

# Gold Coast - Primary Mental Health Care 2022/23 - 2026/27 Activity Summary View

PUBLICATION VERSION – January 2025



## 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 \***

Existing



### 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 can 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, alcohol and other drugs (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\_2023

#### Priorities

Priority	Page reference
Mental health	162
Aboriginal and Torres Islander people's health and social and emotional wellbeing	304
Crisis support and suicide prevention	219



## 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 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.

GCPHN maintains regular contact with all commissioned providers and Health and Hospital Services (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 the implementation and ongoing review of this service.

### Collaboration

- 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

29/06/2026

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones

July 2022 – ongoing

- 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
- o Collation and reporting of IAR level of care and rate of referrals responded to within one working day.
- o 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.
- Exploration of opportunities for integration with Queensland Health’s 1300 MH CALL (MH Call), including data sharing and joint activities for communications and annual planning.



## 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?**

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

As outlined above, this service was co-designed with an existing GCPHN commissioned provider who was already delivering a similar service in Gold Coast region. Key elements included in the co-design in 2022-2023 included:

- 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 - MH1 - Low Intensity Services



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

1

**Activity Title \***

MH1 - Low Intensity Services

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

Existing



### 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.

**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 enhancing service access, consumer outcomes and value for money of the service.
- 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).

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 2024-2025 and 2025-26 GCPHN will focus on:

- Continue commissioning of low intensity services from existing provider that aligns with local stepped care needs for low intensity services.
- Quality Improvement Plan with the Provider to enhance KPIs for client numbers and service contacts.
- Develop and implement a communication plan to provide awareness and understanding of the e-Mental Health programs aligned with Low Intensity service delivery.
- Maintaining a stable and well utilised low intensity program that is embedded with the current Provider in the stepped care continuum.
- Referral pathway development utilising the new Head to Health Intake and Assessment Phone Service.

## Needs Assessment Priorities \*

### Needs Assessment

GCPHN Needs Assessment\_2023

#### Priorities

Priority	Page reference
Mental health	162
Aboriginal and Torres Islander people's health and social and emotional wellbeing	304



## 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 alcohol and other drug (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 also includes referrers and other Primary Health Networks to help identify the new service delivery model going forward.

### **Collaboration**

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

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 eMHPac - 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**

29/06/2026

### **Service Delivery Start Date**

01/07/2020

### **Service Delivery End Date**

30/06/2025

### **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

July 2023 - June 2024 - Low Intensity program commissioned for 2023-2024

July 2024 – June 2025 - Review of Low Intensity funding allocation based on regional need and service availability, including new services planned for implementation in the region.





## 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?

Co-design or co-commissioning comments

n/a

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

Yes



## MH - 2 - MH2 - Child and youth mental health services



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

2

**Activity Title \***

MH2 - Child and youth mental health services

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

Existing



### 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)

**Description of Activity \***

o Gold Coast Youth Severe (12 – 18 years)

Commission the provision of youth severe and complex services, targeting 12 – 18-year-olds. Increase and enhance assertive outreach service delivery to ensure services are provided 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 – Severe and Complex. Refer to Activity MH-4 Services for people with severe and complex mental illness for details.

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\_2023

#### Priorities

Priority	Page reference
Mental health	162
Aboriginal and Torres Islander people's health and social and emotional wellbeing	304



## Activity Demographics

### Target Population Cohort

Children and young people aged 12-25 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

SA3 Name	SA3 Code
Beaudesert	31101
Gold Coast Hinterland	30904
Surfers Paradise	30910
Southport	30909
Robina	30908
Ormeau - Oxenford	30907
Nerang	30906
Mudgeeraba - Tallebudgera	30905
Coolangatta	30902
Gold Coast - North	30903
Broadbeach - Burleigh	30901



## Activity Consultation and Collaboration

### Consultation

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

### Collaboration

The stakeholders that will be involved in implementing the activities, with their roles as follows:

1. Brisbane South PHN - joint commissioners headspace early psychosis
2. Lives Lived Well and Stride - 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

29/06/2026

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones

Gold Coast Youth Severe (12 – 18 years)

Commission the provision of youth severe and complex services, targeting 12 – 18-year-olds. 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. This increase in funding has supported increase in numbers of clients supported and attracting higher skilled workers to the service. Service Review also informed slight changes to service model to enhance service options for consumers whilst also improving consumer throughput in the service.

