refer residents requiring psychological support
- o provide equitable access for all residents across the Gold Coast region.

Other activities that will be undertaken in 2022/23 include:

- Engagement and collaboration with other GCPHN business areas to support and integrate this service within the wider Aged Care

Reform services that will commence during 2022/23

- Working with Gold Coast Health Older Persons Mental Health to support effective referral pathways and 'step up' options
- Collaboration with the provider to support effective management of service demand
- Implementation of a quality improvement plan with the provider to enhance or adjust service delivery for to achieve greater client access and outcomes
- Progressing actions where relevant and appropriate identified in the Gold Coast Health and Gold Coast PHN Joint Regional Plan for Mental Health, Suicide Prevention and AOD.

## Needs Assessment Priorities \*

### Needs Assessment

GCPHN Needs Assessment\_2021

#### Priorities

Priority	Page reference
Older people mental health	396



## Activity Demographics

### Target Population Cohort

Individuals living in a Commonwealth funded RACF within the Gold Coast PHN area who:

- have a non-acute, non-chronic, mild to moderate mental health condition that can benefit from short term intervention
- are identified as being 'at risk' of mental illness, defined as individuals who are experiencing early symptoms and are assessed as at risk of developing a diagnosable mental illness over the following 12 months if they do not receive appropriate and timely services
- present as mildly depressed or anxious, or experiencing grief and loss, but do not have a diagnosis
- present with dual diagnosis of mental health disorder and dementia or neurocognitive disorder (including brain injury/developmental disability) where behaviours are identified as mental health related.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Consultation to inform the commissioned service model was held with a range of stakeholders including:

- GCPHN Psychological Services Program Providers and New Access program

- GCPHN Palliative Care Leadership Group
- Beyond Blue New Access team
- Gold Coast Health Older Persons Mental Health service
- Aged and Community Services Australia (ACSA)
- Gold Coast Residential Aged Care Facilities
- Brisbane South PHN
- Brisbane North PHN
- General Practitioners
- Psychogeriatric Nurses Association

#### Collaboration

The following outlines key stakeholders involved in collaboration of design, delivery and review of the service:

- Commissioners of Same provider Brisbane North PHN, Brisbane South PHN and North Coast PHN
- General Practitioners working with RACFs-Partner, promoting availability, referring residents and supporting access to services.
- Gold Coast Primary Health Network -Palliative Care Leadership Group
- Primary Care providers Referrals and partners in client care
- Primary and Community Care Services (PCCS)-Provide information and referrals through central intake function
- Gold Coast Hospital Older Person's mental health Service-Referrals and step up option for service
- Mental Health and AOD Multidisciplinary Advisory Group-Advice and linkages to primary care and clinical services
- Residents and staff of RACFs-Participation in program Residential Advisory Groups
- RACFs-Referrals and partners in client care



#### Activity Milestone Details/Duration

##### Activity Start Date

30/06/2020

##### Activity End Date

29/06/2023

##### Service Delivery Start Date

1 October 2019

##### Service Delivery End Date

30 June 2023

##### Other Relevant Milestones



#### Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

N/A

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

Yes

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## MH - 10 - Mental Health Training Support Officers (TSO)



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

10

**Activity Title \***

Mental Health Training Support Officers (TSO)

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 7: Stepped care approach

**Other Program Key Priority Area Description****Aim of Activity \***

The purpose of this Activity is to support General Practitioners (GPs) and clinicians in the primary care setting, using the stepped care model to select the least intensive level of care, for a person presenting for mental health assistance by using the Initial Assessment and Referral (IAR) tool. This will contribute to achieving nationally consistent levels of care for persons presenting with similar conditions.

