Updated Activity Work Plan 2016-2019: Primary Mental Health Care Funding

The Mental Health Activity Work Plan template has two parts:

1) The updated Annual Mental Health Activity Work Plan for 2016-2019, which will provide:
   a) A strategic vision which outlines the approach to addressing the mental health and suicide prevention priorities of each PHN;
   b) A description of planned activities funded under the Primary Mental Health Care Schedule which incorporates:
      i) Primary Mental Health Care funding (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
      ii) Indigenous Australians’ Health Programme funding (quarantined to support Objective 6 – see pages 2-3) (PHN: Indigenous Mental Health Flexible Activity).

2) The updated Budget for 2016-2019 for (attach an excel spreadsheet using template provided):
   a) Primary Mental Health Care (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
   b) Indigenous Australians’ Health Programme (quarantined to support Objective 6) (PHN: Indigenous Mental Health Flexible Activity).

Northern Queensland Primary Health Network
Overview

This Activity Work Plan is an update to the 2016-18 Activity Work Plan submitted to the Department in February 2017. However, activities can be proposed in the Plan beyond this period.

Mental Health Activity Work Plan 2016-2019

The template for the Plan requires PHNs to outline activities against each and every one of the six priorities for mental health and suicide prevention. The Plan should also lay the foundation for regional planning and implementation of a broader stepped care model in the PHN region. This Plan recognises that 2016-17 is a transition year and full flexibility in programme design and delivery will not occur until 2018-19.

The Plan should:

a) Provide an update on the planned mental health services to be commissioned from 1 July 2016, consistent with the grant funding guidelines.

b) Outline the approach to be undertaken by the PHN in leading the development with regional stakeholders including LHNs of a longer term, more substantial Regional Mental Health and Suicide Prevention plan (which is aligned with the Australian Government Response to the Review of Mental Health Programmes and Services (available on the Department’s website). This will include an outline of the approach to be undertaken by the PHN to seek agreement to the longer term regional mental health and suicide prevention plan from the relevant organisational signatories in the region, including LHNs.

c) Outline the approach to be taken to integrating and linking programmes transitioning to PHNs (such as headspace, and the Mental Health Nurse Incentive Programme services) into broader primary care activities, and to supporting links between mental health and drug and alcohol service delivery.

d) Have a particular focus on the approach to new or significantly reformed areas of activity – particularly Aboriginal and Torres Strait Islander mental health, suicide prevention activity, and early activity in relation to supporting young people presenting with severe mental illness.

In addition, PHNs will be expected to provide advice in their Mental Health Activity Work Plan on how they are going to approach the following specific areas of activity in 2016-19 to support these areas of activity:

- Develop and implement clinical governance and quality assurance arrangements to guide the primary mental health care activity undertaken by the PHN, in a way which is consistent with section 1.3 of the Primary Health Networks Grant Programme Guidelines available on the PHN website at http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program_Guidelines, and which is consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce.

- Ensure appropriate data collection and reporting systems are in place for all commissioned services to inform service planning and facilitate ongoing performance monitoring and evaluation at the regional and national level, utilising existing infrastructure where possible and appropriate.

- Develop and implement systems to support sharing of consumer clinical information between service providers and consumers, with appropriate consent and building on the foundation provided by myHealth Record.

- Establish and maintain appropriate consumer feedback procedures, including complaint handling procedures, in relation to services commissioned under the activity.

Value for money in relation to the cost and outcomes of commissioned services needs to be considered within this planning process.
1. (a) Strategic Vision

Northern Queensland’s Strategic Plan 2016-19 sets the vision for NQPHN as *Northern Queenslanders live happier, healthier, longer lives.* (Refer to PHN website; [www.primaryhealth.com.au](http://www.primaryhealth.com.au) for NQPHN Strategic Plan 2016-2019)

NQPHN’s purpose is to ensure Northern Queenslanders access primary health care services that respond to their individual and community needs, and are relevant to their culture, informed by evidence, and delivered by an appropriately skilled, well integrated workforce.

NQPHN has the following goals;

- To place individuals at the centre of their own health and wellbeing
- To work with communities to understand local needs and design and implement solutions that improve local health and wellbeing
- To ensure an integrated approach to health and wellbeing
- To build local capacity to improve health and wellbeing outcomes

Underpinning our Strategic plan are our pillars; People, Partnerships, Evidence & Data, Innovation and Governance

NQPHN is committed to achieving health outcomes by embedding the quadruple aim approach to measuring health outcomes across all activities and commissioning. The activities outlined in this plan do not specify these outcomes to reduce duplication. Outcomes across all activities where applicable include;

1) Patient Experience of Care
   - Safe and effective care
   - Timely and equitable access
   - Patient and family needs met

2) Quality and Population health
   - Improved health outcomes
   - Reduced disease burden
   - Improvement in individual behavioural and physical health

3) Sustainable cost and value
   - Efficiency and effectiveness of services
   - Increased resourcing to primary care
   - Cost savings and quality-adjusted life-years

4) Provider Satisfaction
   - Increased clinician and staff satisfaction
   - Evidence of leadership and teamwork
   - Quality improvement culture in practice

Primary Health Networks (PHNs) were established in 2015 by the Australian Government with the aim of increasing the efficiency and effectiveness of medical services for people (particularly those at risk of poor health outcomes) and improving coordination of care to ensure people receive the right care in the right place at the right time.
One of the key roles of the Northern Queensland Primary Health Network (NQPHN) is to lead the planning and commissioning of mental health and suicide prevention services across the region, with a focus on coordination, to ensure better outcomes for individuals and their families.

This document contains information obtained in the mental health and suicide prevention needs assessment update conducted in 2017. Ongoing mental health and suicide prevention planning will be informed by this locally undertaken needs assessment which has encompassed consultations with our key partners and communities.

The NQPHN is working directly with peak bodies, general practitioners, other primary health care providers, secondary care providers and hospitals to facilitate improved outcomes for individuals, families and communities across the region. The key MH priorities for the NQPHN have been identified as:

- Equitable access for people from rural and remote populations to low intensity service
- Equitable access to treatment and support services for individuals with severe illness and complex needs
- Equitable access for individuals with psychological distress (mild-moderate illness)
- Equitable access for Aboriginal and Torres Straits Islander people to low intensity services
- Effective suicide prevention programs using a regional approach, in particular for rural and remote areas
- Increase access and support for Australia Defence Force (ADF) personnel and veterans
- Increase access service availability for children & families
- Improve access to perinatal and infant Mental Health services (MH) in primary health care (PHC)
- Increase service capacity for Mental Health Promotion Program and Early Intervention (MHPP&EI) programs

The NQPHN will continue to work with key stakeholders around mental health system reform at a regional level. This work will be informed by the ongoing needs assessment process and service mapping to identify gaps and opportunities for the efficient commissioning and targeting of services. The activities aim to:

- increase the efficiency and effectiveness of primary mental health and suicide prevention services for people with or at risk of mental illness and/or suicide
- improve access to and integration of primary mental health care and suicide prevention services to ensure people with mental illness receive the right care in the right place at the right time.

The Commonwealth Government recognises that the existing mental health system is complex, inefficient and fragmented. As such, the need for long-term system level change has been embraced. Mental health reform is being led by the Commonwealth Government and it includes a shift to a regional approach and greater focus on the integration of mental health into primary health care.
(Commonwealth of Australia, 2015). This mental health and suicide prevention activity work plan is principally framed by the context of mental health reformed mental health system that is characterised by:

- Comprehensive services across the spectrum of needs from prevention to continuing care
- Deliver proven interventions in effective, efficient ways appropriate to the needs of users (stepped care)
- Person-centred approaches consistent with integrated care pathways
- Applicable or adaptable across settings, and include specific measures to address Aboriginal and Torres Strait Islander needs, and
- Delivered by a skilled workforce and supported by appropriate research capacities

All activities identified within this Mental Health Activity Work Plan link directly to addressing five of the six local health priority areas identified in the 2017-18 Health Needs Assessment update:

1) Access to health care in rural and remote areas
2) Access to mental health services especially for rural and remote areas
3) Health workforce expansion and sustainability
4) Improve Aboriginal and Torres Strait Islander health
5) Improve childhood and maternal health.

(Diagram Mental Health Care through Primary Health Care)
**1. (b) Planned activities funded under the Primary Mental Health Care Schedule**

<table>
<thead>
<tr>
<th>Proposed Activities : Priority Area 1: Low intensity mental health services</th>
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</table>
| **Priority Area** | Objectives of the PHN mental health funding: improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness at the local level through the development and/or commissioning of low intensity mental health services.  
As identified in NQPHN’s Health Needs Assessment (HNA), there is a lack of access to low intensity services for people from rural and remote populations, as well as for Aboriginal and Torres Strait Islander people. These activities align with local priorities; access to mental health services especially for rural and remote areas; health workforce expansion and sustainability; and improving Aboriginal and Torres Strait Islander health. |
| **Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)** | 1.1 Establish workforce development needs and up skilling options for primary health care staff  
1.2 Education for community members  
1.3 Self-management options  
1.4 Implementation of the redesigned ATAPS program (links with activity 3.1)  
1.5 Additional low intensity options such as an NQPHN wide digital (phone and online) low intensity mental health service |
| **Existing, Modified, or New Activity** | New Activity |
| **Description of Activity** | 1.1 A consistent and comprehensive map of the mental health workforce across the NQPHN catchment is needed to identify gaps in existing workforce, and particular skills required to meet mental health priority areas.  
1.2 Existing training capacity has been identified and work to develop the scope and range of training to primary health organisations has commenced. This is in partnership with the tertiary education sector with proposals to consider school-based initiatives particularly to support the capacity and skills development of Aboriginal Medical Services (AMSs) / Aboriginal Community Controlled Health Services. Community education and improved mental health literacy have been highlighted as priority areas for all communities in the NQPHN regions. A peer-based workforce will be a core component of the commissioning and co-design framework across all service delivery models.  
1.3 Self-management options include access to light touch strategies either via written media or digital based systems. These are inclusive of the on-line CBT courses which have been developed as part of |
the Commonwealth proposed Digital Gateway. These services are self-guided or utilise support provided remotely.

1.4 Service commissioning is inclusive of the development and clarification of referral pathways across the sector. The transition of the ATAPS program has commenced in preparation for the year 2017-18. This will seek to address the following issues:
- Redress of the current maldistribution of services for people with mild to moderate illness
- Expansion of alternative service modalities such as telehealth and internet-delivered self-help resources across the NQPHN geographical footprint
- Foundational work for the establishment of a locally sustainable peer mental health workforce
- Introduction of innovative services that will be both appropriate and sustainable in rural, remote and Indigenous communities.

1.5 Implementation of a digital, telephone and online based low intensity service providing evidence-based interventions supported by clinical staff.