Active review and reporting of activity performance and outcomes will continue for this service, ensuring that the workforce is maintained and strengthened where able, consumer access to the services are maximised and the services continue to improve in ensuring consumers are achieving positive outcomes from participating in the service.

Review of Child and Youth mental health funding allocation will be undertaken in 2024-25 considering regional need and service availability, including new services planned for implementation in the region.



## 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?**

Yes



## MH - 3 - MH3 - Psychological Services for hard to reach groups



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

3

**Activity Title \***

MH3 - Psychological Services for hard to reach groups

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

Existing



### 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

**Description of Activity \***

In 2023/24 GCPHN will focus on:

- o Ongoing establishment of the new psychological service model (called Supporting Minds).
- o Continuing marketing and promotion of the new Supporting Minds services.
- o Continuing change management of the regional service system to support new referral pathways into the Supporting Minds services.

- o Reviewing performance and reporting criteria for the new Supporting Minds Services to ensure the services are growing and evolving as planned and are achieving key service and consumer outcomes over time.
- o Supporting the transition of participants in the LGBTIQAP+ Safe Space Café trial into alternative services.
- o Performance data and monitoring – ensuring all Providers understand the KPI’s and how the data management system feeds into these KPIs.
- o Quarterly meetings with providers to assist with ongoing collaboration and partnering across the sector.

In 2024/25 GCPHN will focus on:

- o Working with service providers to enhance service access
- o Ongoing marketing and promotion of the Supporting Minds services as required.
- o Expanding referral pathways for the Supporting Minds services as required.
- o Monitoring performance and reporting criteria for the Supporting Minds Services to ensure the services are growing and evolving as planned and are achieving key service and consumer outcomes over time.
- o Ongoing quarterly meetings with providers to assist with ongoing collaboration and partnering across the sector.
- o Review of Psychological Services for Hard to Reach funding allocation considering regional need and service availability, including new services planned for implementation in the region.

### Needs Assessment Priorities \*

#### Needs Assessment

GCPHN Needs Assessment\_2023

#### Priorities

Priority	Page reference
Mental health	162
Aboriginal and Torres Islander people's health and social and emotional wellbeing	304



## Activity Demographics

### Target Population Cohort

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

- Adults 16+ years experiencing situational distress.
- People aged 12+ years who identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and others (LGBTIQAP+) and have mild to moderate mental health concerns.
- Indigenous children aged 0 – 19 years in out of home care who have mild to moderate mental health concerns.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

Yes

#### Indigenous Specific Comments

Targeted as a hard to reach and high-risk group

### Coverage

#### Whole Region

Yes

SA3 Name	SA3 Code
Beaudesert	31101
Gold Coast Hinterland	30904
Surfers Paradise	30910
Southport	30909
Robina	30908
Ormeau - Oxenford	30907
Nerang	30906
Mudgeeraba - Tallebudgera	30905
Coolangatta	30902
Gold Coast - North	30903
Broadbeach - Burleigh	30901



## 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 alcohol and other drugs (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 ongoing collaboration with the Head to Health Intake and Assessment Phone Service to ensure referral pathways and engagement with General Practice is effective.

Extensive consultation was undertaken in 2022-23 regarding the funding, design, and effectiveness of the previous PSP Program. Extensive numbers of key regional stakeholders were involved in this consultation/co-design, which informed design of a new service model now called Supporting Minds. Consultants from Price Waterhouse Coopers (PWC) supported the prioritisation of the population groups, including local service analysis, population needs and service components. Stakeholders and roles included:

1. Consumers - planning, co-design,
2. Psychological Service Providers – planning, co-design, procurement.
3. Primary Care Providers - planning, co-design, procurement.
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 - planning
8. GCPHN Primary Health Care Improvement Committee, Clinical Council, Consumer Advisory Council, Joint Regional Plan Governance

Ongoing consultation is underway with Supporting Minds' providers to maximise quality, efficient and effective service delivery to consumers in these services.

### Collaboration

Various collaboration channels have been established including an Establishment Steering Committee.



