Primary Health Networks Primary Mental Health Care Funding

- Annual Mental Health Activity Work Plan 2017-2018

COORDINARE – South Eastern NSW PHN

When submitting this Mental Health Activity Work Plan (referred to as the Regional Operational Mental Health and Suicide Prevention Plan in the 2017-18 Schedule for Operational Mental Health and Suicide Prevention, and Drug and Alcohol Activities) to the Department of Health, the Primary Health Network (PHN) must ensure that all internal clearances have been obtained and has been endorsed by the CEO.

Additional planning and reporting requirements including documentation, data collection and evaluation activities for those PHNs selected as lead sites will be managed separately.
Our vision...

A coordinated regional health system which provides exceptional care, promotes healthy choices and supports resilient communities.

Our purpose...

Supporting primary care in our region to be:

- comprehensive
- person-centred
- population-orientated
- coordinated across all parts of the health system
- accessible
- safe and high quality

Our guiding principles...

- evidence-based
- innovation
- collaboration and participation
- clinical engagement and leadership
- efficiency and value for money
- accountability and transparency
1. (a) Strategic Vision

Please provide a Strategic Vision statement on the PHN’s approach to addressing the mental health and suicide prevention priorities for the period covering this Work Plan (2017-18), including governance arrangements, that demonstrates how the PHN will achieve the six key objectives of the PHN mental health care funding (listed on pages 2-3 of this template) underpinned by:

- a stepped care approach; and
- evidence based regional mental health and suicide prevention planning.

VISION statement:
COORDINARE will be a commissioner of high quality, consumer-driven mental health and suicide prevention initiatives. Consumers will experience services that are aligned to a stepped care model, tailored to local needs and offering ‘one’ coordinated and integrated system of mental health care across the region.

Regional Mental Health and Suicide Prevention Strategy
There are a number of key tasks to be undertaken in the development of the Regional Mental Health and Suicide Prevention Strategy and to achieve the six key objectives of the PHN mental health funding and COORDINARE’S Mental Health Strategic vision. Key tasks include:

1) Engaging consumers, carers and stakeholders
2) Understanding the needs of the region
3) Developing a locally applicable approach to stepped care
4) Developing a Clinical Governance and Quality Assurance framework

Engaging consumers, carers and stakeholders
COORDINARE is committed to ensuring strong consumer, carer and stakeholder engagement and participation throughout all aspects of our operations, including contributing to the Regional Mental Health and Suicide Prevention Strategy.

Consumers and Carers
COORDINARE will continue to consult regularly with our Community Advisory Committee, whose members provide input and advice to ensure COORDINARE’s mental health planning, commissioning and evaluation align with consumer and community needs. The Committee contributes directly to COORDINARE’s understanding of local mental health needs and priorities and advise on specific strategies for engaging with the community as well as specific cohorts.

COORDINARE will continue to incorporate the lived experience of consumers and carers into all aspects of our mental health planning and commissioning. We are developing a Regional Strategy that considers long term outcomes for people, through the following:
• Community consultation
• Consumer pathway mapping
• Providing leadership in development of genuine partnerships and collaboratives
• Working in partnership with those from every part of health and social care system including consumers, practitioners and providers
• Obtaining real consumer stories to highlight how consumers experience the health care system and to inform our work
• Exploring options and opportunities for developing the peer workforce
• Co-design processes such as workshops and focus groups

Given the focus on consumer outcomes, COORDINARE will partner with consumers whenever possible when we are talking to other stakeholders. This should ensure that the focus remains on outcomes for people, not services. COORDINARE will also provide consumers and carers with information about what sorts of programs and service models are possible and what sorts of outcomes can be achieved, so they have a stronger sense of what might be possible and are confident to express their preferences. We will invite consumers to help us communicate the message and co-design the overall strategy and ultimately service models. This will give a strong message to service providers about the strength of COORDINARE’s consumer focus and how seriously we take this commitment.

Stakeholder engagement
COORDINARE will continue to ensure strong stakeholder engagement throughout the development and implementation of the Regional Mental Health and Suicide Prevention Strategy and have developed an approach to stakeholder engagement which includes:

• Identification of key stakeholders including service providers and with a genuine focus on consumers and carers and Aboriginal and Torres Strait Islander people
• Clarification of how, who, why and when to engage with each stakeholder group.

Key stakeholder groups will include; consumers and carers, Local Health Districts, General Practitioners, private practitioners, non-government and government organisations.

Needs assessment

Needs assessment is an ongoing process. An update to our baseline needs assessment was undertaken during 2016, with a very significant mental health focus (submitted to the Department November 2016). This process brought together the findings of the quantitative health and service needs and tested these against the experiences and opinions expressed by consumers, carers and service providers, which were obtained through wide and targeted stakeholder engagement. Results will be further detailed in our Regional Mental Health and Suicide Prevention Strategy, due for completion in March 2018.