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<thead>
<tr>
<th>Target population cohort</th>
<th>This activity will primarily target rural and remote populations and Aboriginal and Torres Strait Islander people</th>
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<tbody>
<tr>
<td>Consultation</td>
<td>NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Mental Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>NQPHN uses a systems-thinking and co-design approach to the planning and commissioning of services in partnership with the community across the NQPHN region inclusive of the four local hospital networks within the region. Building on the information from the needs assessment, continued engagement continues with all parts of the service sector and wider community. NQPHN has adopted the International Association for Public Participation - IAP2 model, with overlap utilising specific protocols for different population groups (e.g. Aboriginal, Torres Strait Islander and South Sea Islander populations) to guide all engagement and consultation processes.</td>
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</table>

**Link with systems strengthening and reform activities in Priority Area 8.**
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<tr>
<th>Duration</th>
<th>NQPHN mental health portfolio is engaging with other NQPHN portfolios including Workforce Development, Systems Integration and Integrated Team Care to plan future activities relative to the Health Needs Assessment. Year 2017-18 on-going work will be required in relation to the upskilling of primary health care staff based upon the positive outcomes of the work to date. Low intensity services will form part of the wider stepped care approach being transitioned to in the year 2017-18. 2018-2019: The activities outlined above will be completed in the 2018 – 2019 period, with new services commissioned for low intensity, including but not limited to a newly introduced triage and assessment service that will allocate referrals to the most appropriate service provider according to location and clinical presentation as per the stepped care model of right service at the right time according to need.</th>
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<tr>
<td>Coverage</td>
<td>These activities will cover the entire NQPHN region. There will however be more intense focus on new activity in the LGAs with higher Aboriginal and Torres Strait Islander populations. Year 2017-18 the transition of the Cape primary health services to Aboriginal Community Controlled Health Services will assist in the provision of a localised primary health response in the Cape York communities. There is work continuing to support the development of capacity within the LGA in the Torres Strait Islands.</td>
</tr>
<tr>
<td>Commissioning method (if relevant)</td>
<td>Activities for commissioning have been identified during the co-design process for the development of the four Regional Mental Health and Suicide Prevention Plans. Monitoring of performance will be conducted based on factors such as the level of risk, value, and impact of the contract. This will be assessed and will determine the level and frequency of reporting. Specific contract managers within the organisation will be identified and will meet regularly with the provider to understand any barriers, opportunities or improvements. 2018-2019 - All four recently developed Regional Suicide Prevention Community Action Plans will be in implementation phase during this period, with evaluation and action research being provided by a tertiary institution.</td>
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### Approach to market

NQPHN will engage with the market via a number of strategies inclusive of competitive tendering, interactive commissioning and direct approach. This will ensure that the service solution purchased and implemented meets the needs of the community.

### Decommissioning

Transition to a needs led stepped care model will result in a change to the current programmatic base model based on government priorities. Northern Queensland PHN is committed to working closely with existing service providers and potential future service providers to manage this transition effectively involving stakeholder groups as appropriate.

There is the potential for services to be decommissioned, although this is yet to be clarified. The re-shaping of service delivery within the NQPHN region will lead to changes in the way that services are commissioned and delivered. Where this is the case, robust communication plans will be developed and implemented, alongside transition plans administered using a project management approach.

### Performance Indicator

#### Priority Area 1 - Mandatory performance indicators:

- Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services.
- Average cost per PHN-commissioned mental health service – Low intensity services.
- Clinical outcomes for people receiving PHN-commissioned low intensity mental health services.

The local performance indicators for this priority are:

- Increase in proportion of regional population receiving PHN-commissioned mental health services – low intensity services.
- Reduction in average cost per PHN-commissioned mental health service – low intensity services.
- Improved clinical outcomes for people receiving PHN-commissioned low intensity mental health services.

#### Local Performance Indicator target (where possible)

Performance targets will be generally based on pre-existing arrangements as consistent with the transitional requirements of the Department.

#### Local Performance Indicator Data source

To be determined once we have assessed current service delivery.
### Proposed Activities: Priority Area 2: Youth mental health services

Objective of the PHN mental health funding: support region-specific, cross-sectoral approaches to early intervention for children and young people with, or at risk of, mental illness (including those with severe mental illness who are being managed in primary care), and implementation of an equitable and integrated approach to primary mental health services for this population group.

Improving childhood and maternal health, as well as mental health, are two of the six priority areas identified in the NQPHN needs assessment. NQPHN will take the central role in ensuring that the appropriate mix of services to address mental health and wellbeing needs are available across the lifespan. This is informed by appreciation of the importance of physical health, social determinants, and life-course natural history, and consistent with the principle of holistic care, specifically that:

1. Population general health clinical needs are greatest in early life (childhood communicable diseases, developmental disorders), and with advancing age past mid-adulthood (chronic, degenerative and neoplastic diseases).
2. Population mental health clinical needs rise rapidly from adolescence, peaking in young to middle adulthood and falling in older age. Recent data indicated higher rate of mental health disorders among children and young people in NQPHN (20.0%) compared to the national average (16%).
3. Most of the significant mental health disorders have their onset or prodromal in childhood and young adulthood (psychotic, anxiety, affective and substance use disorders), which also applies to key later-life physical conditions (cardiovascular, metabolic and smoking-related respiratory disorders). There are important synergies in the life-style approaches (diet, exercise, stress management), and the opportunities for general health and mental health early detection and intervention are greatest in childhood in which the key social ‘agencies’ are family, school and primary care health services.
4. The same applies in relation to prevention. The greatest opportunity for effective and efficient preventive interventions – for both mental and physical disorders – is at the beginning of life, focusing on the physical, family and social contexts of the perinatal period. This is equally important for late life chronic diseases (metabolic, cardiovascular) and mental health conditions (anxiety disorders, attachment disorders, substance use disorders). This is the arena in which primary care providers, through maternal-child services, have privileged opportunities.

The emphasis in terms of service mix must be informed by an understanding of life-course need at the population level, such as that above, while also acknowledging that mental health promotion and prevention activities continue throughout life and are important regardless of ongoing mental health disorders.
A significant amount of activity in these areas will prioritise Aboriginal and Torres Strait Islander people

<table>
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<tr>
<th>Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)</th>
<th>Modified Activity</th>
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</table>
| 2.1. Headspace services in Cairns, Townsville and Mackay with the potential expansion of a hub and spoke model inclusive of service provision to satellite communities in the smaller townships across the region. | During 2016-17, NQPHN will further explore these concepts and further identify specific activities that address the needs for the region. This will be documented as part of the Regional Mental Health and Suicide Plan, however some initial work will be commenced in the following key areas: 

2.1. Headspace services have transitioned over to the commissioning responsibility of the NQPHN. Relationships with the service providers remain positive with plans to potentially expand the service models currently provided via a process of co-design and partnership with headspace National to ensure the model integrity of the expanded headspace models 2018-19 with headspace services fully transitioned over to the commissioning responsibility of NQPHN relationships with service providers mature with a focus of continued co-design and partnership |
| 2.2. 2018 – 2019 continued funding and evaluation of hub and spoke model for headspace Cairns to Tablelands and Cassowary Coast region |  
| 2.3. Holistic youth services for rural and remote communities inclusive of a potential additional headspace / youth focussed model in the Cape Community is also being proposed for consideration 2018 – 2019. |  
| 2.4. Mental health professionals integrated into youth services, with a particular focus on homeless young people and in schools. |  
| 2.5. Redesign the existing Access to Allied Psychological Services (ATAPS) program into a regional stepped model. |  
| 2.6. Identify gaps in service delivery for youth severe across the NHPHN footprint.  
2018-2019 Commissioning and evaluation of youth severe services across the footprint according to identified gaps in service delivery in the previous AWP |  
<p>| 2.7. Implement a service model that supports the principles and activities of the school based youth health nurse program funded by Queensland Health, with the addition of a mental health/alcohol and other drugs |</p>
<table>
<thead>
<tr>
<th><strong>Target population cohort</strong></th>
<th>Children and Youth, with Aboriginal and Torres Strait Islander children and young people identified as a priority cohort</th>
</tr>
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<tbody>
<tr>
<td><strong>Consultation</strong></td>
<td>NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Mental Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement.</td>
</tr>
<tr>
<td><strong>Collaboration</strong></td>
<td>For the activities that focus on specific stages in the lifespan, NQPHN will focus specific attention on engaging and consulting with people with lived experience from that life stage, as well as communities and service providers including GPs:</td>
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<td>• Established regular regional mental health and AOD planning activities inclusive of young people with a lived experience, families and carers.</td>
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<td></td>
<td>• Engagement in community structures that can be used as a consultation mechanism</td>
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<td></td>
<td>• All activities are monitored and evaluated following each engagement activity to ensure ongoing improvement, and information is updated and outcomes provided to the community.</td>
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</table>

professional position. NQPHN will work with headspace National to ensure model integrity across all communities to ensure the enhancement of mental health and AOD literacy in school age children as prioritised by the regional planning process.

2.4. The existing Access to Allied Psychological Services (ATAPS) program will transition into the implementation of a stepped care model within each LHN region focussing upon the following:
- Psychological support sessions for people as part of a regional response to moderate mental illness
- Intervention strategies based upon evidence and best practice for young people

2.5. 2018-19 Continue to scope gaps in service delivery and co-design with stakeholders to address the needs of young people in the youth severe cohort, and commission services that will address the needs of these young people i.e. Needs assessment in Mackay has identified the need for a trauma informed program for young people aged 12-25 with multi-model service delivery (individual therapy, group programs and family therapy.)

2.6. Service innovation required in the West Cairns area to provide a response to the recommendations of the Smallbone report.
<table>
<thead>
<tr>
<th>Duration</th>
<th>A significant amount of planning will occur between July 2016 and December 2016. Additional services commissioned in early 2017, will continue over the 2017-18 funding period subject to improved outcomes for service users. Activities 2.4 – 2.6 will be commissioned within the 2018/19 financial year. It is anticipated that many of these will progress for further periods of time.</th>
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<tbody>
<tr>
<td>Coverage</td>
<td>These activities will cover the entire NQPHN region. There will however be more intense activity in the LGAs with higher Aboriginal and Torres Strait Islander population.</td>
</tr>
<tr>
<td>Commissioning method (if relevant)</td>
<td>Activities requiring further commissioning outlined in the Regional Mental Health and Suicide Prevention Plan will involve an approach to market in the first instance. To achieve this, NQPHN will seek to engage with the market in a competitive dialogue, or interactive procurement approach, to ensure that the service solution purchased and implemented meets the needs of the community, including cultural competency considerations given Aboriginal and Torres Strait Islander community focus. This process will be particularly valuable in enabling innovation. This approach will be completed with the release of a competitive approach to market resulting a contract execution. Monitoring of performance will be conducted based on factors such as the level of risk, value, and impact of the contract. This will be assessed and will determine the level and frequency of reporting. Specific contract managers within the organisation will be identified and meet regularly with the provider to understand any barriers, opportunities or improvements.</td>
</tr>
<tr>
<td>Approach to market</td>
<td>Competitive dialogue, or interactive procurement approach, followed by the release of a competitive approach to market resulting a contract execution.</td>
</tr>
<tr>
<td>Decommissioning</td>
<td>Transition to a needs-led stepped care model will result in a change to the current programmatic base model based on government priorities. Northern Queensland PHN is committed to working closely with existing service providers and potential future service providers to manage this transition effectively involving stakeholder groups as appropriate. There is the potential for services to be decommissioned, although this is yet to be clarified. The re-shaping of service delivery within the NQPHN region will lead to changes in the way that services are commissioned and delivered. Where this is the case, robust communication plans will be developed and implemented, alongside transition plans administered using a project management approach.</td>
</tr>
<tr>
<td>Performance Indicator</td>
<td>Priority Area 2 - Mandatory performance indicator:</td>
</tr>
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</table>
- support region-specific, cross sectoral approaches to early intervention for *children and young people* with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.