The stakeholders that will be involved in continuing to implement this activity and their roles, are as follows:

1. Consumers - implementation, monitoring
2. Primary Care Provider - monitoring
3. Head to Health - referral pathway implementation, monitoring
4. Hospital and Health Service - monitoring
5. Professional Bodies Australian Psychological Society, Mental Health Nurses, Occupational Therapy and Social Workers – implementation
6. Queensland Primary Health Networks - planning, monitoring
7. 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

29/06/2026

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones

- Establishment of new Supporting Minds Services - March 2023 (Adult and LGBTIQAP+) and April 2023 (Indigenous Children in Care))
- Change management of the regional service system to understand, embrace and support new services (January 2023 – July 2024)
- Assistance to new commissioned providers to support successful uptake of new services (March 2023 – July 2024)
- Ongoing monitoring and review of service performance (2023 - 2025)
- Review of Psychological Services for Hard to Reach funding allocation considering regional need and service availability, including new services planned for implementation in the region.



## 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**

Yes

**Decommissioning details?**

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

Significant activities were undertaken in 2022/23 to co-design the new models of care for this service stream. There was a high participation rate in these activities by regional stakeholders, including providers within the previous PSP Program. Outcomes of the PSP Service review and co-design activities were collated in the Request for Proposal document which was put out for tender in September 2022.

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

Yes

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## MH - 4 - MH4 - 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 \*

MH4 - Services for people with severe and complex mental illness

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

Existing



### 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.

#### Description of Activity \*

This activity will continue to commission Clinical Care Coordination services to support people with severe and complex needs, including Gold Coast Youth Severe (18-25 years) which is also funded under Activity MH2 – Child and Youth Mental Health Services.

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 2024/25. This will involve:

- Review and update of the service model to ensure alignment with DoHAC 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.

Key activities that will be undertaken in this service from July 2023 – June 2025 will be as follows:

- 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.
- Review of workforce skills and preferred structure.
- Review of service model in consideration of emerging regional need to undertake NDIS assessment for consumers.
- Consultation with NDIS and NDIA regarding service expectations to undertake NDIS assessment for consumers.
- Review of Mental Health Severe and Complex funding allocation considering regional need and service availability, including new services planned for implementation in the region.

### Needs Assessment Priorities \*

#### Needs Assessment

GCPHN Needs Assessment\_2023

#### Priorities

Priority	Page reference
Mental health	162
Aboriginal and Torres Islander people's health and social and emotional wellbeing	304
Crisis support and suicide prevention	219



### 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

SA3 Name	SA3 Code
Beaudesert	31101
Gold Coast Hinterland	30904
Surfers Paradise	30910
Southport	30909
Robina	30908
Ormeau - Oxenford	30907
Nerang	30906
Mudgeeraba - Tallebudgera	30905
Coolangatta	30902
Gold Coast - North	30903
Broadbeach - Burleigh	30901



## Activity Consultation and Collaboration

### Consultation

A comprehensive round of consultations occurred in 2017 to support the design of this activity, 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 2023 - 2025 GCPHN will consult with various regional stakeholder to inform:

- effective referral pathways.
- effective and sustainable workforce.
- high level service performance and outcomes.
- capacity of the service to meet consumer service need/s and expectations (including NDIS assessment).

### Collaboration

The stakeholders that will be involved in ongoing collaboration in implementing this activity, 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 – mental health service providers —implementation, evaluation
- NDIS and NDIA – to better understand the service expectation/s and capacity to deliver NDIS assessment for consumers



## Activity Milestone Details/Duration

**Activity Start Date**

30/06/2021

**Activity End Date**

29/06/2026

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**

2024/25 - Review of Mental Health Severe and Complex funding allocation considering regional need and service availability, including new services planned for implementation in the region.



**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



## MH - 5 - MH5 - Community Based Suicide Prevention Services



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

5

**Activity Title \***

MH5 - Community Based Suicide Prevention Services

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

Existing



### 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.
- 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 services for people at risk of suicide are delivering evidence-based therapies, consistent with best stepped care approaches.
- Evaluation of the service in April 2023 to inform commissioning decisions for 2023/24 financial year.
- Review of the service in April 2024 to inform commissioning decisions for 2024/25 financial year.
- Review of funding allocation for 2025-26 considering regional need and service availability, including new services planned for implementation in the region.