A regional service mapping exercise has its inherent challenges of accuracy, information availability and comprehensiveness of the data; however this work continues to be a part of the needs assessment process to cover both service availability as well as service capacity.
**Stepped care approach**

COORDINARE has developed a person-centred stepped care approach to guide our first year of commissioning as well as underpin our Regional Mental Health and Suicide Prevention Strategy. Our approach involves a continuum of primary mental health services across the spectrum of functioning, ranging from people who have no impact on their quality of life to those with severe and complex needs. A range of service types fit into each ‘step’, making the best use of available workforce and technology, and reflecting the needs of the South Eastern NSW region as per local population needs from the needs assessment and analysis. In addition, we have been and will continue to review the current and evidence-based literature about service options and undertake ongoing consultation and co-design.

**Clinical Governance and Quality Assurance**

COORDINARE is committed to ensuring that mental health services commissioned by the organization are both safe and of a high quality. COORDINARE has a comprehensive governance structure starting with a skills-based Board who remain accountable for the PHN’s performance in relation to outcomes and oversight of clinical, financial, risk, planning, legal and business management systems.

In addition, two GP-led Clinical Councils and a Community Advisory Committee advise the Board, ensuring there is a community, consumer and clinician input influence in the planning, prioritisation, and evaluation of services. Particular attention is being given to the development of a consumer and carer engagement strategy to ensure meaningful and robust consumer input across COORDINARE’s planning and commissioning cycle. A consumer feedback process, including complaints handling procedures in relation to commissioned services, is being established.

To ensure a whole of system approach, links with the region’s two LHDs are embedded in the governance structure, including representation at Board level, on Clinical Councils and through joint Strategic Alliance Groups.

In addition to these broader structures, COORDINARE’s Director of Clinical Governance is working closely with the Commissioning team to finalise a robust clinical governance framework for commissioned services. Commissioned providers will be required to have comprehensive clinical governance processes in place in order to deliver safe, high quality services and provide evidence of such to the PHN when required. Clinical services delivered will be expected to be in alignment with the National Standards for Mental Health Services 2010 and the National Framework for Recovery Oriented Mental Health Services 2013 where relevant, along with other applicable discipline specific regulatory body’s standards. Key areas include, though are not limited to, the development of duty of care provisions, assuring services are delivered by appropriately credentialed professionals practicing within their scope, the use of shared care records for consumers and service providers, consideration of patient reported experience and outcome measures and developing a continuous quality improvement culture.

To facilitate quality assurance, COORDINARE will continue to develop appropriate data collection and reporting systems for all commissioned services (including ensuring compliance with minimum
data reporting requirements) in order to monitor performance and to contribute to regional and national reporting and evaluation.

**Commissioning new services for 2017-18 onwards**

COORDINARE intends to approach the market to commission new services that are aligned with our stepped care model in January 2017. The expectation is that new services will commence on 1 July 2017.

COORDINARE is committed to a six month period to allow for appropriate procurement and service transition processes. The timeline is as follows:

<table>
<thead>
<tr>
<th>Event</th>
<th>Timeframe</th>
</tr>
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<tbody>
<tr>
<td>Development and consultation of stepped care approach and initial commissioning intentions</td>
<td>to December 2016</td>
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<tr>
<td>Approach to market with commissioning intentions</td>
<td>January 2017</td>
</tr>
<tr>
<td>Application period (5-6 weeks)</td>
<td>January 2017 – February 2017</td>
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<tr>
<td>Assessment period (5-6 weeks)</td>
<td>February 2017 – March 2017</td>
</tr>
<tr>
<td>Announcement of preferred providers</td>
<td>March 2017 – April 2017</td>
</tr>
<tr>
<td>Transition in of new providers (services to commence 1 July 2017)</td>
<td>April 2017 – July 2017</td>
</tr>
<tr>
<td>Decommissioning and transition out of former providers (services to fully cease by 30 June 2017)</td>
<td>April 2017 – June 2017</td>
</tr>
</tbody>
</table>
1. (b) Planned activities funded under the Primary Mental Health Care Schedule

PHNs must use the table below to outline the activities proposed to be undertaken in the 2017-18 financial year. These activities will be funded under the Primary Mental Health Care Schedule (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity; and the PHN: Indigenous Mental Health Flexible Activity).

Note 1: Indicate within the duration section of the table if the activity relates to a period beyond 2017-18.

Note 2: PHNs must complete activities under every priority area in the tables below.

