



**Australian Government**  
**Department of Health**



## **Activity Work Plan 2019-2022: Primary Mental Health Care Funding**

This Activity Work Plan has the following parts:

1. The Primary Mental Health Care Activity Work Plan for the financial years 2019-20, 2020-2021 and 2021-2022.
  - Primary Mental Health Care Schedule - Primary Mental Health and Suicide Prevention - Flexible Funding
  - Primary Mental Health Care Schedule - Indigenous Mental Health - Flexible Funding
  
2. The Indicative Budget for the financial years 2019-20, 2020-21 and 2021-22 budgets for:
  - Primary Mental Health Care Schedule - Primary Mental Health and Suicide Prevention - Operational and Flexible Funding
  - Primary Mental Health Care Schedule - Indigenous Mental Health - Flexible Funding

### ***Western Sydney Primary Health Network***

*This Primary Mental Health Activity Work Plan covers the period from 1 July 2019 to 30 June 2022 and has been endorsed by the western Sydney PHN Acting CEO.*

***Submitted 7 August 2019 – Version 2***

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**OVERVIEW**

This Primary Mental Health Care Activity Work Plan covers the period from 1 July 2019 to 30 June 2022. To assist with PHN planning, each activity nominated in this work plan is proposed for a period of up to 12 to 36 months. Regardless of the proposed duration for each activity, the Department of Health requires PHNs to submit updates to the Activity Work Plan on an annual basis.

## 1. (a) Planned activities for 2019-20 to 2021-22

- Primary Mental Health & Suicide Prevention Funding
- Indigenous Mental Health Funding

The table below outlines the activities proposed to be undertaken within the period 2019-2022.

PRIORITY AREA 1 – LOW INTENSITY MENTAL HEALTH SERVICES	
Mental Health Priority Area	Priority area 1: Low intensity mental health services
ACTIVITY TITLE	<b>MH 1.1- Western Sydney Connections Helpline-On the Line-Service Extension</b> <b>MH 1.4- Mindguide navigation tool updates</b> <b>MH 1.5- Recovery college (also Priority Area 6)</b>
Existing, Modified, or New Activity	Existing Activity <b>MH 1.1</b> Existing Activity 2016-19 MH AWP- 1.1 WS Connections line <b>MH 1.4</b> Existing Activity 2016-19 MH AWP- 1.4 Mindguide updates <b>MH 1.5</b> Existing Activity 2016-19 MH AWP-1.5 Recovery College
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>2018 Needs Assessment</b> <b>Priority number:</b> 2 (in Primary Mental health section) <b>Priority title:</b> People Experiencing Mild to Moderate Mental Illness <b>Page reference:</b> 22-24
Aim of Activity	<p><b>MH 1.1 - On the Line – Connections western Sydney Helpline</b> activity aims to provide helpline services to clients of the Primary Mental Health Care service providers (previously known as ATAPS) and the Suicide Call Back Service.</p> <p><b>MH 1.4 – Mindguide</b> – The aim of this navigation and resource application was developed to simplify those experiencing difficulties in navigating the mental health services to suit each user whether consumer, carer or professional.</p> <p><b>MH 1.5 - Western Sydney Recovery College</b> - The College aims to offer education and training programs, developed and delivered by people with lived experience of mental health concerns and adult education professionals. It is open to people who have mental health conditions, their carers, families and friends, as well as mental health staff, volunteers and the broader mental health sector staff working within the region.</p>
Description of Activity	<p><b>MH 1.1 - On the Line – Connections Western Sydney Helpline</b> provides helpline services to clients and the Suicide Call Back Service. Through consultations with the WS Mental Health Commissioning and Advisory Group (MHCAG) additional helpline service capacity was identified as a way of supporting people requiring low intensity service without the need for a consumer/ client being engaged with a face to face service. Connections western Sydney Helpline will provide any resident of western Sydney immediate phone support at any time of the day or night and up to 3 telephone-based counselling sessions provided by a mental health professional, with the option of linking the client to a local mental health provider directly.</p> <p><b>MH 1.4- Mindguide Updates</b> – The Website and phone app directory of the online local mental health services for western Sydney. MindGuide will be updated and maintained with current information and details in relation to mental health services specific to western Sydney including listings for Local</p>