## Needs Assessment Priorities \*

### Needs Assessment

GCPHN Needs Assessment\_2023

#### Priorities

Priority	Page reference
Mental health	162
Aboriginal and Torres Islander people's health and social and emotional wellbeing	304
Crisis support and suicide prevention	219



## Activity Demographics

### Target Population Cohort

Individuals at high risk of suicide, including those experiencing:

- social isolation
- financial stress
- unemployment
- relationship difficulties and breakdown
- mental health and/or problematic alcohol, drug and/or gambling issues
- chronic health condition or disability
- homelessness or insecure housing

or who are:

- Frontline health and/or emergency services workers
- Caring for people with a physical or mental health concern

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.

Formal evaluation of the Community Suicide Prevention Service (CSPS) was conducted in April 2023. This involved consultation with:

- Key regional stakeholders (including major referrers into the service)
- Consumers (clients) of the CSPS
- GCPHN commissioning team
- GCPHN Executive Team

Key findings were collated and presented to GCPHN Executive Team. Recommendations were made on future commissioning of the service in 2023/24 financial year.

A further review of the Community Suicide Prevention Service (CSPS) was conducted in April 2024. Key findings were collated and presented to GCPHN's Executive Team. Recommendations were made on future commissioning of the service in 2024-25.

### Collaboration

The stakeholders involved in implementing this 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
- GCPHN Commissioned mental health service providers
- Aboriginal service providers
- Community and non-government organisations and social support services
- Queensland Primary Health Networks
- 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**

29/06/2026

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**

- Decision making regarding future service model and commissioning approach: March 2024.
- Review of Community Suicide Prevention funding allocation, considering regional need and service availability beyond June 2025, including new services planned for implementation in the region.



**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?**

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**

No

**Decommissioning details?**

Dependent on outcome of service review, decommissioning plan may be developed if required.

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

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

Yes



## MH - 6 - MH6 - Mental Health Indigenous Services



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

6

**Activity Title \***

MH6 - Mental Health Indigenous Services

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

Existing



### 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 (AOD) 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 service (AMS) to provide an integrated clinical mental health service, and AOD and community suicide prevention activities.
- Commission an 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. GCPHN will work with the Institute of Urban Indigenous Health (IUIH) for provision of additional leadership support to the commissioned AMS service provider.

The expected results are:

- Patient access to mental health supports within one 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\_2023

#### Priorities

Priority	Page reference
Mental health	162
Aboriginal and Torres Islander people's health and social and emotional wellbeing	304
Crisis support and suicide prevention	219



### 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

SA3 Name	SA3 Code
Beaudesert	31101
Gold Coast Hinterland	30904
Surfers Paradise	30910
Southport	30909
Robina	30908
Ormeau - Oxenford	30907
Nerang	30906
Mudgeeraba - Tallebudgera	30905
Coolangatta	30902
Gold Coast - North	30903
Broadbeach - Burleigh	30901



## 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.

Consultation has been undertaken with DoHAC, the Aboriginal and Torres Strait Islander mental health provider, and, the Institute of Urban Indigenous Health (IUIH) to facilitate changes in contracting such that GCPHN will be contracted by DoHAC for the service and GCPHN will in turn contract IUIH to work directly with the Aboriginal and Torres Strait Islander mental health provider to deliver and report on the service's performance.

### Collaboration

- 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 Service - provider, co-design
- Aboriginal community – advisors, co-design, feedback
- Gold Coast Health
- Institute of Urban Indigenous Health (IUIH)



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2020

### Activity End Date

29/06/2025

### Service Delivery Start Date

**Service Delivery End Date**

**Other Relevant Milestones**

In 2024/25 GCPHN will:

- Assist with establishment of IUIH as the service who will contract the Aboriginal and Torres Strait Islander mental health provider direct for delivery and reporting for mental health.
- Ensure changes in contracting of the service with IUIH are established effectively.
- Support IUIH with handover of relevant information related to quality improvement activities for intake, assessment, service delivery and 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?**

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



## MH - 7 - MH7 - Stepped care approach



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

7

**Activity Title \***

MH7 - Stepped care approach

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

Existing



### 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 \***

GCPHN will continue 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.