<table>
<thead>
<tr>
<th>Proposed Activities</th>
<th>Description of Activity(ies) and rationale (needs assessment)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority Area 1: Low intensity mental health services</strong></td>
<td>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the 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.</td>
</tr>
</tbody>
</table>
| Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc) | 1.1 Psychiatric liaison and support  
1.2 Self help and early intervention  
1.3 Supported access to online therapies  
1.4 Self assessment tool  
1.5 Education |

Extensive consultation with key stakeholders was undertaken during 2016, along with analysis of high quality data and data modelling to inform stepped care approach including low intensity options including the below activities:

1.1 Psychiatric liaison and support
COORDINARE will commission a psychiatrist to provide phone support and advice for General Practitioners in the region. (Discussion is currently underway with other PHNs in NSW/ACT regarding the potential to co-commission this initiative).

Rationale – General Practitioners have indicated that there is a need for this service. There is limited access to psychiatry services within some of the SENSW region. This activity aims to build capability and skills of General Practitioners and ensure that consumers who are able to be managed and treated within Primary Care receive appropriate high quality treatment.

1.2 Self help and early intervention
COORDINARE will identify and secure options for self help within General Practices and resource these initiatives appropriately eg. self help books or self-management prescriptions. This will provide GP’s with a wider range of options to align with an individual’s needs.

Rationale - Needs Assessment identified the requirement to build General Practice capability in the areas identified. The National Mental Health Commission indicated the need to shift resources to low intensity options. Consumer and carer consultation identified the need for a range of options tailored to the individual’s needs.

1.3 Supported access to online therapies
Online low intensity options are under-utilised in General Practice due to lack of experience in incorporating this modality into the model of care. This initiative will support GPs introduce a model of care utilising online resources supported by practice nursing follow up and extended GP consultations. Such models have been successfully implemented in New Zealand.

Rationale – Along with the rationale from 1.2, currently there is limited referral from general practice to online therapies, and there is evidence that online therapies are as effective as CBT.

1.4 Self assessment tool
COORDINARE will trial implementation of a self assessment tool for consumers, enabling them to enter their information on a tablet in the waiting room of a GP surgery or at home. This information will be uploaded to the electronic medical record for the GP to review. At the time of the
consultation, the GP can have this information in front of them and probe into further detail if required, make a formulation and plan in collaboration with the consumer. Information can be added, shared or loaded into My Health Record and will provide for more thorough assessment and higher quality information as well as increasing the standard of formulation and more likelihood of linking the consumer with the right service meeting their individual needs. There will be less likelihood of a consumer having to tell their story multiple times.

Rationale - Data and feedback indicate duplication in assessment and care planning. Consumer and carer feedback provided during consultation refers to repetitive history taking by multiple providers.

1.5 Education
COORDINARE will coordinate education and promotion for consumers, carers and providers on low intensity services, including referral pathways and service parameters. This will be undertaken by identification of key stakeholders (including consumers, carers and GP’s), identifying appropriate methods for educating different stakeholder groups and then implementation of education strategies about low intensity mental health services, including targeted recipients, referral pathways and service parameters. This will be built into Health Pathways as part of its development.

Rationale from the needs assessment
Within the SENSW region there is:

- High rates of mental & behavioural disorders and psychological distress amongst adults
- Relatively high rates of suicide and self-harm
- High rates of self-harm amongst 15-24 year olds especially in the Shoalhaven, Bega Valley, Eurobodalla, Cooma Monaro, Goulburn Mulwaree
- High levels of psychological distress and self-harm in Aboriginal and Torres Strait Islander populations
- Limited access and barriers to accessing child and adolescent mental health related services and preventative services
- Inequitable distribution and limited access to psychologists, counsellors, mental health workers and practitioners, consumer workers and consumer peer workers
| **Collaboration** | Limited access to psychiatry services  
Lack of preventative mental health services  
Limited access to perinatal and antenatal mental health support services |
|-------------------|---------------------------------------------------------------------------------------------------------------------------|
| **Duration**      | This activity will be jointly implemented with key stakeholders including: consumers and carers,  
government agencies, non-government organisations, Aboriginal and Torres Strait Islander health services, Local Health Districts, General Practitioners and other allied health Private Practitioners. All parties will have a role to be determined throughout the activity. |
| **Coverage**      | 1 July 2017 – 30 June 2018 |
| **Commissioning approach** | The commissioning approach will include an approach to the market for procurement of the self-assessment product. Contracted services will be monitored and evaluated as per the schedule and associated reporting to COORDINARE. |
| **Performance Indicator** | The mandatory performance indicators for this priority are:  
- 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. |
<p>| <strong>Local Performance Indicator target (where possible)</strong> |  |
| <strong>Local Performance Indicator Data source</strong> | To be determined |</p>
<table>
<thead>
<tr>
<th>Proposed Activities</th>
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</thead>
<tbody>
<tr>
<td><strong>Priority Area 2: Youth mental health services</strong></td>
</tr>
<tr>
<td>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</td>
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<tr>
<td>• support region-specific, cross sectoral approaches to early intervention for <strong>children and young people</strong> 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.</td>
</tr>
</tbody>
</table>