Linked AWP's

- Priority Area 7: Stepped Care

**Description of Activity \***

The following activities will be undertaken by GCPHN in 2022/23:

- Recruitment of an Intake, Assessment and Referral Training and Support Officer (IAR TSO)
- The IAR TSO will undertake the following:
  - o Participate in 'train the trainer' training delivered by the National Project Manager to build capability and confidence in using the IAR, facilitating training and supporting GPs to implement the IAR.
  - o Deliver training to, build relationships with, and provide ongoing support to GPs and clinicians in Adult Mental Health Centres, general practices, Aboriginal Medical Services, and commissioned providers within the PHN region.
  - o Deliver training to, build relationships with, and provide ongoing support to GPs and clinicians in Kids Mental Health Centres and Residential Aged Care Facilities as the IAR is adapted for specific vulnerable cohorts and as required by the Department, as well as

in Local Hospital Networks/Districts as jurisdictions in your region adopt the IAR.

- o Meet the GP training target set for GC PHN and maintain records to support the GP attendance and remuneration (for delivery from 2022 to 2024)
- o Build strong relationships across the TSO network and with other key stakeholders to explore opportunities for cross-boundary learning and collaboration.
- o Meet with the Department and National Project Manager, as required, to report on training numbers for all staff trained, share enablers and discuss any barriers.
- o Work with the Department to promote integration of clinical software solutions, once developed, with clinical practices and practice managers within the PHN region.
- o Collect data and report on GP and other clinician training as detailed in the Program Guidance for Primary Health Network Initial Assessment and Referral Training and Support Officers.
- o Maintain a record of Frequently Asked Questions, hosted on the PHN SharePoint, and support continuous improvement to education and training.

## Needs Assessment Priorities \*

### Needs Assessment

GCPHN Needs Assessment\_2021

#### Priorities

Priority	Page reference
General Practice and Primary Care	41
Child, youth and families mental health	345
Adult mental health	377
Older people mental health	396
Underserved population groups	387
Severe and complex mental illness	315
People at risk of developing mild and moderate mental illness	294



### Activity Demographics

#### Target Population Cohort

GPs in the Gold Coast region as a priority. Secondary priority are allied health professionals, Aboriginal and Torres Strait Islander medical services, allied health professionals and commissioned providers

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

The following groups and stakeholders will be involved in consultation activities:

- Internal GCPHN staff
- Mental Health providers in Gold Coast region
- GCPHN Clinical Council
- GPs in Gold Coast region
- National IAR Project Team
- Gold Coast Joint Regional Plan Partnership Groups

GCPHN will consult broadly with a range of regional mental health providers as part of this activity. In particular GCPHN will consult with relevant mental health providers and HHS colleagues in the region as well as draw on advice from regional GPs, GCPHN Clinical Council members and Gold Coast Joint Regional Plan Partnership Group members.

### Collaboration

The stakeholders that will be involved in reviewing, planning, implementing and/or participating in key activities are as follows:

1. Gold Coast GPs and associated medical centres
2. Aboriginal and Torres Strait Islander Medical Practices
3. Lives Lived Well – headspace
4. Primary and Community Care Services
5. Primary Care providers – allied health professionals
6. Other commissioned services – Mental Health and Suicide Prevention
7. Mental health service providers-Referral between services, cross promotion of activity, shared care arrangements
8. Gold Coast Health – Child and Youth Services and Mental Health Services
9. Joint Regional Plan partnership groups
10. GCPHN Clinical Council



## Activity Milestone Details/Duration

### Activity Start Date

31/05/2022

### Activity End Date

29/06/2025

### Service Delivery Start Date

20/6/22

### Service Delivery End Date

30/6/24

### Other Relevant Milestones

During 2022/23 we will complete:

- Onboarding of new Training and Support Officer
- Development of Project Plan and GANTT chart to support key project deliverables
- Participation in Community of Practice sessions run by Commonwealth IAR team
- TSO participation in train-the-trainer IAR session run by Commonwealth IAR team
- Delivery of IAR training to select mental health and/or primary care providers
- Development of project reporting



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** Yes

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**



## MH - 11 - Mental Health supports for Australians affected by the 2022 floods



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

11

**Activity Title \***

Mental Health supports for Australians affected by the 2022 floods

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Other (please provide details)

**Other Program Key Priority Area Description**

This activity links to activities MH-1, MH-2, MH-3 and MH-6.