The local performance indicators for this priority are:

- Increased proportion of regional youth population receiving youth-specific PHN-commissioned mental health services.
- Increased coordination of GPs and mental health services targeting youth.

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<tr>
<th>Local Performance Indicator target (where possible)</th>
<th>Performance targets will be generally based on pre-existing arrangements as consistent with the transitional requirements of the Department.</th>
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<tbody>
<tr>
<td>Local Performance Indicator Data source</td>
<td>To be determined once we have assessed current service delivery.</td>
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### Proposed Activities: Priority Area 5: Community based suicide prevention activities

| Priority Area | Objective of the PHN mental health funding: encourage and promote a systems-based regional approach to suicide prevention including community-based activities and liaising with Local Hospital Networks (LHNs) and other providers to help ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt, and for other people at high risk of suicide, including Aboriginal, Torres Strait Islander and South Sea Islander people and veterans. While suicidal and other self-harmful behaviours do not necessarily indicate mental illness, it is reasonable to confidently assert that such behaviours are not consistent with positive mental health and wellbeing. Furthermore, certain mental disorders do confer significant risk of completed suicide, including major depression, bipolar disorder and schizophrenia, with that risk amplified by comorbid substance misuse. Data on completed suicides in Queensland reveal: 1) suicide rate in NQPHN (16%) is high compared to both Queensland (14%) state and National (12%); 2) males are more vulnerable than females; 3) male risk peaks around the fourth decade and in later life; 4) female vulnerability peaks in the fourth and fifth decades; 5) remoteness confers additional vulnerability, particularly for younger persons; 6) Indigenous Queenslanders are at elevated risk, with peak risk at earlier ages, peaking in the second to third decade for females and the third to fourth decades for males.[7] The needs assessment data from the Queensland Mental Health Commission (QMHC) highlights that the high rates of suicide are worse in rural and remote areas, especially in Cape York Peninsula and the Torres Strait. Preliminary data regarding deaths by suicide of Veterans also suggest that this group are at higher risk than the general community. [8] reference from National Mental Health Commission Recent data by AIHW (2017) indicated the following between 2001 - 2015:

- Ex-serving men are two times more likely to be suicidal compared to those serving fulltime or in the reserve (26 suicide deaths/100,000 vs 11 and 12 suicide deaths/100,000), and
- Ex-serving men aged 18-24 are two times more likely to die from suicide than Australian in the same age group.

The agreed approach to conceptualising the spectrum of activities related to suicide prevention and response nationally is the Living is For Everyone (LIFE) framework. There is uniform commitment to the Black Dog Institute’s Life Span model as a guide to identifying evidence-based strategies to be implemented from 1 July 2017. Follow up care – Section One of the Life Span model focusses on crisis
care and after-care. Collaborative work will be done with the HHS mental health services around this as part of their Suicide Prevention Taskforce Strategy.

As preventing suicide is everybody’s business, the role of NQPHN will demand coordination and communication across sectors, and integration with programs that address risk of other negative outcomes with which the risk for self-harm co-varies (for example, empowerment and resilience-based initiatives that are also relevant in relation to homelessness, substance misuse and domestic violence). NQPHN will ensure:

- Population-wide exposure to mental health literacy/suicide awareness building on national programs, and will contract and coordinate a mix of universal to indicated prevention programs across sectors (self-care and informal community care levels in the WHO pyramid)
- Setting-specific symptom identification and early treatment through schools, workplaces and primary care settings as a key activity area for system-based programs
- Longer-term treatment and ongoing care and support requiring collaboration with specialist services for those individuals whose ongoing risk status relates to mental illness, but, equally importantly, continuing to support engagement for all at risk through the primary care and informal community care sectors. Primary care will have a particularly important role in post intervention where the importance of existing community relationships and linkages across the range of services and sectors is critical
- Collaboration with existing national and local programs with identified expertise across all these activities but, particularly, in relation to post intervention (such as Suicide Prevention Networks, Standby Response Services, Lifeline, Beyond Blue, Kids HelpLine).

Specific suicide prevention activity for veterans which is articulated in the separate Suicide Prevention Activity Work plan as requested by the DoH.

<table>
<thead>
<tr>
<th>Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)</th>
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<tbody>
<tr>
<td>5.1. Define suicide prevention system across the region</td>
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<tr>
<td>5.2. Transition the previously funded National Suicide Prevention Programs based on the review</td>
</tr>
<tr>
<td>5.3. Facilitate four HHS based community suicide prevention plans to form a regional suicide prevention plan</td>
</tr>
<tr>
<td>5.4. Commission programs in line with the four community suicide prevention plans to be completed by 30 June 2019</td>
</tr>
<tr>
<td>5.5. Development of a toolkit for commissioned services</td>
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</table>
5.6. Co-ordinate the Australian Defence Force Veterans suicide prevention project based in Townsville; see separate activity work plan. Funding for this project is anticipated to be provided by the DoH once the final schedule has been provided. Until this occurs, NQPHN are using primary mental health care funding to commence the project. This project has subsequently transitioned to be provided via the AWP and budget aligned with the national suicide prevention trial project for Veterans.

5.7. 2018-19: Consideration will be given to an overarching North Queensland suicide prevention action plan which will draw upon the significant synergies between the four plans with alignment to shared aims objectives and evaluation frameworks with specific attention paid to the requirements of the Aboriginal, Torres Strait and South Sea Islander populations along with a focus upon Veterans and their families. The aim of this is to draw together an over-arching plan for the North Queensland community for implementation over the coming years.

**Note:** All activities identified articulate with the other priority areas in the plan. To avoid duplication, they have just been listed in one section. The activities outlined in this section may be reviewed and/or modified following further developmental work, including the collection of additional information as part of the comprehensive mental health and suicide prevention needs assessment and the development of the regional mental health and suicide prevention plan.

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<thead>
<tr>
<th>Existing, Modified, or New Activity</th>
<th>Modified and New Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Activity</strong></td>
<td>In 2017-18 NQPHN will implement the recommendations of the regional suicide prevention networks and further identify specific activities that address the needs for the region. This will be documented as part of the regional mental health and suicide prevention plan, however initial work has commenced in the following key areas:</td>
</tr>
<tr>
<td><strong>5.1.</strong> Definition of the suicide prevention and response service system currently existing in NQPHN, and further work on the needs assessments and data systems that support this information to identify critical gaps with respect to high risks groups and communities</td>
<td></td>
</tr>
<tr>
<td><strong>5.2.</strong> Review all services funded by NQPHN against the criteria identified in the outcomes-focused performance evaluation framework being developed. If needed, work with the currently commissioned agencies to identify service improvements and potential collaborations/partnerships that may enhance program outcomes, and to ensure that a systemic, community-based approach to suicide prevention is delivered. This review may also identify opportunities for expansion of</td>
<td></td>
</tr>
</tbody>
</table>
existing programs, such as the option for additional intake in Certificate IV in Indigenous mental health (suicide prevention), or increase the geographical reach of other programs.

5.3. Facilitate ongoing development and review of community suicide prevention plans based around the four HHS areas utilising existing suicide prevention networks and collaborative processes. This process will ensure alignment with the LIFE Framework, connectivity across relevant community sectors, support engagement with the HHS acute services and contribute to evidence-based activities.

5.4. Commence commissioning of new community-based suicide prevention activities within the context of the regional mental health and suicide prevention plan/s (based around the four HHS area’s plans when finalised).

5.5. Develop a toolkit for services that are being commissioned around suicide prevention. This will include evidence-based guidelines around developing local protocols including response times and collaborative practice with communities. For service responses in Aboriginal and Torres Strait Islander communities, additional guidelines will be provided that include community and cultural protocols.


5.7. 2018-19 Commissioning of a tertiary institution to evaluate the implementation of the activities from the four suicide prevention community action plans and the transition to an overarching North Queensland suicide prevention action plan.

<table>
<thead>
<tr>
<th>Target population cohort</th>
<th>Individuals at risk of suicide, including Aboriginal and Torres Strait and South Sea Islander people along with veterans of the ADF and their families.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation</td>
<td>NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>These activities will be delivered through both commissioned agencies, as well as NQPHN. NQPHN will continue to develop its consultation mechanisms to regularly engage and consult with people with lived experience, communities, and service providers within the region. NQPHN will ensure that the needs of the whole population, including high-risk and seldom-heard groups, are considered in relation to suicide prevention. These include:</td>
</tr>
</tbody>
</table>
- Mental health advisory panel, which comprising representatives from the mental health sector including HHSs, GPs, GPLOs, ADF, remote area services, alcohol and other drugs, youth, community-managed mental health services, Indigenous services, allied health networks, consumers and carers.
- Strengthening consultation processes including project co-ordination of the suicide prevention networks in Townsville, Mackay and the Cairns suicide prevention task force with a particular focus on Aboriginal, Torres Strait and South Sea Islander communities and community leaders.
- Involving people with lived experience, their families, and other support people in all areas.
- Reaching out to include those whose voices are seldom heard, including those in the criminal justice system or who do not access GPs or mainstream services, homeless people, and other disenfranchised groups.
- Engaging with communities and community leaders to identify the specific mental health needs of Aboriginal, Torres Strait and Pacific Islander people.
- Implementation of the national suicide prevention trial activities as highlighted within the additional activity work plan focussing upon veterans and their families.
- Building feedback mechanisms into all appropriate NQPHN portfolio activities

The Queensland Mental Health Commission (QMHC) is establishing/funding programs within the NQPHN region. NQPHN will develop strong collaborative arrangements with the QMHC to enable sharing of information and learnings on suicide prevention activities.

| Duration | It is anticipated that any additional services commissioned in early 2017 will continue until the end of June 2018 subject to improved outcomes for the service users. 2018-2019 Continued additional activities/services commissioned as a result of the recommendations of the suicide prevention community action plans subject to improved outcomes for the community |
| Coverage | These activities will cover the entire NQPHN region. There will however be more intense activity in the LGAs with a higher level of mortality associated with death by suicide. |
| Commissioning method (if relevant) | The existing commissioned programs will be reviewed to ensure consistency with regional suicide prevention plans. Following the review, NQPHN will work with the commissioned services to identify service improvements and potential collaborations/partnerships that may enhance program outcomes. |
| Approach to market | Any new activities for commissioning outlined in the regional mental health and suicide prevention plan will involve an approach to community networks and the market in the first instance. NQPHN will seek to engage with community networks and the market in a competitive dialogue, or interactive procurement approach, to ensure that the service solution implemented meets the needs of the community, including being culturally appropriate. This process will be particularly valuable in enabling innovation. This approach will be completed with the release of a competitive approach to market resulting a contract execution. Monitoring of performance will be conducted based on factors such as the level of risk, value, and outcomes. Specific contract managers within the organisation will be identified and meet regularly with the provider to understand any barriers, opportunities or improvements. |
| Decommissioning | Transition to a needs-led stepped care model will result in a change to the current programmatic base model based on government priorities. NQPHN is committed to working closely with existing service providers and potential future service providers to manage this transition effectively involving stakeholder groups as appropriate. There is the potential for services to be decommissioned, although this is yet to be clarified. The re-shaping of service delivery within the NQPHN region will lead to changes in the way that services are commissioned and delivered. Where this is the case, robust communication plans will be developed and implemented, alongside transition plans administered using a project management approach. |
| Performance Indicator | Priority Area 5 - Mandatory performance indicator:  
- Number of people who are followed up by NQPHN-commissioned services following a suicide attempt in the previous three months.  
The local performance indicators for this priority are:
• Completion of a review of all suicide prevention programs that are commissioned by NQPHN against the outcomes – focused performance evaluation framework.