| Activity(ies) / Reference (e.g. Activity 2.1, 2.2, etc) |
| 2.1 Service continuity |
| 2.2 Early intervention |
| 2.3 Promotion |

| Description of Activity(ies) and rationale (needs assessment) |
| **2.1 Service continuity** |
| COORDINARE will continue commissioning arrangements with existing headspace centres to deliver service continuity for 2017/18 for headspace centres in Nowra, Wollongong, Goulburn and Queanbeyan. This will be undertaken by contracting the existing lead agencies. |
| COORDINARE will also work in collaboration with headspace National Office and headspace centres to ensure high quality service delivery and to improve the integration of headspace centres with broader primary mental health care services; physical health services; drug and alcohol services; and social and vocational support services. |
| The target population cohort for headspace is young people aged 12 – 25 with low to moderate mental health and/or other needs such as drug & alcohol, physical health or vocational support needs. |

| **2.2 Early intervention** |
| COORDINARE will continue collaboration with Orygen, the Southern NSW and Illawarra-Shoalhaven LHDs and headspace lead agencies to prioritise local youth mental health needs (eg severe anxiety and depression, personality disorders) and jointly implement appropriate early intervention solutions. |
2.3 Promotion
Identify opportunities and methods for promotion of resources for clinical and non-clinical professionals available under the National Centre of Excellence for Youth Mental Health and implement, as feasible.

Rationale from the needs assessment
Within the SENSW region there is:
- High rates of mental & behavioural disorders and psychological distress amongst adults
- Relatively high rates of suicide and self-harm
- High rates of self harm amongst 15-24 year olds especially in the Shoalhaven, Bega Valley, Eurobodalla, Cooma Monaro, Goulburn Mulwaree
- High levels of psychological distress and self harm in Aboriginal and Torres Strait Islander populations
- Limited access and barriers to accessing child and adolescent mental health related services and preventative services
- Inequitable distribution and limited access to psychologists, counsellors, mental health workers and practitioners, consumer workers and consumer peer workers
- Limited access to psychiatry services
- Lack of preventative mental health services
- Limited access to perinatal and antenatal mental health support services

Collaboration

**Headspace centres**
This activity will be jointly implemented with headspace centres, headspace National Office, existing agencies and young people and their family and friends. There are also multiple stakeholders who form part of each headspace consortium including Local Health Districts who are key stakeholders in implementation of headspace.

During the development of the stepped care model and regional planning, COORDINARE will consider integration, linking programmes and referral pathways for all primary health programs including headspace and the Mental Health Nurse Incentive Program.
<table>
<thead>
<tr>
<th>Duration</th>
<th>1 July 2017 – 30 June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
<td>Headspace: Geographical areas covered are estimated to include consumers from the ABS-SA3s of Wollongong, Dapto-Port Kembla, all SA2s included in the region formerly known as the Statistical Local Area (SLA) of Shoalhaven (C) – Pt A, the Local Government Area (LGA) of Queanbeyan and the Goulburn-Mulwaree LGA. However it is estimated that the population from nearby regions will also access these services.</td>
</tr>
<tr>
<td>Commissioning approach</td>
<td><strong>Headspace Nowra, Wollongong, Goulburn and Queanbeyan</strong>&lt;br&gt;C OORDINARE will contract headspace centres to current Lead Agencies.&lt;br&gt;C OORDINARE will monitor and evaluate headspace by:&lt;br&gt;- Obtaining and reviewing 6 and 12 monthly reports against an annual plan&lt;br&gt;- Providing feedback on those reports, highlighting any inadequacies in performance and areas for improvement&lt;br&gt;- Communicating regularly with Lead Agencies&lt;br&gt;- Reporting 6 and 12 monthly to the Department&lt;br&gt;- Working in collaboration with hNO</td>
</tr>
<tr>
<td>Performance Indicator</td>
<td>The mandatory performance indicator for this priority is:&lt;br&gt;- Proportion of regional youth population receiving youth-specific PHN-commissioned mental health services.</td>
</tr>
<tr>
<td>Local Performance Indicator target (where possible)</td>
<td></td>
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<tr>
<td>Proposed Activities</td>
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<tr>
<td><strong>Priority Area 3: Psychological therapies for rural and remote, under-serviced and/or hard to reach groups</strong></td>
<td>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives 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.</td>
</tr>
</tbody>
</table>
| Activity(ies) / Reference (e.g. Activity 3.1, 3.2, etc) | 3.1 Psychological therapies  
3.2 Data  
3.3 Promotion |
| **Description of Activity(ies) and rationale (needs assessment)** | 3.1 Psychological therapies  
Commission redesigned psychological therapies to deliver:  
- Improved identification of individual consumer needs driving decisions about service options  
- Stronger focus on hard to reach groups (e.g. LGBTI, rurality, Aboriginal and Torres Strait Islander people)  
- Improved alignment of session numbers to consumer need;  
- Increased reach into the Southern region, in particular the South Coast, Snowy Mountains and Goulburn-Yass regions;  
- Increased proportion of consumers receiving brief interventions;  
- Increased proportion of consumers reached through remote or online services;  
- Reduction in face to face service levels where alternative providers exist, e.g. Wollongong region  
- Outcomes and evaluation including systems for consumer and carer feedback  
- Referral coordination including navigation function for consumers and carers  
(Note that this does NOT include psychological services supported through MBS (Better Access)).  
3.1.1 Demand Management  
COORDINARE will ensure that the contracted provider undertakes appropriate demand management strategies, such as a robust intake process that prioritises access according to consumer need and |
risk, and includes appropriate referral pathways for alternatives eg eMental Health options. Waitlist management will be risk managed by senior mental health clinicians.