**Aim of Activity \***

The aim of this activity is to provide mental health services to meet the short- and long-term needs arising from trauma and loss associated with the 2022 South East Queensland and New South Wales

This links to

MH1 Low Intensity  
MH2 Child and Youth mental health services  
MH3 Psychological Services  
MH6 Mental Health Indigenous Services

**Description of Activity \***

The funding will be utilised to provide the following range of services from GCPHN commissioned service providers

- Psychological services
- Headspace services, and
- Wellbeing and resilience grants as needed

## Needs Assessment Priorities \*

### Needs Assessment

GCPHN Needs Assessment\_2021

#### Priorities

Priority	Page reference
Child, youth and families mental health	345
Underserved population groups	387
People at risk of developing mild and moderate mental illness	294



### Activity Demographics

#### Target Population Cohort

People requiring mental health supports as a result of trauma and loss associated with 2022 floods

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

##### Whole Region

Yes



### Activity Consultation and Collaboration

#### Consultation

GCPHN will engage broadly with engaged with key stakeholders to inform them of the availability of these supports, advice on referral pathways.

#### Collaboration

List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.

- Non-government organisations-, implementation,
- Hospital and Health Service-, implementation,
- Primary Care Providers, general practice, psychological service providers, allied health –implementation

- Child and Youth Service Providers, implementation,
  - Indigenous Health Services, implementation,
- 



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2022

### Activity End Date

29/06/2023

### Service Delivery Start Date

1 July 2022

### Service Delivery End Date

30 June 2023

### Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

### Decommissioning

Decommissioning details?

**Co-design or co-commissioning comments**

As outlined above these services will be commissioned from existing GC PHN commissioned providers in Gold Coast region.

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

No

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## MH - 12 - headspace



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

12

**Activity Title \***

headspace

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

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

**Other Program Key Priority Area Description****Aim of Activity \***

This activity aims to support region-specific, cross sectoral approaches to early intervention for children and/or young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care).

The activities aim to increase overall community access to evidence-based early intervention to reduce the prevalence and impact of mental illness for the child and youth population and includes the following services and activities;

headspace

headspace Southport

headspace Upper Coomera

**Description of Activity \***

headspace Primary – (12-25 years)

- Continue to commission headspace Southport for the headspace Primary service in consultation and collaboration with headspace National Office (hNO). Work with headspace Southport to enhance integration with the broader service system on the Gold Coast, including General Practice.

- Continue to commission headspace Upper Coomera for the headspace Primary service in consultation and collaboration with headspace National Office (hNO). Work with headspace Upper Coomera to enhance integration with the broader service system on the Gold Coast, including General Practice, AOD and Aboriginal and Torres Strait Islander providers.

More broadly, GCPHN activity will focus on:

- Collaborating with the lead agency to identify continuous improvement opportunities to enhance or adjust service delivery for greater client access and outcomes with a focus on hard to reach populations.
- Contract management and performance monitoring activities including risk management, relationship management and data analysis.
- Working with the provider to:
  - o Identify gaps and areas for improvement
  - o Identify good practice
  - o Identify challenges to service delivery and the model
  - o Provide evidence to advocate on behalf of the network of headspace Centres
  - o Work with the broader youth sector to identify opportunities to improve coordination and to increase early intervention and case detection in primary care and the youth services.

The above activities and any new activities will be aligned to the outputs from the Gold Coast Joint Regional Plan implementation.

## Needs Assessment Priorities \*

### Needs Assessment

GCPHN Needs Assessment\_2021

#### Priorities

Priority	Page reference
Child, youth and families mental health	345



## Activity Demographics

### Target Population Cohort

Children and young people aged 0-25 with, or at risk of mental illness across all the activities listed above

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Since services have been commissioned, consultation will focus on the service provider, lead agency, referrers and clients through a review to inform future service delivery.