	<p>Health District (LHD) services, community organisations, GPs and other allied health professionals.</p> <p><b>MH 1.5-</b> Recovery College focuses on workforce development. The program offers courses such as Mental Health First Aid (including separate Aboriginal, Older Person and Youth focused courses), Understanding Anxiety, Understanding Depression and Mindfulness.</p>
Target population cohort	<p>All activities listed above will be publicly available to residents of western Sydney and aim to increase early access to support. Additionally, any clients experiencing low levels of mental health distress and who present to GP practices, mental health services providers, community groups or organisations, and schools will also be directed to these services.</p> <p>With the exception of the Recovery College, all commissioned activities are designed to be available any time the client needs them by being accessible remotely via a phone or device. Recovery College courses will be delivered in accessible locations within the community.</p>
Indigenous specific	<p>No</p> <p>Except <b>MH 1.5</b> – some of the programs are specifically designed to target the Indigenous community in western Sydney.</p>
Coverage	Whole of western Sydney PHN region
Consultation	<p>WSPHN has consulted in a structured manner at key decision points with the MHCAG which meets every 2 months. This group consists of consumers and key representatives from over 18 organisations, GPs, LHD, non-government organisations (NGO), community managed organisations (CMO) and mental health professionals who are consulted in developing strategic directions to provide advice and guidance on commissioning and delivery of services across the priority areas in western Sydney.</p> <p>In developing the low intensity mental health services, consultation occurred with a number of GPs and GP associations and mental health providers who indicated that low intensity services should support people at either pre-treatment or post-treatment phase and be accessible remotely and after-hours.</p> <p>Additionally, the recommendation was the low intensity services should be able to support the client to seamlessly engage with higher intensity services.</p> <p>As a result, each of the services has a common referral pathway and network that allows WSPHN to align services should the consumer, referring GP and mental health service provider require ongoing, additional or complimentary services with various levels of intervention and access.</p>
Collaboration	<p>The focus of the commissioned activities will be able to coordinate service integration between services seamlessly.</p> <p>Several workshops and consultation were conducted to bring together providers and facilitate the operational alignment of care, as the consumer navigates the various services.</p>
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2020</p> <p>* Subject to performance</p>

Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input checked="" type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed?</p> <p>Yes <b>MH 1.4, MH 1.5</b></p> <p>No <b>MH 1.1</b></p> <p>2b. Is this activity this result of a previous co-design process?</p> <p>Yes <b>MH 1.4, MH 1.5</b></p> <p>No <b>MH 1.1</b></p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?</p> <p>Yes <b>MH 1.1, MH 1.4, MH 1.5</b></p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned?</p> <p>No <b>MH 1.1, MH 1.4, MH 1.5</b></p>			
Decommissioning	<p>1a. Does this activity include any decommissioning of services?</p> <p>No</p>			
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>Yes <b>MH 1.1, MH 1.5</b></p> <p>No <b>MH 1.4</b></p>			
Total Planned Expenditure				
<b>Funding Source</b>	<b>2019-2020</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>Total</b>
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding				
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure				
Funding from other sources				
Funding from other sources				

<b>PRIORITY AREA 1 – LOW INTENSITY MENTAL HEALTH SERVICES</b>	
Mental Health Priority Area	Priority area 1: Low intensity mental health services
ACTIVITY TITLE	<b>MH 1.3- Older Persons Mental Health Service</b>
Existing, Modified, or New Activity	Existing Activity <b>MH 1.3</b> Existing Activity <i>2016-19 MH AWP- 1.3 Older Persons Mental Health</i>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>2018 Needs Assessment</b> <b>Priority number:</b> 2 (in Primary Mental health section) <b>Priority title:</b> People Experiencing Mild to Moderate Mental Illness <b>Page reference:</b> 22-24
Aim of Activity	<b>MH 1.3- The Older Person Mental Health</b> program aims to improve the mental health of older persons living within western Sydney Residential Aged Care Facilities (RACF)
Description of Activity	<b>MH 1.3-</b> This service is providing access to psychological assessments, mental health care plans and psychological sessions to older persons living in Residential Aged care facilities (RACF).
Target population cohort	Older persons living within western Sydney Residential Aged Care Facilities
Indigenous specific	No
Coverage	Whole of western Sydney PHN region
Consultation	<p>WSPHN has consulted in a structured manner at key decision points with the MHCAG which meets every 2 months. This group consists of consumers and key representatives from over 18 organisations, GPs, LHD, non-government organisations (NGO), community managed organisations (CMO) and mental health professionals who are consulted in developing strategic directions to provide advice and guidance on commissioning and delivery of services across the priority areas in western Sydney.</p> <p>In developing the low intensity mental health services, consultation occurred with a number of GPs and GP associations and mental health providers who indicated that low intensity services should support people at either pre-treatment or post-treatment phase and be accessible remotely and after-hours.</p> <p>Additionally, the recommendation was the low intensity services should be able to support the client to seamlessly engage with higher intensity services.</p> <p>As a result, each of the services has a common referral pathway and network that allows WSPHN to align services should the consumer, referring GP and mental health service provider require ongoing, additional or complimentary services with various levels of intervention and access.</p>
Collaboration	<p>The focus of the commissioned activities will be able to coordinate service integration between services seamlessly.</p> <p>Several workshops and consultation were conducted to bring together providers and facilitate the operational alignment of care, as the consumer navigates the various services.</p>

Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2022 * Subject to performance			
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input checked="" type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No			
Decommissioning	1a. Does this activity include any decommissioning of services? No			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes			
Total Planned Expenditure				
<b>Funding Source</b>	<b>2019-2020</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>Total</b>
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding				
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure				
Funding from other sources				
Funding from other sources				

<b>PRIORITY AREA 2 – CHILD and YOUTH MENTAL HEALTH SERVICES</b>	
Mental Health Priority Area	Priority area 2: Child and youth mental health services
ACTIVITY TITLE	<b>MH 2.1– headspace</b> <b>MH 2.2– headspace Youth Early Psychosis (hYEPP)</b> <b>MH 2.3- headspace Mt Druitt Capital Funding – Relocation/ refurbishment</b> <b>MH 2.4– Youth Severe Mental Health</b> <b>MH 2.5– Suicide prevention – psychological therapies</b>
Existing, Modified, or New Activity	MH 2.1 Existing Activity <i>2016-19 MH AWP- 2.1 headspace</i> MH 2.2 Existing Activity <i>2016-19 MH AWP- 2.2 hYEPP (Hub and Spoke)</i> MH 2.3 Existing Activity <i>2016-19 MH AWP- 2.3 headspace Mt D. Capital Funds</i> MH 2.4 New Activity MH 2.5 New Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>2018 Needs Assessment</b> <b>Priority number:</b> 2 (in Primary Mental health section) <b>Priority title:</b> Children and Young People <b>Page reference:</b> 20 and 21
Aim of Activity	<p><b>MH 2.1</b> The aim of headspace is to reduce the impact of disease in young people aged 12-25 years caused by mental health disorders and related substance use. This will be evident through improvements in the mental health, social wellbeing and economic participation of young people in this target group.</p> <p><b>MH 2.2</b> The aim of hYEPP is to provide early intervention services to young people with emerging serious mental illness, and their families, that are youth-friendly, accessible, consistent and seamless, and that provide ongoing care and support.</p> <p><b>MH 2.3</b> The aim of Capital funding is to relocate headspace Mt. Druitt to a new site.</p> <p><b>MH 2.4</b> The aim of this service is to assist young people aged 12-25 who have, or are at risk of, developing severe mental illness and can be supported in the primary care setting.</p> <p><b>MH 2.5</b> The aim of this activity is to provide psychological therapy to young people aged 12-25 who have suicidal symptoms.</p>
Description of Activity	<p><b>MH 2.1 headspace</b> will provide early intervention mental health services to clients between 12-25 years, along with assistance in promoting young peoples’ wellbeing. Support covers four core areas: mental health, physical health, work and study support and alcohol and other drug services.</p> <p><b>MH 2.2 hYEPP</b> located in Mt Druitt, is a continuing care team of multi-disciplinary professionals who provide recovery orientated, early intervention services to young people aged 12-25 who are experiencing a first episode of psychosis or at ultra-high risk of experiencing psychosis. The service model is based on the Early Psychosis Prevention and Intervention Centre (EPPIC) from Orygen Youth Health in Victoria. And as such, the commissioned service</p>

	<p>provision is based on assertive outreach, family work, functional recovery and partnerships with other community organisations to enhance care.</p> <p>hYEPP Parramatta is a 'Spoke' of the Mt DrUITT hYEPP 'Hub' and the services work closely to ensure continuity of service. The Hub provides extensive psychiatric and specialist services such as functional recovery groups and family therapy.</p> <p><b>MH 2.3 headspace Mt DrUITT</b> Site has been informed of potential relocation as lease and premises will no longer be available. Specific funding has been allocated to sourcing future premises and refurbishment necessary for relocation.</p> <p><b>MH 2.4 Youth Severe Mental Health service</b> is commissioned to assist young people aged 12-25 years residing in western Sydney who have, or are at risk of, developing severe mental illness and can be supported in the primary care setting.</p> <p>It will comprise three clinical arms:</p> <ul style="list-style-type: none"> <li>• Enhanced Access - a hub and spoke model to enhance access across the region and to leverage off existing links of community partners.</li> <li>• Assertive Case Management including wrap around services and evidence based treatment and recovery approaches in line with the Clinical Staging Model and Stepped Care.</li> <li>• Mental Health Education and Support to GPs and school counsellors to build the capacity of GPs to manage young people. Young people will be serviced in their preferred locations, utilising flexible service options including drop in services, individual and group-based sessions, face to face and online support.</li> </ul> <p><b>MH 2.5 Suicide prevention – psychological therapies</b> aims to provide psychological services for the most vulnerable and financially disadvantaged members of the WSPHN area. Services include psychological therapy sessions for people who are unable to otherwise afford to pay for therapy, and a separate suicide prevention stream is designated to help people who have been identified as acutely at risk of suicide regardless of their financial status.</p>
Target population cohort	<p><b>MH 2.1</b> Children and youth aged between 12 – 25 years, who may be experiencing mild to moderate mental health condition and/or drug and alcohol misuse.</p> <p><b>MH 2.2</b> Children and youth aged between 12 – 25 years, who may be experiencing a severe mental health condition either as a first episode of psychosis (FEP) or ultra-high risk of psychosis (UHR).</p> <p><b>MH 2.3</b> As above</p> <p><b>MH 2.4</b> Young people aged between 12-25years, who are at risk of or experiencing severe mental health illness including psychosis, major depression, severe anxiety, eating disorders and personality disorders.</p> <p><b>MH 2.5</b> Young people aged between 12-25years, who have suicidal symptoms.</p>
Indigenous specific	<p><b>MH 2.1</b> No Part of the program deliverables is to deliver services to the Indigenous population in the Western Sydney Region.</p> <p><b>MH 2.2</b> No Part of the program deliverables is to deliver services to the Indigenous population in the Western Sydney Region.</p>