3.1.2 Cap on sessions

COORDINARE is planning to increase access to services including low intensity options. A robust assessment and planning process will determine needs of individuals and service options will be tailored to meet these needs. A clinical review process will also be built in to the commissioning requirements to ensure appropriate session utilisation.

3.1.3 Co-payment policies

Contracted organisations will need to demonstrate that the services are provided on the basis of no cost psychological therapies for individuals who have limited access to Medicare subsidised mental health services and/or may not be able to afford mental health service in the private sector.

3.3 Data

COORDINARE will ensure that providers collect data via the PMHC MDS and associated reporting. COORDINARE will also use this data to inform future commissioning decisions.

3.4 Promotion

Identify key stakeholders and methods of promoting awareness of programs targeting psychological services for hard to reach populations including targeted recipients, referral pathways and service parameters. Key stakeholders will include consumers and carers, GP’s amongst others

The target population cohort is for people with low to moderate mental health needs and hard to reach consumers including rural and remote regions.

Rationale from the needs assessment

Within the SENSW region there is:

- High rates of mental & behavioural disorders and psychological distress amongst adults
- Relatively high rates of suicide and self-harm
- High rates of self-harm amongst 15-24 year olds especially in the Shoalhaven, Bega Valley, Eurobodalla, Cooma Monaro, Goulburn Mulwaree
- High levels of co-existing conditions including physical health and drug and alcohol in people with complex and severe mental health
- High levels of psychological distress and self-harm in Aboriginal and Torres Strait Islander populations
- Limited access and barriers to accessing child and adolescent mental health related services and preventative services
- Lack of or poor coordination with community based mental health services and mental health support services
- Inequitable distribution and limited access to psychologists, counsellors, mental health workers and practitioners, consumer workers and consumer peer workers
- Gap in service provision for consumers with moderate to severe mental health issues or people in crisis
- Lack of coordination and case management of health and social services for consumers with chronic and complex needs
- Limited access to culturally appropriate mental health services for Aboriginal and Torres Strait Islander people
- Limited access to psychiatry services
- Lack of preventative mental health services
- Limited access to drug and alcohol rehabilitation services
- Limited access to perinatal and antenatal mental health support services

<table>
<thead>
<tr>
<th>Collaboration</th>
<th>Key stakeholders will be consumers, carers, GP’s and providers who will be offering the services.</th>
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</thead>
<tbody>
<tr>
<td>Duration</td>
<td>1 July 2017 – 30 June 2018</td>
</tr>
<tr>
<td>Coverage</td>
<td>Whole of region, but with a stronger focus on alignment to the geographical distribution of mental health disease prevalence and gaps in current service availability/access. (Aiming to deliver</td>
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</tbody>
</table>
increased reach into the Southern region, in particular the South Coast, Snowy Mountains and Goulburn-Yass (SA3) regions."

| Commissioning approach | COORDINARE will go to the open market in January 2017 with a Request For Proposal. COORDINARE will monitor and evaluate services by:  
- Obtaining and reviewing 6 and 12 monthly reports  
- Providing feedback on those reports, highlighting any inadequacies in performance and areas for improvement  
- Communicating regularly with providers  
In addition to this, COORDINARE will be reporting 6 and 12 monthly to the Department about the programs |
| Performance Indicator | The mandatory performance indicators for this priority are:  
- 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. |
| Local Performance Indicator target (where possible) |  |
| Local Performance Indicator Data source |  |
## Proposed Activities