### Collaboration

The stakeholders that will be involved in implementing the activities and their roles are as follows:

1. BSPHN-Joint Commissioners headspace early psychosis
2. Lives Lived Well & After Care -Lead Agencies – headspace early psychosis
3. Headspace National
4. Orygen -Expert advice, procurement panel representation
5. Primary Care providers -Referrals and partners in client care
6. Mental health service providers-Referral between services, cross promotion of activity, shared care arrangements
7. Youth service providers, including schools, Department of Child Safety, Department of Education, NGOS-Referrals and partners in improving service integration, regional planning
8. Gold Coast Health – Child and Youth Services
8. Partner in client care and regional integration and service planning
9. Queensland Health-Partner and Commissioner of Services



### Activity Milestone Details/Duration

#### Activity Start Date

29/06/2020

#### Activity End Date

28/06/2025

#### Service Delivery Start Date

1 July 2020

#### Service Delivery End Date

30 June 2025

#### Other Relevant Milestones



### Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

Is this activity being co-designed?

No

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

Yes

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

No

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## MH - 13 - Early Psychosis Youth Severe



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

13

**Activity Title \***

Early Psychosis Youth Severe

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

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

**Other Program Key Priority Area Description****Aim of Activity \***

This activity aims to support region-specific, cross sectoral approaches to early intervention for children and/or young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care).

The activities aim to increase overall community access to evidence-based early intervention to reduce the prevalence and impact of mental illness for the child and youth population and includes the following services and activities;

Early Psychosis Youth Severe

**Description of Activity \***

headspace Youth Early Psychosis Program (hYEPP) (12-25years)

Continue to commission hYEPP with fidelity to the EPPIC model integrity in collaboration with Orygen. Improve integration of hYEPP with the Gold Coast Health Service youth early psychosis unit to further define and enhance referral pathways and transition of care for clients. Increase collaboration with General Practice to improve case detection, referrals to the service, and shared care arrangements for clients.

More broadly, GCPHN activity will focus on:

- Strengthening the partnership between GCPHN, BSPHN and the two lead agencies across the SEQ Cluster to operate as “one service”.

- Collaboration between the lead agencies and PHN to implement continuous improvement plan to enhance or adjust service delivery for greater client access and outcomes with a focus on hard to reach populations.
- Contract management and performance monitoring activities including risk management, relationship management, data analysis of both Primary and hYEPP hAPI data
- Working with the providers to fulfil the required evaluation activities for hYEPP and integrated with local services i.e. Gold Coast Health
- Working with the broader youth sector to identify opportunities to improve coordination and to increase early intervention and case detection in primary care and the youth services.
- Focusing on meeting the targets for client numbers in line with the national average for headspace Early Psychosis services comparable to the funding allocation.

The above activities and any new activities will be aligned to the outputs from the Gold Coast Joint Regional Plan implementation.

## Needs Assessment Priorities \*

### Needs Assessment

GCPHN Needs Assessment\_2021

#### Priorities

Priority	Page reference
Child, youth and families mental health	345



## Activity Demographics

### Target Population Cohort

Children and young people aged 0-25 with, or at risk of mental illness across all the activities listed above

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Since services have been commissioned, consultation will focus on the service provider, lead agency, referrers and clients through a review to inform future service delivery.

## Collaboration

The stakeholders that will be involved in implementing the activities and their roles are as follows:

1. BSPHN-Joint Commissioners headspace early psychosis
2. Lives Lived Well & After Care -Lead Agencies – headspace early psychosis
3. Headspace National
4. Orygen -Expert advice, procurement panel representation
5. Primary Care providers -Referrals and partners in client care
6. Mental health service providers-Referral between services, cross promotion of activity, shared care arrangements
7. Youth service providers, including schools, Department of Child Safety, Department of Education, NGOS-Referrals and partners in improving service integration, regional planning
8. Gold Coast Health – Child and Youth Services
8. Partner in client care and regional integration and service planning
9. Queensland Health-Partner and Commissioner of Services



## Activity Milestone Details/Duration

### Activity Start Date

29/06/2020

### Activity End Date

28/06/2025

### Service Delivery Start Date

1 July 2020

### Service Delivery End Date

30 June 2025

### Other Relevant Milestones

Gold Coast Youth Severe (12 – 18 years)

Commission the provision of youth severe and complex services, targeting the 12 – 18 years. Increase and enhance assertive outreach service delivery to ensure services to young people that are hard to reach and are not engaged with the service system and providing clinical care coordination.