• Submission of all Department of Health requirements on time and of a high standard including:
  a. Regional mental health and suicide prevention service planning and co-ordination across local communities. (March 2017) This work will continue into 2018-2019 for implementation.

• Number of key stakeholders involved in the development process.

While these indicators are process and output measures, the development of the monitoring and evaluation framework will inform the outcome measures that NQPHN will be working towards from 2017-18 onwards.

Objective: promote a systems-based regional approach to suicide prevention to help ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt, and for other people at high risk of suicide, including Aboriginal and Torres Strait Islander people and veterans.

• Increased availability of suicide prevention services, targeting all people
• Increased coordination of GPs, primary and mental health services
• Increase in referrals to GPs, primary and mental health services by local HHS
• Increased awareness of available suicide prevention services by consumers

<table>
<thead>
<tr>
<th>Local Performance Indicator target (where possible)</th>
<th>In general, performance targets will be based on pre-existing arrangements as consistent with the transitional requirements of the Department of Health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Performance Indicator Data source</td>
<td>To be determined once we have assessed current service delivery.</td>
</tr>
</tbody>
</table>

### Proposed Activities: Priority Area 6: Aboriginal and Torres Strait Islander mental health services

| Priority Area | Objective of the NQPHN mental health funding: enhance access to and better integrate Aboriginal and Torres Strait Islander mental health services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services. For this Objective, both the Primary Health Networks Grant Programme Guidelines - Annexure A1 - Primary Mental Health Care and the Indigenous Australians’ Health Programme – Programme Guidelines apply. | Improving Aboriginal and Torres Strait Islander health, as well as mental health are two of the six priority areas identified in NQPHN’s Health Needs Assessment. Aboriginal and Torres Strait Islander people are identified as a separate priority population, not only because of the universality of their disadvantage, but also its intransigence to significant change across the nation. Queensland is home to more than 186,482 people of Indigenous descent, of whom more than 67,752 live within the area serviced by NQPHN. This includes a disproportionate number of remote Indigenous communities, greater levels of socially disadvantaged Indigenous people, and a significant majority of the nation’s Torres Strait Islander population. Within the NQPHN region, 10.1% of the population identifies as Aboriginal and/or Torres Strait Islander, 4.9% in the Mackay region, 7.9% in Townsville, 10.2% in Cairns and Hinterland and 79.2% in the Torres Strait and Cape York. This is compared to 4% across Queensland. A landmark report on the burden of disease estimates for Aboriginal and Torres Strait Islander population noted;  
- Two-thirds of years lost among Indigenous Australians were due to poor health caused by mental health and substance use disorder, especially alcohol use disorder, anxiety and depression (39%)  
- Tobacco use (12%) and Alcohol use (8%) were 2 leading preventable risk factors causing the most burden among Indigenous Australians  
- Over 50% of the disease burden attributed to alcohol use disorders for ages 15-44  
- At the state level, mental & substance use disorders were leading cause to total disease burden (21%) for Aboriginal and Torres Strait Islander people in Queensland (Australian Institute of Health and Welfare, 2016).  
- 7.7% individuals hospitalised with mental disorder were Aboriginal Queenslanders |
• Higher rates of Aboriginal and Torres Strait Islander hospitalised for schizophrenia and other psychotic disorders (2.2:1) than other Queenslanders (The State of Queensland (Queensland Health), 2016).

The admitted patient episodes of care for mental and behavioural disorders (ICD10AM F00-F99 as principal diagnosis) indicated a general increase in the number of episodes at the HHS between 2014-15 and 2015-16 for Aboriginal and Torres Strait Islander people:

<table>
<thead>
<tr>
<th>HHS</th>
<th>2014-15 episodes</th>
<th>2015-16 episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cairns &amp; Hinterland</td>
<td>669</td>
<td>803</td>
</tr>
<tr>
<td>Mackay</td>
<td>147</td>
<td>142</td>
</tr>
<tr>
<td>Torres &amp; Cape</td>
<td>160</td>
<td>186</td>
</tr>
<tr>
<td>Townsville</td>
<td>400</td>
<td>578</td>
</tr>
</tbody>
</table>

Although existing reliable local information is wanting, existing community surveys demonstrate inequality between the mental health status of Indigenous Australians and the wider society¹ and that while data on prevalence rates are very limited, it is clear from available data that rates of major mental disorders are high². Based on existing data sources (published and service activity collections) and expert input, the Australian Institute of Health and Welfare (AIHW) is currently generating prevalence rates for Indigenous mental health diagnoses based on estimated rate ratios by comparison to the national population for adult males and females respectively. Preliminary findings suggest that rates are nearly double for most major mental disorders and substantially higher for substance use disorders (Australian Institute of Health and Welfare, Australian Burden of Disease Study: Technical Methods Report 2011, in press). There is also recent research demonstrating that the leading cause of non-fatal burden of disease in the Indigenous population, constituting some 27% of the non-fatal burden, with the largest contributions being from anxiety disorders and depression, and alcohol misuse.³

There is evidence for increased service use, not only in terms of public hospital admissions but also of outpatient services such as the Access to Allied Psychological Services (ATAPS)⁴. All the more

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³ Begg, S., et al., The burden of disease and injury in Queensland’s Aboriginal and Torres Strait Islander people. 2014, Queensland Health: Brisbane.
surprising, then, that – regardless of assertions in relation to ‘what works’ – that there is a dearth of reliable evidence for effective interventions – mainstream or culturally adapted – as demonstrated in a systematic review of interventions for Indigenous adults with mental and substance use disorders in Australia, Canada, New Zealand and the United States (Lesk, Harris et al, in press).

In a survey of service providers in the NQPHN region, respondents identified Aboriginal and Torres Strait Islander people as a group most in need of mental health services. Key barriers to accessing mental and wellbeing in Aboriginal and Torres Strait Islander (A&TSI) Communities include (Matthews V, Bailie J, Laycock A, Nagel T, & Bailie R, 2016);

- Systems and approaches for recruitment and retainment of Aboriginal and Torres Strait Health Workers
- Mentoring and support systems for ATSI health workers
- Lack of mental health training and development programs for ATSI mental health workers at all levels from certificate through to tertiary
- Limited finance and resources for mental health and wellbeing care

| Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc) | 6.1. Strengthening Maternal Child Health System to respond to Mental Health Needs of Aboriginal and Torres Strait Islander Parents and Infants. Develop the current well-being teams and include the concept of a combined SEWB and Mental Health team to support the delivery of services within the Aboriginal and Torres Strait Islander Communities which are under community control.  
6.2. Workforce Development - Aboriginal Mental Health First Aid Facilitator collaboration and coordination  
6.3. Innovative models of service delivery – Torres Strait Islands  
6.4. Innovative models of service commissioning - Co-commissioning with the Department of Child Safety for the delivery of Aboriginal and Torres Strait Islander Family Wellbeing Services. These new models of service delivery aim to offer vulnerable Aboriginal and Torres Strait Islander children and families a coordinated mix of services to address multiple levels of need and build family and community capacity to safely care for and protect their children.  
6.5. Improving services for Aboriginal and Torres Strait Islander people is a key priority for NQPHN. All activities within the Mental Health and Suicide Prevention activity plan will have a focus on Aboriginal and Torres Strait Islander people.  
6.6. Invite opportunities from ACHHOs and AMSs to provide innovative models of service delivery for their communities  

**Note:** All activities identified articulate with the other priority areas in the plan. To avoid duplication they have just been listed in one section. The activities outlined in this section may be reviewed and/or modified following further developmental work, including the collection of additional information as part of the comprehensive mental health and suicide prevention needs assessment and the development of the Regional Mental Health and Suicide Prevention Plan. |
| Existing, Modified, or New Activity | New Activity  
New service delivery is planned to commence in the 2017-18 financial year. Whilst there will be some focus upon capacity development the planned implementation of the Stepped Care model within the Torres Strait Islands and Cape communities will result in the delivery of services. Current access to any primary mental health services within these communities is very limited.  
Transition to the NDIS model of support for Aboriginal and Torres Strait Islander communities as yet has unknown consequences and / or opportunities. Further activity and engagement with the disability services sector will be required to identify opportunities for combined commissioning models |
### Description of Activity

6.1. In collaboration with the Aboriginal Medical Services (AMS) / Aboriginal Community Controlled Health Organisations (ACCHOs), commission activities that demonstrate an integrated approach to embedding Mental Health and Social and Emotional Wellbeing (SEWB) into PHC teams within AMS / ACCHOs with the aim to improve the journey of Aboriginal and Torres Strait Islander people into and through primary mental health care into specialist mental health services, as well as enhancing the primary care system capacity to better meet needs of people with complex and chronic mental health conditions, including enhanced nursing support and coordinated care.

6.2. Provide funding to an AMS / ACCHO within the region to facilitate the support and coordination of National Aboriginal and Torres Strait Islander Mental Health First Aid (AMHFA) facilitators in maintaining accreditation. Develop cross sectoral programs of education supported by the tertiary education sector looking to develop vocational educational pathways between schools and the tertiary sector.

6.3. In collaboration with Torres and Cape Hospital and Health Service, and the Torres Strait community, develop and commission appropriate model for primary mental health service delivery. Currently collaboration has commenced with the HHS and the Torres Regional Shire Council to develop models appropriate to the Torres Strait Islands that link with tertiary services.

6.4. Collaboration between Federal and State commissioners to develop innovative models of service delivery for Aboriginal and Torres Strait Islander people within remote communities, whilst avoiding duplication of resources and replication of services.

6.5. Improving services for Aboriginal and Torres Strait Islander people is a key priority for NQPHN. All activities within the Mental Health and Suicide Prevention activity plan will have a focus on Aboriginal and Torres Strait Islander people.