<table>
<thead>
<tr>
<th>Priority Area 4: Mental health services for people with severe and complex mental illness including care packages</th>
<th>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN 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.</th>
</tr>
</thead>
</table>
| Activity(ies) / Reference (e.g. Activity 4.1, 4.2, etc) | 4.1 Severe and Complex Services  
4.2 Promotion  
4.3 Data |
| Description of Activity(ies) and rationale (needs assessment) | **4.1 Severe and complex services:** Provide services for people with severe and complex mental illness who are being managed in primary care.  
Reoriented services, to deliver:  
- increased reach into the Southern region, in particular the South Coast, Snowy Mountains, Queanbeyan and Goulburn-Yass regions;  
- increased proportion of consumers receiving appropriately targeted recovery oriented interventions;  
- clarify role of nurses to prevent duplication and ensure working at top of scope to maximise service delivery and consumer outcomes;  
- System of engagement with nurses where there is increased number of practices able to access Mental Health nurse;  
- appropriately targeted interventions based on individual needs;  
- increased proportion of consumers reached through recovery based group sessions;  
- improved alignment of session numbers to consumer need;  
- reduction in face to face service levels where alternatives exist, eg Wollongong region  
- consideration of people not meeting the NDIS criteria  
- strengthened clinical governance |
• care coordination function as required
• stronger connections with non-clinical/social services and LHD
• referral coordination including navigation function for consumers and carers

4.2 Promotion
• Develop strategies to incorporate in to the regional strategy to promote better management of the physical health of individuals with severe mental illness within the region;

• Identify stakeholders and methods to promote the better integration of primary care services with community based psychiatry services and state mental health services for people with severe mental illness in the context of the development of regional Mental Health and Suicide Prevention Plans.

Rationale - Data indicates pockets of low uptake/access to mental health nurses in some parts of the region with very high levels of activity in other parts. Some indication of duplication of referrer functions (eg assessment) and treatment of primary conditions which are appropriate for treatment by alternative workforce such as private practitioners, psychological therapies, peer workforce or practice nurses.

4.3 Data
COORDINARE will ensure that providers collect data via the PMHC MDS and associated reporting. COORDINARE will also use this data to inform future commissioning decisions.

Rationale from the needs assessment
Within the SENSW region there is:
• High rates of mental & behavioural disorders and psychological distress amongst adults
• Relatively high rates of suicide and self-harm
| Collaboration | Key stakeholders will be consumers, carers and service providers along with their mental health nurses. |
| Duration      | 1 July 2017 – 30 June 2018 |
| Coverage      | Whole of region, but with a stronger focus on alignment to the geographical distribution of mental health disease prevalence and gaps in current service availability/access. (Aiming to deliver increased reach into the Southern region, in particular the South Coast, Snowy Mountains and Goulburn-Yass (SA3) regions.) |
### Commissioning approach

COORDINARE will commission through a Request For Proposal approach to the open market in January 2017.

COORDINARE will monitor and evaluate by:

- Obtaining, monitoring and evaluating data from the Department MDS for former MHNIP
- Communicating regularly with contracted organisations

Reporting 6 and 12 monthly to the Department

### Performance Indicator

The mandatory performance indicators for this priority are:

- Proportion of regional population receiving PHN-commissioned mental health services – Clinical care coordination for people with severe and complex mental illness (including clinical care coordination by mental health nurses).
- Average cost per PHN-commissioned mental health service – Clinical care coordination for people with severe and complex mental illness.

### Local Performance Indicator target (where possible)

### Local Performance Indicator Data source
Proposed Activities

<table>
<thead>
<tr>
<th>Priority Area 5: Community based suicide prevention activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</td>
</tr>
<tr>
<td>• 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 and Torres Strait Islander people.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Activity(ies) / Reference (e.g. Activity 5.1, 5.2, etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide a list of activities to be commissioned under this priority area and your own reference for the activity.</td>
</tr>
<tr>
<td>5.1 After care</td>
</tr>
<tr>
<td>5.2 Community capacity building</td>
</tr>
<tr>
<td>5.3 Illawarra-Shoalhaven Suicide Prevention Collaborative</td>
</tr>
<tr>
<td>5.4 Southern NSW Suicide Prevention</td>
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<table>
<thead>
<tr>
<th>Description of Activity(ies) and rationale (needs assessment)</th>
</tr>
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<tbody>
<tr>
<td>5.1 After care</td>
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<tr>
<td>Collaborate with the Local Health Districts and other specific services to determine current gaps in after care and commission assertive after care initiatives for people who have had a recent suicide attempt. One of the priority population target groups will be Aboriginal and Torres Strait Islander people and will be integrated with drug and alcohol services, specialist mental health services and social and emotional wellbeing services.</td>
</tr>
</tbody>
</table>