Service review and redesign commenced in January 2021 and was completed in June 2021. This process supported the following outcomes:

- Service modification to increase access and throughput of young people to meet annual targets
- Review or referral pathways and tenure of care for young people accessing the program
- Workforce development
- Ongoing monitoring and review of service integration, access, and throughput against annual targets

Service Review completed in 2022 (in conjunction with Orygen) determined that the existing service was not viable given the level of investment, so it was agreed that the overall funding for this Service would be increased by \$270,000 per annum taking total funding to

\$ 770,000 per annum. It is expected that this funding increase will support increase in numbers of clients supported. Service Review outcomes also informed slight changes to service model and associated workforce which will be implemented in 2022/23.



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

- The newly commissioned Lighthouse service was co-designed with all stakeholders. These programs are ongoing and continue to be informed by feedback from key stakeholders through the lead agency governance structures.
- headspace Youth Early Psychosis Program (hYEPP) (12-25years) is using co-commissioning or joint-commissioning arrangements. The Severe and Complex component was co-designed with service providers, community members, consumers and carers.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



## MH - 14 - Way Back Support



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

14

**Activity Title \***

Way Back Support

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 5: Community based suicide prevention activities

**Other Program Key Priority Area Description****Aim of Activity \***

This activity aims to:

- increase the efficiency and effectiveness of suicide prevention services for people at risk of suicide
- improve access to and integration of primary mental health care and suicide prevention services to ensure people receive the right care in the right place at the right time
- encourage and promote a regional approach to suicide prevention including community-based activities and liaising with Local Hospital Networks (LHNs) and other providers to ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide
- Commission suicide prevention services which are evidence based and consistent with a best practice Stepped Care approach, including incorporating a joined-up assessment process and referral pathways; make best use of the available workforce; are cost effective; and do not duplicate or supplement services that are the responsibility of Commonwealth Programs, state and territory government or other service sectors, including the disability support sector.

**Description of Activity \***

Key activities will include:

- Working with service providers to ensure services are delivered in line with funding agreements and best practice
- Collaboration with State Government and LHN in the delivery and any necessary variations to the TWBSS
- Research, consultation, and review of models to ensure any future GCPHN commissioned structured psychological services for

people at risk of Suicide and the CSP service is providing evidence-based therapies and are consistent with best stepped care approaches.

## Needs Assessment Priorities \*

### Needs Assessment

GCPHN Needs Assessment\_2021

#### Priorities

Priority	Page reference
Underserved population groups	387
Severe and complex mental illness	315
People at risk of developing mild and moderate mental illness	294



## Activity Demographics

### Target Population Cohort

Individuals after a suicide attempt.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Since The Way Back Service commenced this has included contribution to the Nous group evaluation and ongoing consultation and collaboration with service providers, GPs, Lived Experience representatives and funding organisations through the Steering Committee and other activities.

### Collaboration

The stakeholders that will be involved in implementing the Way Back Support Service activity are as follows:

- Consumers
- Suicide Prevention services including Wesley Mission Queensland
- Primary Care Providers

- Gold Coast Health
- Queensland Health
- Beyond Blue
- Gold Coast Health and Acute Care Team
- Aboriginal service providers
- Community and non-government organisations and social supports
- Queensland Primary Health Networks (PHN's)
- GCPHN Primary Health Care Improvement Committee, Clinical Council, Consumer Advisory Council, Joint Regional Plan Governance, SPIG committee



## Activity Milestone Details/Duration

### Activity Start Date

29/06/2020

### Activity End Date

28/06/2025

### Service Delivery Start Date

30 June 2020

### Service Delivery End Date

30 June 2023

### Other Relevant Milestones

Provide the anticipated activity start and completion dates (including the planning and procurement cycle):

Codesign and variation of contract to expand The Way Back Support Service

Activity start date: 01/07/2022

Activity end date: 30/06/2023



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

### Is this activity being co-designed?

Yes

### Is this activity the result of a previous co-design process?

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

Yes

**Has this activity previously been co-commissioned or joint-commissioned?**

Yes

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

Listed above in 'Other Approach Details'