	<p><b>MH 2.3</b> No Part of the program deliverables is to deliver services to the Indigenous population in the Western Sydney Region.</p> <p><b>MH 2.4</b> No Part of the program deliverables is to deliver services to the Indigenous population in the Western Sydney Region.</p> <p><b>MH 2.5</b> No Part of the program deliverables is to deliver services to the Indigenous population in the Western Sydney Region.</p>
Coverage	Entire western Sydney PHN region
Consultation	<p><b>MH 2.1</b> headspace model means that each site/ service has a consortium. This consortium meets every 3 months, which includes representatives from various agencies, including local health district, NGOs and community managed organisations.</p> <p><b>MH 2.2</b> Orygen Youth Mental Health Service (OYH), Western Sydney Local Health district (WSLHD), General Practitioners, and other NGOs</p> <p><b>MH 2.3</b> Parramatta Mission as a lead agency which will coordinate the relocation and sourcing of new premises as required.</p> <p><b>MH 2.4</b> Consultation with Orygen, consumers, carers, WSLHD as well as the service provider and the consortium members who will be part of the service delivery.</p> <p><b>MH 2.5</b> WSPHN presently has a PMHC steering group which meets quarterly. This steering group includes key representatives from the LHD, GPs, mental health service providers, and consumer and carer representatives.</p> <p>Additionally, WSPHN conduct quarterly Professional Development events in conjunction with the Mental Health Professionals Network (MHPN) meeting for all mental health providers in our region. This network event is a way of informing and connecting mental health providers, as well as supporting the quality and consistency of service delivery in our region</p>
Collaboration	<p>Activities <b>MH 2.1, MH 2.2 &amp; MH 2.3</b> headspace and hYEPP services in western Sydney will be managed by two lead agencies;</p> <ol style="list-style-type: none"> <li>1. Parramatta Mission for headspace centres and hYEPP service at Mt. Druitt &amp; hYEPP at Parramatta.</li> <li>2. Flourish Australia for headspace centres at Parramatta &amp; Castle Hill.</li> </ol> <p>The headspace model requires a consortium approach to service delivery and WSPHN has been involved in consulting the consortium for the development and continuation of the service without disruption.</p> <p>Activity <b>MH 2.4</b> service will be delivered by a consortium where Parramatta Mission is the lead agency. Below is the list of consortium partners who will be directly/indirectly contributing to the service delivery:</p> <ol style="list-style-type: none"> <li>1. The Ted Noffs Foundation</li> <li>2. Darrug Elders Corporation</li> <li>3. Interrelate</li> <li>4. Sydwest Multicultural Services</li> <li>5. Specialist homeless services</li> <li>6. Ability Options</li> </ol> <p><b>MH 2.5</b> All referring agents, including GPs, schools, allied health providers, specialists and mental health providers currently engaged with WSPHN. This</p>