6.6. 2018-2019 commission place-based models of service delivery for specific Aboriginal and Torres Strait Islander communities, such as Palm Island, Yarrabah and clusters of communities in the Cape and Torres Strait Islands.

### Target population cohort

Aboriginal and Torres Strait Islander people

### Consultation

NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement.

### Collaboration

All activities outlined in this area will be developed in collaboration with the Aboriginal Medical Service / Aboriginal Community Controlled Sector and communities. Existing forums and groups will be used to enable collaborative approaches to be further developed.
The needs of Aboriginal and Torres Strait Islander people will be identified as a key priority within the Regional Plan, and system strengthening for Aboriginal and Torres Strait Islander communities will involve culturally-appropriate forums on location in these communities and be developed in collaboration with the Aboriginal Medical Service / Aboriginal Community Controlled Health Sector and the HHSs.

| Duration | It is anticipated that any additional services that are required to be commissioned will occur in 2017-18. Current services commissioned include the following;  
|          | • 6.1 Five AMSs delivering maternal child health programs with additional support from mental health clinicians  
|          | • 6.4 Co-commissioning models with the Department of Child Safety to support the introduction of Family wellbeing centres across the Torres Strait Islands. Services commence 2 January 2018 to January 2020 |

| Coverage | As Aboriginal and Torres Strait Islander people reside across the whole region, these activities will cover the entire NQPHN region. There will however be more intense activity in Cape York Peninsula and the Torres Strait focussed on identified health and service needs. |

| Commissioning method (if relevant) | New activities for commissioning outlined in the Regional Mental Health and Suicide Prevention Plan will involve an approach to market in the first instance. NQPHN will seek to engage with the market in a competitive dialogue, or interactive procurement approach, to ensure that the service solution purchased and implemented meets the needs of the community. This process will be particularly valuable in enabling innovation. This approach will be completed with the release of a competitive approach to market resulting in a contract execution. Monitoring of performance will be conducted based on factors such as the level of risk, value, and impact of the activity. This will be assessed and will determine the level and frequency of reporting. Specific contract managers within the organisation will be identified and will meet regularly with the provider to understand any barriers, opportunities or improvements. |

| Approach to market | Competitive dialogue, or interactive procurement approach, followed by the release of a competitive approach to market resulting a contract execution. |
### Decommissioning

Transition to a needs-led stepped care model will result in a change to the current programmatic base model based on government priorities. Northern Queensland PHN are committed to working closely with existing service providers and potential future service providers to manage this transition effectively involving stakeholder groups as appropriate.

There is the potential for services to be decommissioned, although this is yet to be clarified. The re-shaping of service delivery within the NQPHN region will lead to changes in the way that services are commissioned and delivered. Where this is the case, robust communication plans will be developed and implemented, alongside transition plans administered using a project management approach.

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Priority Area 6 - Mandatory performance indicator:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate.</td>
</tr>
</tbody>
</table>

The mandatory performance indicator for this priority is:

- Increased availability of culturally appropriate mental health service[s], targeting Aboriginal and Torres Strait Islander people
- Increased collaboration between maternal and child health services, and mental health services

Objective: enhance access to Aboriginal and Torres Strait Islander mental health services at a local level with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services.

<table>
<thead>
<tr>
<th>Local Performance Indicator target (where possible)</th>
<th>Performance targets will be developed further as the specific models are finalised with the providers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Performance Indicator Data source</td>
<td>To be determined once NQPHN has assessed current service delivery.</td>
</tr>
<tr>
<td>Priority Area</td>
<td>Proposed Activities: Priority Area 7: Stepped care approach</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Objective of the NQPHN mental health funding: a continuum of primary mental health services within a person-centred stepped care approach, so that a range of service types, making the best use of available workforce and technology, are available within local regions to better match with individual and local population need.</td>
</tr>
<tr>
<td></td>
<td>As identified in the needs assessment, NQPHN is actively working towards establishing a comprehensive stepped care approach to ensure that people get the right clinical service at the right level and at the right time, linked to other non-health services. In an area such as North Queensland, access to the full continuum of services is not always possible due to limited availability in rural and remote areas. This creates great challenges in establishing cost effective and efficient services to ensure a system of delivering and monitoring treatments, so that the most effective yet least resource-intensive treatment is delivered to individuals first. As identified in the needs assessment, the urban areas have reasonable access to a range of services whereas the remote areas are less well serviced. Access to internet for e-mental health services is also limited due to the limited availability and high cost of internet access. Workforce capability is fundamental in a stepped care approach and will be a key focus area for NQPHN in the initial stages. This may include some task shifting or reallocation of roles to efficiently use expertise across the mental health continuum. While mental health service providers are familiar with the concepts around the stepped care model, detailed planning on a region-wide basis and use of the reform terminology may be new to many. Through the service strengthening and reform activities outlined in Priority Area 8, it will be essential to work through a shared vision in 2016-17, engaging and building capacity across providers and the community.</td>
</tr>
</tbody>
</table>

| Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc) | 7.1. Define a comprehensive ‘menu’ of evidence-based services  
7.2. Develop a comprehensive map of the mental health workforce  
7.3. Promote and support availability of self-help and digital mental health services as an alternative and/or adjunct to face-to-face services  
7.4. Access to 24-hour support |
|---------------------------------------------------|----------------------------------------------------------|

**Note:** All activities identified articulate with the other priority areas in the plan. To avoid duplication, they have just been listed in one section. The activities outlined in this section may be reviewed and/or modified following further developmental work, including the collection of additional information as
part of the comprehensive mental health and suicide prevention needs assessment and the development of the Regional Mental Health and Suicide Prevention Plan

| Description of Activity | 7.1. NQPHN will systematically review evidence-based services to identify a comprehensive ‘menu’ of evidence-based services required to respond to the spectrum of need that are appropriate for the local region. Feedback from local experts will also inform this menu. Again, this will not be done in isolation and will be informed by the development work completed in priority area 8. As with priority area 8, this activity aligns with all the objectives of PHN mental health funding and will form the foundation of the mental health systems reform in North Queensland.  
7.2. Develop a comprehensive map of the locations of the mental health workforce across the PHN catchment to identify gaps in existing workforce coverage. Identify particular skills required to meet mental health priority areas, in particular a focus on clinicians’ capacity around e-mental health and clinician-assisted digital mental health services.  
7.3. Scope the preferred potential use of e-mental health solutions across the region in collaboration with service providers and the community. Based on the outcomes, work towards improving access to these services and promote e-mental health solutions to provide support to people as a frontline response to more common and less severe issues.  
7.4. Scope the access to 24-hour culturally appropriate support services to meet needs for the NQPHN region. |
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Target population cohort</td>
<td>Whole of NQPHN population exhibiting/suffering mental health symptoms</td>
</tr>
<tr>
<td>Consultation</td>
<td>NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement.</td>
</tr>
</tbody>
</table>
| Collaboration | Some of the mechanisms in place or currently being progressed include:  
- Mental health co-design panel, with representatives from the mental health sector including HHSs, GPs, GP Liaison Officers, remote area services, alcohol and other drugs, youth, community-managed mental health services, Indigenous services, allied health networks, consumers and carers.  
- Strengthening community structures that can be used as a consultation mechanism. |
- Reaching out to include those whose voices are seldom heard, including those in the criminal justice system or who do not access GPs or mainstream services, homeless people, and other disenfranchised groups.
- Engaging with communities and community leaders to identify the specific mental health needs of Aboriginal, Torres Strait Islander and South Sea Islander people.
- Building feedback mechanisms into all appropriate NQPHN portfolio activities.

**Duration**

It is anticipated that any additional services that are required to be commissioned will occur in early 2018 through to July 2019.

**Coverage**

These activities will cover the entire NQPHN region. There will however be more intense activity in the LGAs with a higher Aboriginal and Torres Strait Islander population focused on identified health and service needs.

**Commissioning method (if relevant)**

New activities for commissioning outlined in the Regional Mental Health and Suicide Prevention Plan will involve an approach to market in the first instance.

NQPHN will seek to engage with the market in a competitive dialogue, or interactive procurement approach, to ensure that the service solution purchased and implemented meets the needs of the community. This process will be particularly valuable in enabling innovation. This approach will be completed with the release of a competitive approach to market resulting in a contract execution.

Monitoring of performance will be conducted based on factors such as the level of risk, value, and outcomes. This will be assessed, and will determine the level and frequency of reporting. Specific contract managers within the organisation will be identified and meet regularly with the provider to understand any barriers, opportunities or improvements.

**Approach to market**

For any elements of commissioning for this activity it is anticipated that a competitive dialogue, or interactive procurement approach, followed by the release of a competitive approach to market resulting in a contract execution.

**Decommissioning**

Transition to a needs led stepped care model will result in a change to the current programmatic base model based on government priorities. Northern Queensland PHN are committed to working closely with existing service providers and potential future service providers to manage this transition effectively involving stakeholder groups as appropriate.
There is the potential for services to be decommissioned, although this is yet to be clarified. The reshaping of service delivery within the NQPHN region will lead to changes in the way that services are commissioned and delivered. Where this is the case, robust communication plans will be developed and implemented, alongside transition plans administered using a project management approach.

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Priority Area 7 - Mandatory performance indicator:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Proportion of PHN flexible mental health funding allocated to low intensity services, psychological therapies, and clinical care coordination for those with severe and complex mental illness.</td>
</tr>
<tr>
<td></td>
<td>Objective: a continuum of primary mental health services within a person-centred approach, so that a range of service types, are available within local regions:</td>
</tr>
<tr>
<td></td>
<td>• Increased* availability of primary mental health services across the NQPHN footprint, particularly in those communities outside of the three main regional centres (Cairns, Townsville, Mackay).</td>
</tr>
</tbody>
</table>

Local Performance Indicator target (where possible)  

Local Performance Indicator Data source
## Priority Area 8: Regional Mental Health and Suicide Prevention Plan

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Objectives of the PHN mental health funding: evidence-based regional mental health and suicide prevention plans and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies, and encourage integration.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NQPHN will develop an evidence-based comprehensive Regional Mental Health and Suicide Prevention Plan that will be used by NQPHN to guide the strategic direction for North Queensland, in line with the national reform agenda, and be used for equitable planning and purchasing of place-based mental health, suicide prevention programs, services, and integrated care pathways across North Queensland.</td>
</tr>
<tr>
<td></td>
<td>The framework will include key reform concepts such as the planning of mental health services around a stepped care approach, the integration of physical, mental, social and emotional health and wellbeing within primary health care, as well as applying a social determinants of health framework to the ongoing development of the Mental Health and Suicide Prevention service system, to address the interconnected behavioural and socio-economic factors.</td>
</tr>
</tbody>
</table>

### Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)

<table>
<thead>
<tr>
<th>Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)</th>
<th>8.1. Development of a Regional Mental Health and Suicide Prevention Plan. Incorporate within the plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• A communication and collaboration framework</td>
</tr>
<tr>
<td></td>
<td>• Identification of workforce and resource needs</td>
</tr>
<tr>
<td></td>
<td>• An outcomes-focused performance evaluation framework.</td>
</tr>
</tbody>
</table>