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

Yes

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## MH-CV19 - 1 - COVID-19 Emergency Mental Health Support



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-CV19

**Activity Number \***

1

**Activity Title \***

COVID-19 Emergency Mental Health Support

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 1: Low intensity mental health services

**Other Program Key Priority Area Description****Aim of Activity \***

MH10.1 – COVID Immediate Support Measures ATSI

MH10.2 – COVID Immediate Support Measures CALD

MH10.3 – COVID Immediate Support Measures – Support Services for Older Australians

MH10.1 – This activity has been commissioned to achieve the aims outlined in the DOH Guidance ATSI Pandemic Vulnerable Groups:

- Support the swift enhancement of service capacity for MH and AOD supports for people who identify as ATSI

MH10.2 – This activity has been commissioned to achieve the aims outlined in the DOH Guidance CALD Pandemic Vulnerable Groups:

- Support the swift enhancement of service capacity for MH and AOD supports for people who identify as part of the CALD group

MH10.3 – This activity has been commissioned to achieve the aims outlined in the DOH Guidance MH Nursing In-reach services for Older People Socially Isolated by the Impact of COVID-19

The overall objective of the Initiative is to reduce the disproportionate impact of physical distancing measures associated with COVID-19 on the mental health and wellbeing of older people by:

- Promoting and coordinating connections to services and support in the region for socially isolated older people;

- Improving access to physical and mental health services for isolated older people with mental health problems, including those who may have experienced service disruption.

#### Description of Activity \*

10.1: The provider of ATSI MH and AOD services has been commissioned to enhance their service response up to 30/6/21. This will be reported through the standard reporting processes of the GCPHN.

10.2: The provider of CALD MH services has been commissioned to enhance their service response up to 30/6/21. This will be reported through the standard reporting processes of the GCPHN.

10.3: GCPHN has completed a direct approach to a service provider to implement the MH Nursing In-Reach program for Older Australians. This has been contracted and service delivery commenced. The program will continue through to 31/12/21

#### Needs Assessment Priorities \*

##### Needs Assessment

GCPHN Needs Assessment\_2021

##### Priorities

Priority	Page reference
General Practice and Primary Care	41
After Hours	67
Older People	241



#### Activity Demographics

##### Target Population Cohort

10.1 – People who identify as ATSI

10.2 – People who identify as CALD

10.3 – Older Australians over 65 years of age (55 years of age for people who identify as ATSI) who are impacted by COVID-19.

##### In Scope AOD Treatment Type \*

##### Indigenous Specific \*

Yes

##### Indigenous Specific Comments

Activity 10.1 is commissioned through an Aboriginal Medical Service and specifically targeted for people who identify as ATSI

##### Coverage

##### Whole Region

Yes

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## Activity Consultation and Collaboration

### Consultation

Consultation was completed with service providers as required rapid procurement to commence activities in a timely manner.

### Collaboration

All activities were co-designed with the relevant service providers. In addition activity 10.3 was co-designed with lived experience.

---



## Activity Milestone Details/Duration

### Activity Start Date

30/11/2020

### Activity End Date

30/12/2020

### Service Delivery Start Date

Jan 2021

### Service Delivery End Date

Dec 2021

### Other Relevant Milestones

Dec 2020 – activity 10.1 and 10.2 and 10.3 procured.

Jan 2021 – service delivery for activity 10.3 commenced.

Dec 2021 – service delivery concludes for activity 10.3

---



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

No – Note the activities will complete by Dec 31 2021

**Co-design or co-commissioning comments**

All activities were co-designed with the relevant service providers. In addition activity 10.3 was co-designed with lived experience.

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## CHHP - 1 - headspace Demand Management and Enhancement Program



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

CHHP

**Activity Number \***

1

**Activity Title \***

headspace Demand Management and Enhancement Program

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

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

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of this project is to bolster the clinical and service capacity of the existing Southport headspace Centre and enable the creation of a new private consultation room to increase the number of young people who can be seen at one time, maximizing the utility of the available space and decreasing wait times from the point of intake to the point of engaging with a treatment service.