	includes the Local Health District and a number of key non-government organisations.
Activity milestone details/ Duration	<p><b>MH 2.1 - headspace</b>  Activity start date: 1/07/2016  Activity end date: 30/06/2022</p> <p><b>MH 2.2 – headspace Youth Early Psychosis Program</b>  Activity start date: 1/07/2016  Activity end date: 30/06/2021</p> <p><b>MH 2.3 – headspace Mt Druitt Capital Funding – Relocation/ refurbishment</b>  Activity start date: 1/07/2019  Activity end date: 30/10/2019</p> <p><b>MH 2.4 – Youth Severe Mental Health</b>  Activity start date: 18/03/2019  Activity end date: 31/03/2020 Possible extension past this date based on outcomes.</p> <p><b>MH 2.5 – Suicide prevention – psychological therapies</b>  Activity start date: 1/07/2019  Activity end date: 30/06/2022</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider/contract extension <b>MH 2.2, MH 2.3, MH 2.5</b></p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input checked="" type="checkbox"/> Open tender <b>MH 2.4</b></p> <p><input checked="" type="checkbox"/> Expression of Interest (EOI) <b>MH 2.1</b></p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p><b>MH 2.1 A new provider was selected for headspace Parramatta and Castle Hill following an expression of interest for the three headspace centres (Mt Druitt, Parramatta &amp; Castle Hill).</b></p> <p>2a. Is this activity being co-designed?  Yes <b>MH 2.1, MH 2.2, MH 2.4</b>  No <b>MH 2.3, MH 2.5</b></p> <p>2b. Is this activity this result of a previous co-design process?  Yes <b>MH 2.1, MH 2.2</b>  No <b>MH 2.3, MH 2.4, MH 2.5</b></p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?  Yes <b>MH 2.1</b>  No <b>MH 2.2, MH 2.3, MH 2.4, MH 2.5</b></p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned?  No <b>MH 2.1, MH 2.2, MH 2.3, MH 2.4, MH 2.5</b></p>
Decommissioning	1a. Does this activity include any decommissioning of services? No
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes <b>MH 2.1, MH 2.2, MH 2.4, MH 2.5</b> No <b>MH 2.3</b>
Total Planned Expenditure	

Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding				
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure				
Funding from other sources				
Funding from other sources				

PRIORITY AREA 3 – PRIMARY MENTAL HEALTH CARE (PMHC)	
Mental Health Priority Area	Priority area 3: Psychological therapies for rural and remote, under-served and / or hard to reach groups
ACTIVITY TITLE	<b>MH 3.1– Primary Mental Health Care</b> <b>MH 3.2 - Primary Mental Health Care expansion</b>
Existing, Modified, or New Activity	Existing Activity MH 3.1 – Existing Activity 2016-19 MH AWP- 3.1 Primary Mental Health Care MH 3.2 - Existing Activity 2016-19 MH AWP- 3.1 Expansion Primary Mental Health Care
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>2018 Needs Assessment</b> <b>Priority number:</b> 2 (in Primary Mental health section) <b>Priority title:</b> Comorbidities - People with Chronic, Complex Conditions and Mental Illness <b>Page reference:</b> 24-25
Aim of Activity	The PMHC program aims to provide psychological services for the most vulnerable and financially disadvantaged members of the area covered by WSPHN. Services include psychological therapy sessions for people who are unable to otherwise afford to pay for therapy, and a separate suicide prevention stream is designated to help people who have been identified as acutely at risk of suicide regardless of their financial status.
Description of Activity	This activity will provide psychological support and reduce barriers to service access by engaging local mental health professionals to provide services to vulnerable people within western Sydney. The regional needs assessment identifies groups experiencing vulnerability in western Sydney as perinatal women, children, young people with moderate to severe levels of psychological distress, people who identify as LGBTIQ, older people and diverse cultural and language groups. Specialised skills to work with these priority groups forms the basis of the recruitment and selection of mental health professionals in

	<p>western Sydney with current providers offering psychological supports across these groups including services in 27 different languages.</p> <p><b>MH 3.1 Primary Mental Health Care Services (PMHC)</b> Contracted primary mental health professionals – to provide (activity based) psychological services to vulnerable people.</p> <p><b>MH 3.2 Expansion Primary Mental Health Care Services (PMHC)</b> to priority areas: Child, Aboriginal and Torres Strait Islanders, Perinatal, CALD, LGBTIQ, Elderly, Co-morbidity &amp; Suicide Prevention (see priority area 5)</p>
Target population cohort	This activity is for western Sydney residents experiencing mental health distress and barriers to accessing psychological support through Better Access. This includes people who experience financial barriers or are part of a priority group identified through our Regional Needs Assessment.
Indigenous specific	No Whilst this activity is not specifically targeted to supporting Aboriginal and Torres Strait Islander people referrers can nominate ATSI status on the PMHC referral form. When this is noted the process is to approve these referrals for support regardless of financial status and to also ensure that the providers who take on such referrals have done appropriate cultural awareness training.
Coverage	<b>MH 3.1 &amp; MH 3.2</b> Across all LGA (Blacktown, Hills, Cumberland, Parramatta)
Consultation	<b>MH 3.1 &amp; MH 3.2.</b> WSPHN presently has a PMHC steering group which meets quarterly. This steering group includes key representatives from the LHD, GPs, mental health service providers, and consumer and carer representatives.  Additionally, WSPHN conduct quarterly Professional Development events in conjunction with the Mental Health Professionals Network (MHPN) meeting for all mental health providers in our region. This network event is a way of informing and connecting mental health providers, as well as supporting the quality and consistency of service delivery in our region.
Collaboration	All referring agents, including GPs, schools, allied health providers, specialists and mental health providers currently engaged with WSPHN. This includes the Local Health District and a number of key non-government organisations.
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2022
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p>