### Existing, Modified, or New Activity

<table>
<thead>
<tr>
<th>Existing, Modified, or New Activity</th>
<th>Existing Activity</th>
</tr>
</thead>
</table>

### Description of Activity

<table>
<thead>
<tr>
<th>Description of Activity</th>
<th>8.1 NQPHN, will develop a Regional Mental Health and Suicide Prevention Plan. The implementation of a stepped care model locally will require a better aligned skill set and workforce to operate optimally. Therefore key considerations will be communication and collaboration, as well as the identification of workforce training and the allocation of additional resources for remuneration.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Within this planning period the team will focus on the following areas:</td>
</tr>
<tr>
<td></td>
<td>• The implementation of care pathways across the NQPHN footprint to support system navigation based upon collaboration and communication across the sector as highlighted as a priority in the Health Needs Assessment.</td>
</tr>
</tbody>
</table>
- Continuation of the co-design processes across each of the four LHN / HHS regions within the NQPHN to support the development of regional Mental Health and Suicide Prevention Plans
- Workforce planning and engagement with the Vocational Educations and Training (VET) sector and Education Queensland to consider innovative training pathways to support the development of the peer workforce and encourage Aboriginal and Torres Strait Islander people into the sector thus supporting a culturally appropriate workforce and increased social / economic participation of these population groups
- Outcomes based self-assessments have been developed in partnership with the sector, based upon best practice evidence. The focus is upon service user experience of care along with improvements in mental health and wellbeing.
- Tools for measurement will be determined at point of contract negotiation based upon target audience and mode of service delivery.

<table>
<thead>
<tr>
<th>Target population cohort</th>
<th>Whole of NQPHN population</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQPHN will continue to develop its consultation mechanisms to regularly engage and consult with people with lived experience, communities, and service providers within the region. NQPHN will ensure that the mental health needs of the whole population including seldom-heard groups are considered. NQPHN has adopted the International Association for Public Participation - IAP2 model, with overlap utilising specific protocols for different population groups – for example, Aboriginal, Torres Strait Islander and South Sea Islander populations to guide all engagement and consultation processes. As part of the development of the Regional Mental Health and Suicide Prevention Plan, NQPHN will develop strategies around ongoing communication and collaboration with the mental health and associated sectors. Some of the mechanisms in place or currently being progressed include:</td>
</tr>
<tr>
<td>- Regional mental health co-design panel, comprising representatives from the mental health sector including HHSs, GPs, GPLOs, ADF, remote area services, alcohol and other drugs, youth, community-managed mental health services, Indigenous services, allied health networks, consumers and carers.</td>
</tr>
</tbody>
</table>
- Strengthening community structures that can be used as a consultation mechanism.
- Reaching out to include those whose voices are seldom heard, including those in the criminal justice system or who do not access GPs or mainstream services, homeless people, and other disenfranchised groups.
- Engaging with communities and community leaders to identify the specific mental health needs of Aboriginal, Torres Strait Islander and South Sea Islander people.
- Building feedback mechanisms into all appropriate NQPHN portfolio activities.

NQPHN will aim to further strengthen these systems and structures to enable the local community, service users, and carers to influence commissioning decisions. This could be achieved by strengthening relationships and jointly working with local groups and service users to assess the quality, performance, and outcomes of services and the effectiveness of care pathways, and to co-design innovative service models.

While this activity is a whole of region planning process, specific attention will be paid to the needs of Aboriginal and Torres Strait Islander people within the region. The needs of Aboriginal and Torres Strait Islander people will be identified as a priority within the Regional Plan.

System strengthening for remote Indigenous communities will involve culturally-appropriate forums on location in these communities, and will be developed in collaboration with the Aboriginal Medical Service / Aboriginal Community Controlled Health Sector and the HHSs.

<table>
<thead>
<tr>
<th>Duration</th>
<th>Commence June 2016 and deliverables completed by March 2017 with co-design work continuing across the life span of the Activity Work Plans inclusive of 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
<td>These activities will cover the entire NQPHN region. There will however be more intense activity in the LGAs with a higher Aboriginal and Torres Strait Islander population focused on identified health and service needs</td>
</tr>
<tr>
<td>Commissioning method (if relevant)</td>
<td>The range of activities outlined above will be a combination of commissioned services supported by the necessary internal planning and infrastructural enablement. Utilising this approach, capacity development will occur with NQPHN, particularly around mental health and suicide prevention reform, as well as evaluation.</td>
</tr>
</tbody>
</table>
| Approach to market | Community engagement and consultation will continue to be led by NQPHN, to ensure that long-term relationships are being developed between the community stakeholders and NQPHN.
Ongoing feedback on the process will be sought from key stakeholders, as well as support and acceptance of the regional plan by all key stakeholders.
Monitoring of performance will be conducted based on factors such as the level of risk, value, and outcomes. This will be assessed, and will determine the level and frequency of reporting. Specific contract managers within the organisation will be identified and meet regularly with the provider to understand any barriers, opportunities, or improvements. |
| Decommissioning | Direct engagement for commissioning. Transition to a needs led stepped care model will result in a change to the current programmatic base model based on government priorities. Northern Queensland PHN are committed to working closely with existing service providers and potential future service providers to manage this transition effectively involving stakeholder groups as appropriate.
There is the potential for services to be decommissioned, although this is yet to be clarified. The re-shaping of service delivery within the NQPHN region will lead to changes in the way that services are commissioned and delivered. Where this is the case, robust communication plans will be developed and implemented, alongside transition plans administered using a project management approach. |
| Performance Indicator | Priority Area 8 - Mandatory performance indicators:
- Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.
Objective: evidence-based regional mental health and suicide prevention plans and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies, and encourage integration.
The local performance indicator for this priority is:
- An evidence-based regional mental health and suicide prevention service planning, communication, and collaboration framework that has been developed in collaboration will all key stakeholders. |
- An outcomes-focused performance evaluation framework that will guide the commissioned service reporting against meaningful, measurable performance targets that aligns with national, state, and regional indicators.
- Submission of all Department of Health requirements on time and of a high standard including:
  - Regional Mental Health and Suicide Prevention service plan (March 2017)
  - Comprehensive Mental Health and Suicide Prevention needs assessment (November 2016)

Local process indicator:

- Number of key stakeholders involved in the planning process.

While these indicators are process and output measures, the development of the monitoring and evaluation framework will inform the outcome and impact measures that NQPHN will be working towards in 2017-18 onwards.

- The development of a regional suicide prevention plan has been transferred to Activity 5.
- Any further ongoing planning will be consistent with the development of activity work plans as per departmental guidelines.

<table>
<thead>
<tr>
<th>Local Performance Indicator target (where possible)</th>
<th>To be determined once NQPHN’s planning framework is complete.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Performance Indicator Data source</td>
<td>To be determined.</td>
</tr>
<tr>
<td>Priority Area 9: Residential Aged Care</td>
<td></td>
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<tr>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Priority Area</td>
<td>Psychological treatment services for people with mental illness living in residential aged care facilities</td>
</tr>
<tr>
<td>Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)</td>
<td>9.1 Identification of regionally based Residential Aged Care Facility / ies with the following features: Serviced by one regular GP or practice; high level of clinical staffing with experience and expertise; engagement in pharmacy reviews; engagement with the state based older persons mental health teams and over 50 beds. 9.2 Engagement and education with the identified service/s to support the implementation of a trial / pilot initiative for the delivery of targeted psychological therapies for the residents of the facilities. 9.3 Identification of service providers with the current skill and expertise to deliver appropriate psychological therapies to the target group of residents and the development of a co-designed service model in partnership with relevant stakeholders. This will be inclusive of an assessment framework which will support the identification of appropriate service pathways consistent with stepped care. 9.4 Simultaneous development and implementation of health pathways linking across the sector supporting the activity of the primary health provider (GP), pharmacists, specialist tertiary services, aged care assessment teams (ACAT) and the RACFs. 9.5 Implementation of the My Health Record within participating RACF/s to support more co-ordinated future care options and the use of integrated health records across multiple service domains.</td>
</tr>
<tr>
<td>Existing, Modified, or New Activity</td>
<td>New</td>
</tr>
<tr>
<td>Description of Activity</td>
<td>Psychological treatment services for people with mental illness living in residential aged care facilities</td>
</tr>
<tr>
<td>Target population cohort</td>
<td>Older age residents living in residential aged care facilities with a mental illness</td>
</tr>
<tr>
<td>Consultation</td>
<td>General Practitioners, specialist health services for older people, State older persons mental health teams, aged care assessment teams, Pharmacists, Residential Aged Care Facilities; older persons mental health professionals networks; peak bodies and service providers, and consumers and carers</td>
</tr>
<tr>
<td>Collaboration</td>
<td>General Practices, specialist health services for older people, State older persons mental health teams, aged care assessment teams, Pharmacists, Residential Aged Care Facilities; older persons mental health professionals networks; peak bodies and service providers</td>
</tr>
<tr>
<td>Duration</td>
<td>January – June 2019</td>
</tr>
<tr>
<td>----------------------------------</td>
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</tr>
<tr>
<td>Coverage</td>
<td>Maximum of three identified sites in the NQPHN region</td>
</tr>
<tr>
<td>Commissioning method (if relevant)</td>
<td>Co-design with stakeholder group</td>
</tr>
<tr>
<td>Approach to market</td>
<td>Direct approach to most appropriate provider</td>
</tr>
<tr>
<td>Decommissioning</td>
<td>N/A</td>
</tr>
<tr>
<td>Performance Indicator</td>
<td>PMHC-MDS completion; Mental Health Care Plan by GP provider; implementation of integrated digital care record; rate of access to services; rates of service type; integration of specialist referral pathways (AOD); referral pathways and follow up within 7 days for those following recent suicide attempt or at risk of same; ongoing evaluation and quality improvement strategy incorporating consumer and carer feedback; ongoing sector and stakeholder engagement and education regarding specialist needs of the sector. DOH: Performance Indicators: P1; P2; P4; P5; P10, P12, MH1; MH2; MH3; MH5; MH6; DH1; DH2; DH3; W3; O12; O14; AOD1:</td>
</tr>
<tr>
<td>Local Performance Indicator target (where possible)</td>
<td>To be determined once NQPHN’s planning framework is complete.</td>
</tr>
<tr>
<td>Local Performance Indicator Data source</td>
<td>To be determined.</td>
</tr>
</tbody>
</table>
1. **(b) Planned activities funded under the Primary Mental Health Care Schedule**

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

| Priority Area | Objective of the PHN mental health funding: address service gaps in the provision of psychological therapies for people in rural and remote areas and other under-serviced and/or hard to reach populations, making optimal use of the available service infrastructure and workforce.  