| 5.2 Community capacity building |
| Commission evidence based mental health literacy programs such as mental health first aid, gatekeeper training etc. This will include a planning and coordinating function for the region. For example; the contracted organisation will need to plan for the region based on our needs assessment and design services to target those populations. It is anticipated that there will be programs to enhance help-seeking behaviour among high-risk groups and in people that are known to be least likely to seek help including young people, men, Aboriginal and Torres Strait Islander communities and people from some culturally and linguistically diverse communities. |
5.3 Illawarra Shoalhaven Suicide Prevention Collaborative

Seventeen organisations in the Illawarra Shoalhaven have come together to form the Illawarra-Shoalhaven Suicide Prevention Collaborative and have been working together for approximately twelve months. The Illawarra Shoalhaven Local Health District and COORDINARE have co-funded a Coordinator position to facilitate further suicide prevention planning, coordination, identification of strategies and implementation in the Illawarra Shoalhaven with the members of the Collaborative. The Collaborative has been selected to implement a trial of the Lifespan suicide prevention initiative through the Black Dog Institute. It is intended that strategies identified through that project can be evaluated and will help determine local applicability across other areas of our region. Note that this activity focuses on system change rather than clinical service delivery.

5.4 Southern NSW Suicide Prevention

COORDINARE will adapt the approach undertaken in the Illawarra Shoalhaven region, bringing together local agencies as well as those leading existing local suicide prevention initiatives, with the aim of supporting planning, coordination and adoption of evidence-based approaches. This will build on the initial discussions undertaken with Southern NSW Local Health District during 2016-17.

Rationale from the needs assessment

Within the SENSW region there is:

- High rates of mental & behavioural disorders and psychological distress amongst adults
- Relatively high rates of suicide and self-harm
- High rates of self-harm amongst 15-24 year olds especially in the Shoalhaven, Bega Valley, Eurobodalla, Cooma Monaro, Goulburn Mulwaree
- High levels of co-existing conditions including physical health and drug and alcohol in people with complex and sever mental health
- High levels of psychological distress and self-harm in Aboriginal and Torres Strait Islander populations
- Lack of or poor coordination with community based mental health services and mental health support services
<table>
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<tr>
<th>Collaboration</th>
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<tr>
<td>Collaboration with key stakeholders will be a key function of the suicide prevention strategy which will be seen as a ‘whole of community’ approach. It is anticipated that there will be many stakeholders involved in the design and implementation, and will include but not be limited to; consumers and carers, Local Health District, Non-Government Organisations and Government Organisations as well as General Practitioners, Aboriginal and Torres Strait Islander health services schools, existing Suicide Prevention Networks. All parties will be seen as integral to this strategy with their specific roles to be determined.</td>
</tr>
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</table>

- Inequitable distribution and limited access to psychologists, counsellors, mental health workers and practitioners, consumer workers and consumer peer workers
- Gap in service provision for consumers with moderate to severe mental health issues or people in crisis
- Lack of coordination and case management of health and social services for consumers with chronic and complex needs
- Limited access to culturally appropriate mental health services for Aboriginal and Torres Strait Islander people
- Limited access to psychiatry services
- Limited access to drug and alcohol rehabilitation services

Continuity of care will be provided for consumers currently accessing ATAPS suicide prevention services through COORDINARE’s commissioning of psychological therapies which will have a component for people at risk of suicide. A transition period is built in to commissioning processes to ensure a seamless transition should there be a new provider delivering these services.

Continuity of care will be assured for people currently receiving services under the Koori Kids program through the development and implementation of a transition plan with the currently contracted Aboriginal Medical Service. People who required additional support will be transitioned to newly commissioned programs referred to under Priority 6. A transition period is built in to commissioning processes to ensure a seamless transition should there be a new provider delivering these services.
All parties will have a role to be determined through the process of development of the Regional Strategy.

**Duration**
1 July 2017 – 30 June 2018

**Coverage**
The strategy will cover the entire SENSW PHN region; with an intention to devise solutions specific to the Southern region, in particular the South Coast, Snowy Mountains, Queanbeyan and Goulburn-Yass regions.

**Commissioning approach**
COORDINARE will commission After Care and Community Capacity Building through a Request For Proposal approach to the open market in January 2017.