	3b. Has this activity previously been co-commissioned or joint-commissioned? No			
Decommissioning	1a. Does this activity include any decommissioning of services? No (drop-down menu)			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes			
Total Planned Expenditure				
<b>Funding Source</b>	<b>2019-2020</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>Total</b>
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding				
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure				
Funding from other sources				
Funding from other sources				

<b>PRIORITY AREA 4 – SEVERE AND COMPLEX MENTAL ILLNESS</b>	
Mental Health Priority Area	Priority area 4: Mental health services for people with severe and complex mental illness including care packages
ACTIVITY TITLE	<b>MH 4.1- Perinatal Service – St John of God (SJOG)– Raphael Centre</b> <b>MH 4.2-Hospital to Home - Schizophrenia Fellowship of NSW (One Door)</b> <b>MH 4.3-Primary Care - Psychiatric Liaison Service (PLS) – (Flourish)</b> <b>MH 4.4 CALD Mental Health Literacy and Suicide Prevention Program - STARTTS</b> <b>MH 4.5-Bilingual Support Worker Services Pilot - Schizophrenia Fellowship</b> <b>MH 4.7-Co-occurring Mental Health, AOD in Prison Population – CRC</b> <b>MH 4.8-Residential Rehabilitation for People with Co-occurring issues – WHO</b>
Existing, Modified, or New Activity	<b>Modified Activity</b> MH 4.1 Modified Activity 2016-19 MH AWP- 4.1 Perinatal Service MH 4.2 Modified Activity 2016-19 MH AWP- 4.2 Hospital to Home MH 4.3 Modified Activity 2016-19 MH AWP- 4.3 Primary care psych. liaison <b>Existing Activity</b> <b>MH 4.4 Existing Activity 2016-19 MH AWP- 4.4 CALD Health Literacy</b> MH 4.5 Existing Activity 2016-19 MH AWP- 4.5 Bilingual Support Worker pilot <b>New Activity</b> MH 4.7 New Activity MH 4.8 New Activity
PHN Program Key Priority Area	Mental Health

Needs Assessment Priority	<p><b>2018 Needs Assessment</b></p> <p><b>Priority number:</b> 2 (in Primary Mental health section)</p> <p><b>Priority title:</b> People with Severe and Complex Mental Illness</p> <p><b>Page reference:</b> 25-27</p>
Aim of Activity	<p><b>MH 4.1</b> This activity aims to provide specialist mental health care to the families in the perinatal and infancy stages dealing with a significant mental health disorder requiring specialist intervention in the western Sydney region.</p> <p><b>MH 4.2</b> This activity targets people leaving acute mental health units in western Sydney region who do not have support to reintegrate back into the community.</p> <p><b>MH 4.3</b> This activity aims at upskilling GP's knowledge of Mental health by placing a Psychiatrist within a primary care to support 10 general practice teams within the western Sydney region.</p> <p><b>MH 4.4</b> This activity aims to deliver psycho-education and lifestyle/wellbeing group interventions for each cultural group (Hazara, Tamil, South Sudanese, and Arabic) and its community members.</p> <p><b>MH 4.5</b> This activity focuses on strengthening and coordination of referral pathways and connections between CALD people in Auburn, general practitioners, allied health providers, government agencies, health services and other community services.</p> <p><b>MH 4.7</b> This activity aims at providing both rehabilitation (community-based outreach) and psychosocial counselling strands to people released from prison in western Sydney.</p> <p><b>MH 4.8</b> This activity aims at providing a wraparound treatment and case coordination service for western Sydney residents with drug and alcohol dependence and co-occurring severe and complex mental illness within a therapeutic setting.</p>
Description of Activity	<p><b>MH 4.1 St John of God, Raphael Services Blacktown</b> is commissioned to provide comprehensive specialist mental health care for families with a significant mental health disorder occurring in the perinatal and infancy stages. Raphael Services is providing psychiatric assessment, individual, couple and parent-infant psychotherapy, group work, linkages to home supports, pharmacotherapy management and consultation and liaison with midwifery, obstetrics, paediatric and GP professionals. A similar service has now been commissioned at Mt Druitt with access to a Psychiatrist and Psychologists at the Mt Druitt Hub. We are looking at targeting another high need area using this service and extending the service to the western Sydney region.</p> <p>Based on the outcomes and reports submitted by the contracted organisation in June 2019, there is a possible chance for long term expansion of the program.</p> <p><b>MH 4.2 Hospital to home Program</b> supports people leaving acute units who do not have support to reintegrate back to the community. Peer workers regularly meet with consumers and their carers and family members (with agreement) during the discharge planning to identify and support the consumer to community and outreach services. This is currently occurring in partnership with Cumberland and Blacktown hospitals. The service also facilitates social</p>

activities and workshops at the hospital to increase consumer engagement. Also, the consumer follow-up time after exiting the program has been increased from 3 months up to 12 months.