Work is structured across the following sub-activities:

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: Initial Assessment and Referral Training and Support Officers)**

This activity will focus on education of the Intake, Assessment and Referral (IAR) Guidelines to mental health providers and clinicians in the region. There will also be a focus 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\_2023

**Priorities**

Priority	Page reference
Mental health	162
Aboriginal and Torres Islander people's health and social and emotional wellbeing	304
Crisis support and suicide prevention	219





## 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

SA3 Name	SA3 Code
Beaudesert	31101
Gold Coast Hinterland	30904
Surfers Paradise	30910
Southport	30909
Robina	30908
Ormeau - Oxenford	30907
Nerang	30906
Mudgeeraba - Tallebudgera	30905
Coolangatta	30902
Gold Coast - North	30903
Broadbeach - Burleigh	30901



## 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. GPs to support the development and roll out of new

referral forms.

#### **Collaboration**

- 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**

29/06/2026

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

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

#### **Other Relevant Milestones**

July 2021 – June 2022:

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

July 2022 – June 2023

- 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 July 2022.
- Commencement of Intake, Assessment and Referral Training and Support Officer role for delivery of education and training.
- Ongoing review and update of the HealthPathways system across 2022/23.

July 2023 – June 2024

- Commissioning across all levels of the stepped care continuum maintained.
- Activities developed and actioned as part of the joint regional planning process.
- Performance monitoring of Head to Health Intake and Assessment Phone Service.
- Consolidation of Intake, Assessment and Referral Training and Support Officer role for delivery of education and training.
- Ongoing review and update of the HealthPathways system across 2023/24.
- Establishment and delivery of a stepped care communication/promotion plan, including H2H Phone Service.

July 2024 – June 2026

- Commissioning across all levels of the stepped care continuum maintained.
- Activities developed and actioned as part of the Joint Regional Planning process.
- Performance monitoring of Head to Health Intake and Assessment Phone Service.
- Ongoing review and update of the HealthPathways system across 2023/24.

- Stepped care service mapping in preparation for Adult H2H Service Centre codesign.
- Ongoing delivery of a stepped care communication/promotion plan, including H2H Phone Service.



## 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 - MH8 - Regional mental health and suicide prevention plan



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

8

**Activity Title \***

MH8 - Regional mental health and suicide prevention plan

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

Existing



### 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 continue 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

**Description of Activity \***

People with lived experience of mental illness, suicide, misuse of alcohol and other drugs (AOD) as well as their carers, face a wide range of issues when trying to access treatment and support. This includes fragmentation of services and pathways, gaps, duplication and inefficiencies in service provision, and a lack of person-centred care.

Implementing reform is underway across the mental health, suicide prevention and AOD sector, with new policy directions introduced at national and state levels. While there is broad strategic alignment at a national and state level, the multiple layers of responsibility, funding and regulation create a complex environment, and there is a need for a regional platform to lead this reform at a local level.

Local level planning, coordination and implementation is required to achieve regional outcomes. The Gold Coast Foundational Joint Regional Mental Health and Suicide Prevention Plan (the Plan) has been developed for this purpose.

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. Partnership groups were established across key priority areas including children and youth, adult and older people, suicide prevention and alcohol and other drugs that report to the Steering Committee of the Plan. These groups have been responsible for driving the implementation of the Plan to date and delivering against the actions.

GCPHN and Gold Coast Health have now developed a strengthened governance structure for implementation of the Joint Regional Plan over the next three years. This new governance structure will support the Gold Coast region to leverage more strategic JRP outcomes over the next three years, ensuring enhanced forums for consultation by consumers, carers, First Nations people, NGO service providers, general practice and other mental health service providers.

The Plan will continue to drive evidence-based service and system improvements, addressing identified gaps and maximising opportunities to deliver on regional priorities which have been developed and delivered in partnership with local communities. It is the intent of GCPHN and Gold Coast Health to develop and deliver significant strategic objectives that support significant regional transformation of the mental health service system and associated key services within.