The region serviced through NQPHN contains the most decentralised population in Australia. Within this are subpopulations characterised by elevated risk of negative mental health outcomes that are priority groups in NQPHN planning. As identified through the needs assessment, priority groups in NQPHN planning are identifiable either by features of identity and personal characteristics (e.g. Aboriginal and/or Torres Strait Islander peoples, lesbian, gay, bisexual, trans, and/or intersex (LGBTI), migrant/refugee) or as a consequence of social settings and circumstances (rural and remote, agricultural/pastoralists, homeless, detained and veteran populations).  

The elevated risk to wellbeing and mental health of these groups may relate to processes/issues associated with that identity (for example, racism and stigma impacting Aboriginal and Torres Strait Islander people, migrant/refugee groups and LGBTI) or to social settings (homeless, rural and remote residents, isolation, and detained populations). There is, of course, overlapping and compounding risk (for example, remote Indigenous populations) and some groups are at elevated risk in part because these groups concentrate people with mental disorders as a consequence of poor mental health and wellbeing (detained populations, homeless).  

NQPHN’s commitment to ensuring comprehensive coverage of needs across the WHO pyramid for each of the priority groups requires both group and setting-specific strategies informed by a commitment to efficiency, effectiveness, access and equity, as well as making sure that the services are appropriate and effective in the real world(s) in which that group lives, and are available when needed regardless of social or group circumstances. To address need, there will be different degrees of focus by NQPHN across the WHO service sectors.

| Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc) |  
|---|---|
| **3.1** Implement redesign of ATAPS program into regional stepped care model.  
**3.2** Commissioned new services as identified following redesign, with a particular focus on rural and remote access to services via multiple modalities.  
**3.3** Improve access to services for the homeless population. |
3.4 Improve access to service for the veteran population.

Due to the geography and population characteristics of the region, several of the NQPHN strategies that address rural and remote communities are identified in other, such as young people and Aboriginal and Torres Strait Islander people.

The Regional Mental Health and Suicide Prevention Plans articulate the specific foci for each LHN network with the following key areas being the platform for each plan.

<table>
<thead>
<tr>
<th>Description of Activity</th>
<th>Existing, Modified, or New Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Implementation of redesigned ATAPS program into the stepped care model. NQPHN will ensure appropriate activity across the region, inclusive of those areas which previously have struggled to access locally based services. To ensure access to services in rural and remote communities, service models will be explored that commission existing providers and programs to ensure cost effective delivery. This will include the enhancement of existing programs to cover a wider geographical area with increased accessibility across the continuum of need.</td>
<td></td>
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<tr>
<td>3.2 Identification of additional activities/services, as part of the development of the Regional Mental Health and Suicide Prevention Plan. Commissioning of these services will commence in early 2017.</td>
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<tr>
<td>3.3 Service models for the homeless population and those marginalised from family and access to supports that attend to the base levels of the WHO pyramid will be developed throughout the 2017-18 period.</td>
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</tr>
<tr>
<td>3.4 2018-2019 Stepped Care Implementation particularly targeting those populations highlighted as being from hard to reach groups.</td>
<td></td>
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</tbody>
</table>

**Target population cohort**

At risk and socially isolated groups including Aboriginal and Torres Strait Islander people, migrant/refugee groups and LGBTI and populations including homeless, rural and remote residents, agricultural/pastoralists detainees and the veteran population.

**Consultation**

NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Mental Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement.

**Collaboration**

NQPHN are utilising a broad consultation and co-design approach to ensure that there is full engagement with all relevant parties. NQPHN will continue to develop its consultation mechanisms to regularly
engage and consult with people with lived experience, as well as seldom-heard groups. This will include exploring non-traditional consultation processes through activities such as music, sport and social media. These include:

- Specific collaboration structures with the Aboriginal Medical Service / Aboriginal Community Controlled Health Sector
- Involving people with lived experience, their families, and other support people in all areas
- Reaching out to include those whose voices are seldom heard, including those in the criminal justice system or who do not access GPs or mainstream services, homeless people, and other disenfranchised groups
- Engaging with a broad range of community support services such as emergency relief organisations
- Transitioning providers continue to actively participate in regional systems re-design consultations and workshops in order to support regional service delivery.

| Duration | A significant amount of planning will occur from July 2016–December 2016. It is anticipated that any additional services commissioned in early 2017 will continue to be commissioned subject to enhanced outcomes for service users. |
| Coverage | These activities will cover the entire NQPHN region. There will however be more intense activity in the LGAs with a higher Aboriginal and Torres Strait Islander population and rural and remote locations. |
| Continuity of care | Continuity of care will be assured via the process of negotiation, co-ordination and transition with current service providers. Current service delivery models are widely accepted as being not fit for purpose with an impetus for change being evident. This will rely upon the maintaining and sustaining of a partnership model of service delivery with all service providers thus ensuring a smooth transition to a stepped model of care. |
| Commissioning method (if relevant) | Within 2016-17, the existing programs that are being commissioned or transitioned from the Department of Health to NQPHN will be continued for a further 6-12 months. NQPHN will directly contract these services as directed by the Department of Health in line with approved transitional arrangements. During this period of time, NQPHN will review each of the programs against the criteria identified in the performance evaluation framework being developed, as well as the new service models |
being scoped. Following the review, NQPHN will work with the commissioned services to identify service improvements and potential collaborations/partnerships that may enhance program outcomes.

NQPHN will seek to engage with the market in a competitive dialogue, or interactive procurement approach, to ensure that the service solution purchased and implemented meets the needs of the community. This process will be particularly valuable in enabling innovation. This approach will be completed with the release of a competitive approach to market resulting in a contract execution. 2018-19 the interactive procurement process will be completed and services across the stepped care continuum will be operational.

Monitoring of performance will be conducted based on factors such as the level of risk, value, and impact of the contract. This will be assessed, and will determine the level and frequency of reporting. Specific contract managers within the organisation will be identified and meet regularly with the provider to understand any barriers, opportunities or improvements.

<table>
<thead>
<tr>
<th><strong>Approach to market</strong></th>
<th>Competitive dialogue, or interactive procurement approach, followed by the release of a competitive approach to market resulting in a contract execution.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Decommissioning</strong></th>
<th>Transition to a needs led stepped care model will result in a change to the current programmatic base model based on government priorities. Northern Queensland PHN is committed to working closely with existing service providers and potential future service providers to manage this transition effectively involving stakeholder groups as appropriate. There is the potential for services to be decommissioned, although this is yet to be clarified. The reshaping of service delivery within the NQPHN region will lead to changes in the way that services are commissioned and delivered. Where this is the case, robust communication plans will be developed and implemented, alongside transition plans administered using a project management approach.</th>
</tr>
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</table>

| **Performance Indicator** | Priority Area 3 - mandatory performance indicators:  
- Proportion of regional population receiving PHN-commissioned mental health services – psychological therapies delivered by mental health professionals  
- Average cost per PHN-commissioned mental health service – psychological therapies delivered by mental health professionals  
- Clinical outcomes for people receiving PHN-commissioned – psychological therapies delivered by mental health professionals. |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
The local performance indicators for this priority are:
  - Increased coordination of GPs and mental health services

| Local Performance Indicator target (where possible) | Performance targets will in general be based on pre-existing arrangements as consistent with the transitional requirements of the Department. |
| Local Performance Indicator Data source | To be determined once we have assessed current service delivery. |
### Proposed Activities : Priority Area 3.5 Strengthening Maternal Child Health System to respond to Mental Health Needs of Aboriginal and Torres Strait Islander Parents and Infants

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Objective of the PHN mental health funding: address service gaps in the provision of psychological therapies for Aboriginal and Torres Strait Islander Parents and Infants in rural and remote areas and other under-served and/or hard to reach populations, making optimal use of the available service infrastructure and workforce. The region serviced through NQPHN contains the most decentralised population in Australia. Within this are subpopulations characterised by elevated risk of negative mental health outcomes that are priority groups in NQPHN planning. As identified through the needs assessment; Aboriginal and/or Torres Strait Islander people are most in need of mental health services. Recent data noted that two-thirds of years lost among Indigenous Australia were due to poor health caused by mental health and substance use disorder, especially alcohol use disorder, anxiety and depression. At the state level, mental and substance use disorder are leading cause of total disease burden for Aboriginal and Torres Strait Islander people in Queensland. Within NQPHN, the admitted patient episodes of care for mental and behavioural disorders among Aboriginal and Torres Strait Islander people continued to increase across the footprint since 2014. Several key stakeholders noted the need to focus on the social and emotional wellbeing approach to address mental health related issues in Aboriginal and Torres Strait Islander communities. Narratives from key stakeholders indicated the need for parenting programs, family support and therapy, early childhood services and social services addressing family violence in the Cape York and Torres Strait regions. NQPHN’s commitment to ensuring comprehensive coverage of needs across the WHO pyramid for Aboriginal and Torres Strait Islander people setting-specific strategies informed by a commitment to efficiency, effectiveness, access and equity, as well as making sure that the services are appropriate and effective in the real world(s) in which people lives, and are available when needed regardless of their social circumstances. To address need, there will be different degrees of focus by NQPHN across the WHO service sectors, particularly maternal and child health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)</td>
<td>3.5 Strengthening Maternal Child Health System to respond to Mental Health Needs of Aboriginal and Torres Strait Islander Parents and Infants</td>
</tr>
<tr>
<td>Existing, Modified, or New Activity</td>
<td>New Activity</td>
</tr>
</tbody>
</table>
The goal of this program is to improve Social and Emotional Wellbeing (SEWB) outcomes for Aboriginal and Torres Strait Islander parents and infants at risk of or experiencing SEWB issues by embedding strong social and emotional wellbeing strategies into all aspects of maternal and child health (MCH) care policy and practice. This includes a focus on early intervention and prevention through the development and implementation of a range of early intervention strategies to take early and effective action within primary health care when children and families are experiencing risk factors, poor mental health and mental illness. This might include:

- A capacity building role, including identifying the training needs of MCH staff. This may also include increasing staff capacity to undertake screening, assessment, motivational interviewing, brief intervention (including foetal alcohol syndrome) and referral pathways to get additional help.
- Developing clinical protocols and referral pathways and enhance links between PHC and the specialist MH/AOD services.
- Develop, implement and support a positive parenting program that is based on the principles of attachment parenting theory (eg. Circle of Security)
- Provide secondary clinical consultation-liaison, mentorship, support and supervision to maternal child health/PHC clinicians.
- Operate within a partnership-focused collaborative framework to provide a seamlessly integrated system of care across the region.

This workforce capacity development model will support Aboriginal Medical Services (AMS) / Aboriginal Community Controlled Health Organisations (ACCHO) to ensure Aboriginal and Torres Strait Islander parents at risk of/experiencing mental ill-health access the support they require including referral to perinatal mental health services. The mental health professional (Indigenous mental health worker/psychologist/social worker/nurse/occupational therapist) will have experience in early intervention and perinatal mental health including attachment parenting

2018-2019 Continued service delivery and evaluation of these newly funded services

Target population cohort
Aboriginal and Torres Strait Islander parents and infants

Consultation
NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Mental Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement.
| Collaboration | For the activity identified in this section the main collaboration will be with the AMS/ACCHOs, the Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA) and the HHSs. All existing and newly developed consultation mechanisms will also be used for this activity.