Based on the outcomes and reports submitted by the contracted organisation in June 2019, there is a possible chance for long term expansion of the program.

**MH 4.3 Primary Care-Psychiatric Liaison Service** is an integrated care model whereby a Psychiatrist is employed by Flourish and is directly focussed on delivering services to patients experiencing severe and complex mental health conditions in a primary care setting. The Psychiatrist is appointed to 10 practices (possibly healthcare homes, currently 13) to deliver and provide capacity building services and network by case consultation with the General Practitioners as well as practice nurses and practice staff. The service currently has 2 Psychiatrists in the program, and we are looking to extend the model to 10 more practices.

Based on the outcomes and reports submitted by the contracted organisation in June 2019, there is a possible chance for long term expansion of the program.

**MH 4.4 CALD Mental Health Literacy and Suicide Prevention Program.** The project proposes to deliver psycho-education and lifestyle/wellbeing group interventions for each cultural group (Hazara, Tamil, South Sudanese, and Arabic) and its community members. The activities will include: • Peer Leader Training and Support with an adapted version of the existing STARTTS Accidental Counsellor training with 3 workshops each with 10 participants per community. • Residential program/camp with particular focus on intensive training for peer leaders • Delivery of psycho-education and lifestyle/wellbeing group interventions for each cultural group and its community members. Group interventions will be delivered.

**MH 4.5 Bilingual Support Worker Services Project.** One Door has co-located bilingual mental health workers at Auburn Diversity Services Inc. (ADSi). The project will focus on strengthening coordination and referral pathways for people from culturally and linguistically diverse backgrounds in Auburn with general practitioners, allied health providers, government agencies, health and welfare services. This pilot project is to demonstrate proof of concept; that by building and supporting these referral pathways and partnerships, access to existing mental health services for people from culturally and linguistically diverse backgrounds will increase their use of existing mental health services.

Based on the outcomes and reports submitted by the contracted organisation in June 2019, there is a possible chance for long term expansion of the program.

**MH 4.7 Co-occurring Mental Health, Drug and Alcohol and Physical Conditions in Prison Population.** Community Restorative Centre targets populations with complex needs on release from prison in western Sydney. Particular attention is focused on those who are unable to access mainstream AOD services because of the complexity of their need (i.e. mental illness, cognitive impairment, homelessness, active AOD addiction), a holistic treatment model which includes both rehabilitation (community-based outreach) and psychosocial counselling strands.

	<p>Based on the outcomes and reports submitted by the contracted organisation in June 2019, there is a possible chance for long term expansion of the program.</p> <p><b>MH 4.8 Residential Rehabilitation for People with Co-occurring Mental Health and Drug and Alcohol Issues.</b> We Help Ourselves provide a wraparound treatment and case coordination service for western Sydney residents with drug and alcohol dependence and co-occurring severe and complex mental illness within their therapeutic community at Lilyfield. These clients are in addition to western Sydney residents already receiving services from WHOs. The service target of 20 clients is based on an average episode of care /stay of three months.</p> <p>Based on the outcomes and reports submitted by the contracted organisation in June 2019, there is a possible chance for long term expansion of the program.</p>
Target population cohort	<p>People in the western Sydney PHN region who are experiencing severe and complex mental health condition who can be supported at a primary care level or who are transitioning from hospital-based intervention to a community provider.</p>
Indigenous specific	<p><b>MH 4.1</b> Yes Part of the program deliverables is to deliver services to the Indigenous population in the western Sydney Region.</p> <p><b>MH 4.2</b> Yes Part of the program deliverables is to deliver services to the Indigenous population in the western Sydney Region.</p> <p><b>MH 4.3</b> Yes Part of the program deliverables is to deliver services to the Indigenous population in the western Sydney Region.</p> <p><b>MH 4.4</b> No</p> <p><b>MH 4.5</b> No</p> <p><b>MH 4.7</b> Yes Part of the program deliverables is to deliver services to the Indigenous population in the western Sydney Region.</p> <p><b>MH 4.8</b> Yes Part of the program deliverables is to deliver services to the Indigenous population in the western Sydney Region.</p>
Coverage	<p><b>MH 4.1</b> Across all LGAs (Blacktown, Hills, Cumberland, Parramatta)</p> <p><b>MH 4.2</b> Focus on hospital based mental health services and discharge units, with Cumberland hospital a preferred site (Parramatta LGA) and Embark Cottage at Blacktown Hospital (Blacktown LGA).</p> <p><b>MH 4.4</b> Across all LGAs (Blacktown, Hills, Cumberland, Parramatta)</p> <p><b>MH 4.3</b> Across all LGAs in our region, however, it is limited to 13 primary health care practices in the region that have been selected via a recruitment process for appropriate and eligible practices.</p> <p><b>MH 4.5</b> Focus on specifically Auburn, as regional needs assessment indicates poor uptake of community mental health service and across all LGAs (Cumberland, Blacktown, Hills, Parramatta)</p> <p><b>MH 4.7</b> Across all LGAs (Blacktown, Hills, Cumberland, Parramatta)</p> <p><b>MH 4.8</b> Across all LGAs (Blacktown, Hills, Cumberland, Parramatta)</p>
Consultation	<p>WSPHN has in a structured manner at key decision points with the MHCAG which meets every 2 months. This group consists of consumers and key representatives from over 18 organisations, GPs, LHD, NGOs, CMOs and mental health professionals who are consulted in developing strategic directions to</p>