## Needs Assessment Priorities \*

### Needs Assessment

GCPHN Needs Assessment\_2023

#### Priorities

Priority	Page reference
Mental health	162
Aboriginal and Torres Islander people's health and social and emotional wellbeing	304
Crisis support and suicide prevention	219



## Activity Demographics

### Target Population Cohort

People within the GCPHN region 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

SA3 Name	SA3 Code
Beaudesert	31101
Gold Coast Hinterland	30904
Surfers Paradise	30910
Southport	30909
Robina	30908
Ormeau - Oxenford	30907
Nerang	30906
Mudgeeraba - Tallebudgera	30905
Coolangatta	30902
Gold Coast - North	30903
Broadbeach - Burleigh	30901



## Activity Consultation and Collaboration

### Consultation

In addition to the joint governance arrangements, several specific working groups will be established to progress key pieces of work in the plan. Membership of such groups will be representative across GCPHN, Gold Coast HHS, GPs, people with lived experience and a range of community-based organisations.

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

29/06/2026

### 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):** 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**

Activity 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 - MH9 - Psychological Services for hard-to-reach groups: Improved Psychological Services in RACH



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

9

#### Activity Title \*

MH9 - Psychological Services for hard-to-reach groups: Improved Psychological Services in RACH

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

Existing



### 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 homes (RACH).
- 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 RACH and their staff through education, training, and liaison.

#### Description of Activity \*

In 2024/25 – 2025/26, 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 homes, 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 include:

- Working with Gold Coast Health Older Persons Mental Health to support effective referral pathways and 'step up' options (ongoing).
- Collaboration with the provider to support effective management of service demand (ongoing).
- Implementation of a quality improvement plan with the provider to enhance or adjust service delivery to achieve greater client access and outcomes (ongoing).
- Activities to support formal quality accreditation of the service.
- 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\_2023

#### Priorities

Priority	Page reference
Mental health	162
Older People	248



## Activity Demographics

### Target Population Cohort

Individuals living in a Commonwealth funded RACH within the GCPHN 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

SA3 Name	SA3 Code
Beaudesert	31101
Gold Coast Hinterland	30904
Surfers Paradise	30910
Southport	30909
Robina	30908
Ormeau - Oxenford	30907
Nerang	30906
Mudgeeraba - Tallebudgera	30905
Coolangatta	30902
Gold Coast - North	30903
Broadbeach - Burleigh	30901



## Activity Consultation and Collaboration

### Consultation

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

- GCPHN commissioned 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
- Gold Coast Residential Aged Care Homes
- 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 (being Brisbane North PHN, Brisbane South PHN and North Coast PHN)
- General Practitioners working with RACHs - 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- 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 RACHs - Participation in program Residential Advisory Groups
- RACHs - Referrals and partners in client care



## Activity Milestone Details/Duration

**Activity Start Date**

30/06/2020

**Activity End Date**

29/06/2026

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**

Service to achieve accreditation under the National Mental Health Service Standards by June 2024



**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



## MH - 10 - MH10 - Initial Assessment and Referral Training Support Officers



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

10

#### Activity Title \*

MH10 - Initial Assessment and Referral Training Support Officers

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

Existing



### 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.

#### Description of Activity \*

The following activities will be undertaken by GCPHN in 2022 - 2024:

- 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.
- o Deliver training to, build relationships with, and provide ongoing support to GPs and clinicians in children's Mental Health

Centres and Residential Aged Care Homes as the IAR is adapted for specific vulnerable cohorts, and as required by the Department, as well as in Local Hospital Networks/Districts as they adopt the IAR.

- o Meet the GP training target set for GCPHN 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.
- 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 Contribute to the list of Frequently Asked Questions held by DoHAC,
- o Implement continuous improvement strategies for IAR education and training.

**Needs Assessment Priorities \***

**Needs Assessment**

GCPHN Needs Assessment\_2023

**Priorities**

Priority	Page reference
Mental health	162
Primary Healthcare Workforce	26
Aboriginal and Torres Islander people's health and social and emotional wellbeing	304
Crisis support and suicide prevention	219
General Practice and Primary Care	39



**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, and other GCPHN 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

### Service Delivery End Date

### Other Relevant Milestones

During 2022/23 we will complete:

- Onboarding of new TSO.