The Strengthening Maternal Child Health System to respond to Mental Health and Alcohol and Other Drugs Needs of Parents model will require strong collaboration between AMSs / ACCHOs, HHSs, in particular the maternal and child health services. The model includes a peer support structure (eg.one hour/month meeting with peers & supervisor) which will facilitate increased knowledge sharing and collaboration throughout the NQPHN region. |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Duration</td>
<td>January 2017 – October 2018</td>
</tr>
<tr>
<td>Coverage</td>
<td>These activities will cover the entire NQPHN region. Exact coverage will be dependent on who the successful AMS/ACCHOs are, although selection of organisations will aim to ensure even coverage across the NQPHN region, particularly focussing upon those areas identified with the highest level of need.</td>
</tr>
<tr>
<td>Continuity of care</td>
<td>Continuity of care will be assured via the process of negotiation, co-ordination and transition with current service providers. Current service delivery models are widely accepted as being not fit for purpose with an impetus for change being evident. This will rely upon the maintaining and sustaining of a partnership model of service delivery with all service providers thus ensuring a smooth transition to a stepped model of care.</td>
</tr>
</tbody>
</table>
| Commissioning method (if relevant) | The need for this model has been identified throughout the region during consultations, including at the 2016 consultative meeting with the Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA). It is therefore recommended that ‘Request For Proposals’ (RFP) are offered to AMS / ACCHOs in the NQPHN region who meet the organisational criteria. I.e. AMS / ACCHO’s that provide maternal and child health services, but do not have SEWB expertise within their MCH team. RFP offer will be extended to TCHHS since it currently does not have a Community Controlled Health Service entity that provides maternal child health services.

Monitoring of performance has been based on an assessment of such factors as the level of risk, value, and impact of the contract. It is anticipated that successful organisations will provide reports on project activity and finances on a six monthly basis, and participate in project meetings with NQPHN to understand any barriers, opportunities or improvements. |
## Approach to market

RFPs will target AMSs / ACCHOs in the NQPHN region who meet the organisational criteria. I.e. AMS / ACCHOs that provide maternal and child health (MCH) services, but do not have SEWB expertise within their MCH team.

Within the Torres Strait Islands, a co-commissioning model with the Department of Child Safety for the implementation of early childhood centres has been undertaken in order to address this need. (See 6.1 and 6.4)

## Decommissioning

Transition to a needs led stepped care model will result in a change to the current programmatic base model based on government priorities. Northern Queensland PHN is committed to working closely with existing service providers and potential future service providers to manage this transition effectively involving stakeholder groups as appropriate.

There is the potential for services to be decommissioned, although this is yet to be clarified. The re-shaping of service delivery within the NQPHN region will lead to changes in the way that services are commissioned and delivered. Where this is the case, robust communication plans will be developed and implemented, alongside transition plans administered using a project management approach.

## Performance Indicator

**Priority Area 3 - mandatory performance indicators:**

- Proportion of regional population receiving PHN-commissioned mental health services – Psychological therapies delivered by mental health professionals.

## Local Performance Indicator target (where possible)

The indicators are aligned to answering the following three evaluative questions:

**Are the contracted services being delivered effectively? How has the model increased the organisational capacity to assess and support parents at risk of/experiencing SEWB issues?**

- Demonstrated increased capacity of staff to undertake screening assessment, interventions, and referral (obtained through pre/post staff survey); (Outcome indicator)
- Number of early childhood referrals to GPs or primary health providers increased.

**Are effective client pathways in place?** How is the service improving referral pathways across the MCH/MH system?

- Increased coordination of GPs and maternal child health services
- Increase in referrals to GPs and maternal child health services by local HHSs
- Increased collaboration between maternal child health services and mental health services

**Are services responsive to community need?**

- Increased satisfaction in consumers accessing maternal child health services inclusive of cultural appropriateness

Number and percentage of clients have been identified with high risk alcohol consumptions using a recognised screening tool (eg. AUDI C test, IRIS tool);

- 50% of PHC staff in funded ACCHO attend training session (disaggregation to profession)
- 80% of staff report increased confidence to conduct screening, assessment and interventions.
- 80% staff report increased knowledge of referral pathways/options
- 20% increase in referrals made during reporting period disaggregated by source

| Local Performance Indicator Data source | To be determined once we have assessed current service delivery. |
Proposed Activities: Priority Area 4: Mental health services for people with severe and complex mental illness including care packages

| Priority Area | Objective of the NQPHN mental health funding: 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, including through the phased implementation of primary mental health care packages and the use of mental health nurses.

NQPHN’s Mental Health Needs Assessment highlighted the inadequate and often difficult to access mental health services, in particular for rural and remote populations. The Mental Health Nurse Incentive Program (MHNIP) coverage is limited within the NQPHN region, and care coordination is made difficult with the transient population. |

| Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc) | 4.1 MHNIP continuation with a plan to transition into the stepped care model from early 2018
4.2 Mental health nurses and complex care coordination in rural and remote communities from early 2018
4.3 Service coordination and navigation across the regional communities with a particular focus upon remote communities.
4.4 Transition to new model of service delivery by early 2019 embedded within stepped care model.
4.5 Co-design with MHNIP and GP sector for model transition from June 2019 |

| Existing, Modified, or New Activity | Modified Activity |

| Description of Activity | During 2017-18, NQPHN will further explore these concepts above and identify specific activities that address the needs for the region. This will be documented as part of the regional mental health and suicide prevention plan, however some initial work will be commenced in the following key areas:

4.1 Continue with the commissioning of existing providers under the MHNIP until Dec 2018.
4.2 Consider alternate service models to support the employment of mental health nurses, enabling individuals with severe and persistent mental illnesses to receive coordinated clinical care. This may include providing an additional start up grant to enable rural and remote services/organisations to be able to participate in this program. Also, develop a specific model for mental health care coordination and integration of services around an individual’s needs in collaboration with the HHSs, ACCHS, RFDS and other providers, with a focus on remote Aboriginal and Torres Strait Islander people. This model may also be based on the principles of the MHNIP. |
4.3 Work with the HHSs around developing systems to help people with mental ill-health and their families and carers find and navigate services. Further develop systems of support for GPs and National Disability Insurance Scheme (NDIS) service providers to support the needs of people with severe and complex mental illness who are principally managed in primary health care. Also work with people with severe mental illness who are currently supported by the State community mental health services whose care is currently unable to be transitioned into the primary health sector.

4.4 Implementation of redesigned ATAPS program into the stepped care program. NQPHN will maintain existing activity across the region, however additional activity will focus on those priorities identified within the regional mental health and suicide prevention plans. This may include enhancement of existing programs to cover a wider geographical area of increased eligibility criteria for existing programs (links with activity 1.4).

4.5 2018-19 Partnership models developing transition from community models of service delivery provided by the tertiary system of care into primary mental health models of service delivery with the GP and mental health nurses being the primary providers within this model.

<table>
<thead>
<tr>
<th>Target population cohort</th>
<th>People with severe and complex mental illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation</td>
<td>NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>NQPHN has undertaken significant consultation with a wide range of stakeholders in the development of this activity as outlined in the NQPHN Health Needs Assessment. Consultation will continue throughout the delivery of this activity to drive continuous quality improvement.</td>
</tr>
<tr>
<td>Duration</td>
<td>Existing and transitioning commissioning services will commence on 1 July 2016. A significant amount of planning will continue following the regional co-design processes which commenced in November 2016 and will continue. It is anticipated that any additional services that are required to be commissioned will occur in early 2019.</td>
</tr>
<tr>
<td>Coverage</td>
<td>These activities will cover the entire NQPHN region. There will however be more intense activity in the LGAs with a higher Aboriginal and Torres Strait Islander and Veteran populations and a focus on remote and rural areas.</td>
</tr>
<tr>
<td>Continuity of care</td>
<td>Continuity of care will be assured via the process of negotiation, co-ordination and transition with current service providers. Current service delivery models are widely accepted as being not fit for</td>
</tr>
<tr>
<td>Commissioning method (if relevant)</td>
<td>Purpose with an impetus for change being evident. This will rely upon the maintaining and sustaining of a partnership model of service delivery with all service providers thus ensuring a smooth transition to a stepped model of care. During the period 2017-18, NQPHN will develop new recommendations following the outcomes of the regional co-design processes. Following review of existing services NQPHN will work with the commissioned services to identify service and reporting improvements, and potential collaborations/partnerships that may enhance program outcomes. Any new activities for commissioning outlined in the regional mental health and suicide prevention plan will involve an approach to market in the first instance. NQPHN will seek to engage with the market in a competitive dialogue, or interactive procurement approach, to ensure that the service solution purchased and implemented meets the needs of the community. This process will be particularly valuable in enabling innovation. This approach will be completed with the release of a competitive approach to market resulting in a contract execution. Monitoring of performance will be conducted based on factors such as the level of risk, value, and outputs. This will be assessed and will determine the level and frequency of reporting. Specific contract managers within the organisation will be identified and meet regularly with the provider to understand any barriers, opportunities or improvements. Use of the Primary Mental Health Care Minimum Data Set provides collation and evaluation of data.</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Approach to market</td>
<td>Following review of existing services, NQPHN will work with the commissioned services to identify service and reporting improvements, and potential collaborations/partnerships that may enhance program outcomes. Any new activities for commissioning outlined in the regional mental health and suicide prevention plan will involve an approach to market in the first instance through competitive dialogue, or interactive procurement, followed by the release of a competitive approach to market resulting a contract execution</td>
</tr>
<tr>
<td>Decommissioning</td>
<td>Transition to a needs-led stepped care model will result in a change to the current programmatic base model based on government priorities. NQPHN is committed to working closely with existing service providers and potential future service providers to manage this transition effectively involving stakeholder groups as appropriate.</td>
</tr>
</tbody>
</table>
There is the potential for services to be decommissioned, although this is yet to be clarified. The re-shaping of service delivery within the NQPHN region will lead to changes in the way that services are commissioned and delivered. Where this is the case, robust communication plans will be developed and implemented, alongside transition plans administered using a project management approach.

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Priority Area 4 - mandatory performance indicators:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Proportion of regional population receiving NQPHN-commissioned mental health services – clinical care coordination for people with severe and complex mental illness (including clinical care coordination by mental health nurses).</td>
</tr>
<tr>
<td></td>
<td>• Average cost per NQPHN-commissioned mental health service – clinical care coordination for people with severe and complex mental illness.</td>
</tr>
</tbody>
</table>

The local performance indicators for this priority are:

- Increased availability of primary mental health care services targeting people with severe mental illness

<table>
<thead>
<tr>
<th>Local Performance Indicator target (where possible)</th>
<th>Performance targets will generally be based on pre-existing arrangements as consistent with the transitional requirements of the Department of Health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Performance Indicator Data source</td>
<td>To be determined once we have assessed current service delivery.</td>
</tr>
</tbody>
</table>