**Description of Activity \***

Headspace Southport

Recognised as the busiest Centre nationally, the proposed modifications will enhance the service capability to respond to the high volume of young people seeking services. This will result in an increase in service quality and a significant reduction in wait times for young people to engage with GP and/or Private Practitioner appointments.

There has been a sustained growth in the number of young people accessing the centre (2600+ unique young people in 2018/19) and there is an urgent need to support the capacity of the team to respond in a timely and effective manner. The investment from this grant will enable the Centre to manage the current work load and provide an opportunity to review the service model and develop long term sustainable management plans to support positive outcomes for young people at risk of/or experiencing mental illness and their families.

**Needs Assessment Priorities \***

## Needs Assessment

GCPHN Needs Assessment\_2021

### Priorities

Priority	Page reference
Child, youth and families mental health	345



## Activity Demographics

### Target Population Cohort

Young people 12-25 with emerging mental health needs

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Headspace Southport

In support of this project, consultation was undertaken with headspace Southport, The Youth Advisory Council (YAC), Private Practitioners and the General Practitioner. As an outcome of this process, priorities and recommendations have been incorporated into all aspects of the design of the proposed modifications for the capital enhancement and wait time reduction proposal.

### Collaboration

1. Gold Coast Primary Health Network – Project partner delivering coordination, engagement, data and planning expertise
2. Lives Lived Well – lead agency contributing clinical, data, operational and planning expertise



## Activity Milestone Details/Duration

### Activity Start Date

31/05/2021

**Activity End Date**

29/06/2023

**Service Delivery Start Date**

1 June 2021

**Service Delivery End Date**

30 June 2023

**Other Relevant Milestones**

Completions of capital works Dec 2021

Staff recruitment March 2022

Completion of demand management activities by June 2023

**Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

**Decommissioning**

No

Decommissioning details?

na

Co-design or co-commissioning comments

na



## MH - 15 - Targeted Regional Initiatives for Suicide Prevention



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

15

**Activity Title \***

Targeted Regional Initiatives for Suicide Prevention

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 5: Community based suicide prevention activities

**Other Program Key Priority Area Description****Aim of Activity \***

- Improve care coordination and service pathways for people at risk of or bereaved by suicide.
- Commission and/or adapt services, activities, and training packages for at-risk cohorts in the community to identify and respond early to distress.
- In partnership with community leaders and people with lived experience, commission services that offer support via multiple channels including online, telephone, videoconference, and face to face to meet community needs.
- Build the capacity and capability of the local workforce to respond to suicide and distress and link people with appropriate supports and services.
- Commission peer support and mentorship programs for people at risk or impacted by suicide.
- Submit data on activities to the Primary Mental Health Care Minimum Data Set.
- Undertake data analytics and research using data in the Suicide and Self Harm Monitoring System and make the analysis available for use by planners and service providers.

**Description of Activity \***

- Engage a full-time equivalent Suicide Prevention Regional Response Coordinator
- Engage with the Suicide Prevention Network and community of practice events and participate in the suicide prevention capacity building program.
- Coordination of the Suicide Prevention Implementation Group (SPIG) to assist in coordination of workplan activities and to assist with collaboration and engagement with key agencies and individuals in the community to support successful achievement of planned activities.
- Maintenance, review, and revising of the Community Action Plan based on research, evaluations and feedback and engagement with local stakeholders and community of practice.
- Monitoring, coordination, and progression of Community Action Plan activities which include training, research, trial, and event actions.
- Evaluation of Gold Coast Community Action Plan actions and Suicide Prevention services .
- Engagement with the National Aboriginal Community Controlled Health Organisation's Culture Care Connect Program, which is a first of its kind Aboriginal and Torres Strait Islander community-controlled approach to suicide prevention service coordination, aftercare services and training in alignment with the National Agreement on Closing the Gap.