- Development of annual 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 .
- Required project reporting.

During 2023/24 and 2024/25 we will complete:

- Development of annual Project Plan and GANTT chart to support key project deliverables.
- Participation in Community of Practice sessions run by Commonwealth IAR team.
- Delivery of IAR training to select mental health and/or primary care providers.
- Delivery of IAR training to GPs and clinicians in the primary care setting.
- Collaboration with other PHNs on strategies and activities that enhance GP participation in IAR training.
- Required 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**

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

No



## MH - 11 - MH11 - Mental Health supports for Australians affected by the 2022 floods and 2023 storms



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

11

#### Activity Title \*

MH11 - Mental Health supports for Australians affected by the 2022 floods and 2023 storms

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

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Mental Health

#### Other Program Key Priority Area Description

#### 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 (and as approved for December 2023 storms).

#### Description of Activity \*

GCPHN will use unexpended MH Flood money to:

- Resource staff to undertake coordination and liaison with the disaster management/recovery groups to identify need
- Additional targeted communications to increase community awareness and mental health literacy surrounding disaster and its mental health impacts and the support available
- Commission appropriate additional psychological services to support those affected by recent floods/disasters
- Conduct mental health resilience activities in the hardest hit geographic areas
- Conduct disaster preparedness training and activities including mental health first aid and first responder resilience

#### Needs Assessment Priorities \*

#### Needs Assessment



**Priorities**

Priority	Page reference
Mental health	162



**Activity Demographics**

**Target Population Cohort**

- People requiring mental health supports as a result of trauma and loss associated with 2022 floods and December 2023 storms.
- Primary care sector providers.

**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 key stakeholders to inform them of the availability of these supports, and provide advice on referral pathways.

**Collaboration**

- Local disaster management response teams
- 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**

29/06/2025

**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:** Yes

**Direct Engagement:** Yes

**Open Tender:** No

**Expression Of Interest (EOI):** Yes

**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?**

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

**Decommissioning**

**Decommissioning details?**

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

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

No



## MH - 12 - MH12 - headspace



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

12

**Activity Title \***

MH12 - headspace

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

Existing



### 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 hNO. Work with headspace Upper Coomera to enhance integration with the broader service system on the Gold Coast, including General Practice, alcohol and other drugs (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\_2023

#### Priorities

Priority	Page reference
Mental health	162
Aboriginal and Torres Islander people's health and social and emotional wellbeing	304
Crisis support and suicide prevention	219



## Activity Demographics

### Target Population Cohort

Children and young people aged 12-25 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. Brisbane South PHN - Joint Commissioners headspace early psychosis
2. Lives Lived Well and Stride -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

29/06/2026

### 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:** 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



## MH - 13 - MH13- Early Psychosis Youth Services



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

13

**Activity Title \***

MH13- Early Psychosis Youth Services

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

Existing



### 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, Brisbane South HN and the two lead agencies across the South East Queensland

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 headspace primary and hYEPP hAPI data
- Working with the providers to fulfil the required evaluation activities for hYEPP and integration 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\_2023

#### Priorities

Priority	Page reference
Mental health	162
Aboriginal and Torres Islander people's health and social and emotional wellbeing	304
Crisis support and suicide prevention	219



## Activity Demographics

### Target Population Cohort

Children and young people aged 12-25 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. Brisbane South PHN - Joint Commissioners headspace early psychosis
2. Lives Lived Well and Stride - Lead Agencies – headspace early psychosis
3. Headspace National Office
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

### 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:** 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**

headspace Youth Early Psychosis Program (hYEPP) (12-25 years) is using co-commissioning or joint-commissioning arrangements.

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

No

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# MH - 15 - MH15 - Targeted Regional Initiatives for Suicide Prevention



## Activity Metadata

### Applicable Schedule \*

Primary Mental Health Care

### Activity Prefix \*

MH

### Activity Number \*

15

### Activity Title \*

MH15 - Targeted Regional Initiatives for Suicide Prevention

### Existing, Modified or New Activity \*

Existing



## 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 \*

To adopt a community-led systems-based approach to the following targeted suicide prevention strategies:

- 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 \*

- GCPHN engaged a full-time equivalent Suicide Prevention Regional Response Coordinator in 2023, with the position ongoing.
- GCPHN engages with the Suicide Prevention Network and community of practice events, and participates in the suicide

prevention capacity building program.