COORDINARE will monitor and evaluate by:
- Developing an Activity Work Plan with the contractor
- Obtain Contractor 6 and 12 month reports against the Plan
- Communicating regularly with contracted organisations

Reporting 6 and 12 monthly to the Department

**Performance Indicator**
The mandatory performance indicator for this priority is:
- Number of people who are followed up by PHN-commissioned services following a recent suicide attempt.

**Local Performance Indicator target (where possible)**
To be determined

**Local Performance Indicator Data source**
To be determined
## Priority Area 6: Aboriginal and Torres Strait Islander mental health services

### Proposed Activities

<table>
<thead>
<tr>
<th>Priority Area 6: Aboriginal and Torres Strait Islander mental health services</th>
<th>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</th>
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<tbody>
<tr>
<td>COORDINARE has consulted with our CEO Aboriginal Health Advisory Group and also met for further individual consultation with the four Aboriginal Controlled Community Health Organisations within SENSW. As a result we have collaboratively determined priority activities within to be locally developed within communities.</td>
<td>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.</td>
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<table>
<thead>
<tr>
<th>Activity(ies) / Reference (e.g. Activity 6.1, 6.2, etc)</th>
<th>6.1 Consultation and activities</th>
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<tr>
<th>Description of Activity(ies) and rationale (needs assessment)</th>
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<tbody>
<tr>
<td>Activities will include:</td>
<td>COORDINARE has consulted with our CEO Aboriginal Health Advisory Group and also met for further individual consultation with the four Aboriginal Controlled Community Health Organisations within SENSW. As a result we have collaboratively determined priority activities within to be locally developed within communities.</td>
</tr>
<tr>
<td>- Commissioning an increase in the current workforce within Aboriginal Community Controlled Health Organisations to deliver a range of culturally appropriate evidence based mental health services across the region, focusing on psychological support.</td>
<td>Activities will include:</td>
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<tr>
<td>- Commissioning wellbeing and resilience building initiatives focused on early intervention.</td>
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<tr>
<td>- Commissioning evidence based education and training programs such as Red Dust Healing, gatekeeper training, Mind Matters etc. from each of the four Aboriginal Community Controlled Health Organisations.</td>
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</tbody>
</table>
Composition of the workforce to be commissioned at each organisation has some degree of flexibility to meet local circumstances but with a focus on mental health nursing and/or allied psychological workers. Service specifications and contracts will be executed in December 2016.

These activities will improve access, complement and link to existing activities such as drug and alcohol services, suicide prevention and/or broader social and emotional wellbeing services as well as mainstream services.

### Rationale from the needs assessment

Within the SENSW region there is:

- High levels of psychological distress and self-harm in Aboriginal and Torres Strait Islander populations
- Limited access to culturally appropriate mental health services for Aboriginal and Torres Strait Islander people
- High rates of mental & behavioural disorders and psychological distress amongst adults generally
- Relatively high rates of suicide and self-harm
- High rates of self-harm amongst 15-24 year olds especially in the Shoalhaven, Bega Valley, Eurobodalla, Cooma Monaro, Goulburn Mulwaree
- High levels of co-existing conditions including physical health and drug and alcohol in people with complex and severe mental health
- Lack of or poor coordination with community based mental health services and mental health support services
- Inequitable distribution and limited access to psychologists, counsellors, mental health workers and practitioners, consumer workers and consumer peer workers
- Gap in service provision for consumers with moderate to severe mental health issues or people in crisis
- Lack of coordination and case management of health and social services for consumers with chronic and complex needs
- Limited access to psychiatry services
- Limited access to drug and alcohol rehabilitation services

### Collaboration

This activity will be jointly implemented with local ACCHOs as well as other stakeholders, including LHDs, Primary Care, Aboriginal consumers and carers and NGOs amongst others.

### Duration

1 July 2016 – 30 June 2018
| Coverage | Geographical coverage will be concentrated on areas of high Aboriginal population across the SENSW PHN region (ie Wollongong/Shellharbour, Shoalhaven and the far South Coast) with particular focus on areas of need identified through the needs assessment process and consultation with Aboriginal Community Controlled Health Organisations. |
| Commissioning approach | COORDINARE’s commissioning approach is to work directly with the four Aboriginal Controlled Organisations within South Eastern NSW, and undertake consultation to determine priorities and activities within local communities. We will equally distribute resources across these four organisations to fund the activities described above for the period to 30 June 2018 to ensure our approach is non-competitive. Formal contracts will be executed in December 2016. |
| Performance Indicator | The mandatory performance indicator for this priority is:  
  - Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate. |
| Local Performance Indicator target (where possible) | N/A |
| Local Performance Indicator Data source | N/A |
Priority 7 has been addressed in the Strategic Vision section, as per directions from the Department.
Priority 8 has been addressed in the Strategic Vision section, as per directions from the Department.