**Needs Assessment Priorities \***

## Needs Assessment

GCPHN Needs Assessment\_2021

### Priorities

Priority	Page reference
Adult mental health	377
Older people mental health	396
Underserved population groups	387
Child, youth and families mental health	345
Severe and Complex mental illness	315
People at risk of developing mild and moderate mental illness	294
General Practice and Primary Care	41



### Activity Demographics

#### Target Population Cohort

Individuals at high risk of suicide, including those experiencing:

- socially isolation
- financial stress
- unemployment
- Relationship difficulties and breakdown
- mental health and/or problematic alcohol, drug and/or gambling issues
- chronic health condition or disability
- Frontline health and/or emergency services workers
- Caring for people with a physical or mental health concern
- homelessness or insecure housing

or who identify as

- Aboriginal and Torres Strait Islander
- LGBTIQAP+

**In Scope AOD Treatment Type \***

**Indigenous Specific \***

No

**Indigenous Specific Comments**

#### Coverage

**Whole Region**

Yes



### Activity Consultation and Collaboration

#### Consultation

As part of the Joint Regional Plan and Suicide Prevention Community Action Plan, consultation to prioritise opportunities and actions has been occurring with a broad range of stakeholders including Gold Coast Health, Gold Coast mental health service

providers, primary care providers, consumers, carers, and family members.

In particular GCPHN maintains regular contact with all commissioned providers and HHS colleagues as well as drawing on the specialist advice of a range of community members for specific activities. In addition, a Suicide Prevention Implementation Group (SPIG) has been established which provides local governance and contributes organisational and community capacity to progress actions. The SPIG also reports through to the Joint Regional Plan Strategic Oversight Committee to ensure alignment with our Joint Regional Plan.

The Joint Regional Plan Strategic Oversight Committee and associated Partnership Groups will be consulted in implementation and ongoing review of this service.

#### **Collaboration**

• The stakeholders that will be involved in implementing this Suicide prevention activity are as follows:

- Consumers
- Suicide Prevention services
- Primary Care Providers
- Gold Coast Health
- Queensland Health
- Gold Coast Health and Acute Care Team
- Aboriginal service providers
- National Aboriginal Community Controlled Health Organisation's Culture Care Connect Program
- Community and non-government organisations and social supports
- National Suicide Prevention Network and community of practice
- Queensland Primary Health Networks (PHN's)
- Gold Coast Suicide Prevention Implementation Group (SPIG)
- Joint Regional Plan Strategic Oversight Committee
- GCPHN Primary Health Care Improvement Committee, Clinical Council, Consumer Advisory Council, Joint Regional Plan Governance, SPIG committee



#### **Activity Milestone Details/Duration**

##### **Activity Start Date**

02/01/2023

##### **Activity End Date**

29/06/2024

##### **Service Delivery Start Date**

##### **Service Delivery End Date**

##### **Other Relevant Milestones**

January 2023 - February 2023 –Planning

- Enhancement of Way Back Service to meet escalating demand until new expansion Deed received from DOH and Queensland Health (delayed March 2023)
- Engagement of full-time equivalent Suicide Prevention Regional Response Co- Ordinator
- Determine priorities from the GC Community Action Plan for investment of the targeted suicide prevention resources endorsed by the Gold Coast Suicide Prevention Implementation Group (SPIG)
- Development of a Regional Target Suicide Implementation Plan for new investment from 2022/23 to 2023/23

March 2023 –June 2023.- Implementation of Plan, anticipating this will include Commissioning Activities such as

- Co-design /consultation – with targeted communities ie CALD, Aboriginal etc
- Communication Plan
- Procurement Plans, negotiating and procuring Training, Education Services, and other services as required and work in partnership with National Initiatives where possible.

July 23 – 24 Performance Monitoring

- Leading continual implementation of GC Community Action Plan, managing Quarterly SPIG meetings.
- Regular performance management of Contractors
- Reporting and review of activity performance



## Activity Commissioning

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** Yes

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

Yes

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

Yes

**Has this activity previously been co-commissioned or joint-commissioned?**

Yes

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

Extensive Codesign with stakeholders listed above. In addition regular joint commissioning and co-design sessions are held with the HHS.

**Is this activity in scope for data collection under the Mental Health National Minimum Dataset?**

Yes