Other activities undertaken include:

- 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:
  - Establishment of a new local suicide prevention collaborative group
  - Establishment of Men’s Table support groups
  - Implementation of SafeTalk and Suicide ASIST training to community-based animal vets
  - Investigation of capacity building needs of local lived experience advisors to support their ongoing input and leadership of the regional mental health system.
  - Capacity building of select lived experience advisors
  - Development and implementation of annual education, knowledge sharing and networking event
  - Research into opportunities in the region to reduce access to means of suicide
  - Research into the opportunity to implement #chatsafe in the region to support youth following a suicide event
  - Research into opportunities to better support GPs with suicide prevention capacity building.
  - Commissioning of suicide prevention services based on regional needs and identified service gaps
  - Delivery of frontline worker suicide prevention training
  - Commissioning of Suicide Prevention for Seniors Training
  - Community engagement and promotion through hosting of World Suicide Prevention Day
  - 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.
- 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\_2023

#### Priorities

Priority	Page reference
Mental health	162
Primary Healthcare Workforce	26
Aboriginal and Torres Islander people's health and social and emotional wellbeing	304
Crisis support and suicide prevention	219
General Practice and Primary Care	39



## Activity Demographics

### Target Population Cohort

Individuals at high risk of suicide, including those experiencing:

- Social isolation
- Financial stress
- Unemployment

- Relationship difficulties and breakdown
- Mental health and/or problematic alcohol, drug and/or gambling issues
- Chronic health condition or disability
- Homelessness or insecure housing

or who are:

- Frontline health and/or emergency services workers; or
- Caring for people with a physical or mental health concern

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.

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 that supports defining, prioritising, and progressing key suicide prevention initiatives in the region. 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 targeted regional initiatives for suicide prevention.

**Collaboration**

- The stakeholders that will be involved in implementing this Suicide prevention activity are as follows:
  - o Consumers
  - o Suicide Prevention services
  - o Primary Care Providers
  - o Gold Coast Health
  - o Queensland Health

- o Gold Coast Health – Mental Health Acute Care Team
- o Indigenous service providers
- o National Aboriginal Community Controlled Health Organisation’s Culture Care Connect Program
- o Community and non-government organisations and social supports
- o National Suicide Prevention Network and community of practice
- o Queensland Primary Health Networks (PHN’s)
- o Gold Coast Suicide Prevention Implementation Group (SPIG)
- o Joint Regional Plan Strategic Oversight Committee
- o 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

29/06/2025

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones

March 2023 – June 2023: Planning

- Engagement of full-time equivalent Suicide Prevention Regional Response Co-ordinator
- Development of a Regional Target Suicide Implementation Project Plan for new investment from 2022/23 to 2023/24
- 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)
- Consideration of enhancing existing commissioned suicide prevention services to support the region to meet regional service demand

June 2023 – June 2025: Implementation of plan, anticipating this will include commissioning activities such as:

- Negotiating and procuring training/education services, and other services as required to support completion of suicide prevention Initiatives (eg workforce strategy).
- Co-design /consultation – with targeted communities ie CALD, Aboriginal etc
- Communication, promotion and marketing
- Commissioning services using evidence-based practice including the Gold Coast Community Support Program and the establishment of additional Men’s Table Programs for the Gold Coast.
- Supporting the establishment of a Gold Coast Suicide Prevention Community Collaborative.
- Implementation of #chatsafe postvention initiative.
- Roses in the Ocean focus group.

July 2023 – June 2025: Performance Monitoring

- Leading continual implementation of the Gold Coast Community Action Plan,
- Planning, delivery, and coordination of recommendations/actions from quarterly SPIG meetings.
- Regular performance management of Contractors
- Active progression, review and reporting of activity performance and plan outcomes, in consultation with the regional SPIG.
- Regular progress reporting to evidence achievement of project deliverables over time



## 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?**

Yes

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

Yes

**Decommissioning**

No

**Decommissioning details?**

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

Extensive co-design 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?**

No

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