	<p>provide advice and guidance on commissioning and delivery of services across the priority areas in western Sydney.</p> <p>In addition to the bi-monthly MHCAG, quarterly PMHC steering groups, monthly PIR steering groups meeting and the quarterly PMHC PD events. Consultation was made with several GPs and GP associations and mental health providers who indicated that severe and complex support services should be accessible to people accessible after-hours as well.</p>			
Collaboration	Extensive collaboration has occurred to ensure integrated service provision for people experiencing severe and complex mental illness. This includes consumers, Peer workers, general practices, LHD Acute mental health services, emergency departments, key CMOs such as SJOG, Flourish, One Door, STARTTS, CRC, SVDP, WHO mental health nurses and culturally specific organisations			
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2020</p>			
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input checked="" type="checkbox"/> Other approach (carrying on with the existing provider to extend the service)</p> <p>2a. Is this activity being co-designed? Yes <b>MH 4.1, MH 4.2, MH 4.3, MH 4.5, MH 4.6, MH 4.7</b></p> <p>2b. Is this activity this result of a previous co-design process? Yes <b>MH 4.1, MH 4.2, MH 4.3, MH 4.5, MH 4.6, MH 4.7</b></p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No <b>MH 4.1, MH 4.2, MH 4.3, MH 4.5</b> Yes <b>MH 4.6, MH 4.7</b></p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No <b>MH 4.1, MH 4.2, MH 4.3, MH 4.5</b> Yes <b>MH 4.6, MH 4.7</b></p>			
Decommissioning	No			
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>Yes</p>			
Total Planned Expenditure				
<b>Funding Source</b>	<b>2019-2020</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>Total</b>
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding				
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				

Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure				
Funding from other sources				

<b>PRIORITY AREA 5 – COMMUNITY BASED SUICIDE PREVENTION ACTIVITIES</b>	
Mental Health Priority Area	Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	<b>MH 5.3-Primary Mental Health – Service providers – Suicide Prevention</b> <b>MH 5.4- LGBTIQ + Refugee - service and sector development project</b> <b>MH 5.5- Gamarada Universal Indigenous Resource GUIR (Also Priority area 6)</b>
Existing, Modified, or New Activity	Existing Activity MH 5.3 Existing Activity <i>2016-19 MH AWP- 5.3 Primary Mental Health Service</i> MH 5.4 Existing Activity <i>2016-19 MH AWP- 1.2 LGBTIQ + Refugees</i> MH 5.5 New Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>2018 Needs Assessment</b> <b>Priority number:</b> 2 (in Primary Mental health section) <b>Priority title:</b> People Experiencing Mild to Moderate Mental Illness <b>Page reference:</b> 22-24
Aim of Activity	<b>MH 5.3 PMHC Suicide Prevention Service (SPS)</b> aims to address issues of people who are at heightened risk of self-harm and suicidal ideation.  <b>MH 5.4 – LGBTIQ + Refugees service sector development project</b> aims to develop mental health awareness training packages, group manuals for LGBTIQ community and deliver workshops to LGBTIQ refugees and young people.  <b>MH 5.5- Gamarada Universal Indigenous Resource GUIR (also Priority area 6)</b> -the aim of this activity is to deliver community Indigenous Mental Health services for young adults aged between 12 - 25 years of age and to encourage and promote a regional approach to youth suicide prevention.
Description of Activity	<b>MH 5.3 PMHC Suicide Prevention Service (SPS)</b> To expand this service, WSPHN is now commissioning over 35 mental health professionals who can respond within 24 hours and provide an appointment within 72 hours to referrals for people identified with an elevated risk of suicide. Given the nature of this issue we do not limit this service to low income earners. Instead this service is there to support anyone in the western Sydney PHN region who needs support in relation to self-harm and suicide.

	<p><b>MH 5.4 – LGBTIQ + Refugees service sector development project</b> aims to develop mental health awareness training packages, group manuals for LGBTIQ community and deliver workshops to LGBTIQ refugees and young people.</p> <p><b>MH 5.5- Gamarada Universal Indigenous Resource GUIR (also Priority area 6)</b> GUIR will collaborate with local community services and Indigenous community members to establish key healing hubs across western Sydney for program coordination, collaboration and delivery. Hubs will function as strategic meeting places where engaged community members can access mental health support through GUIR and GUIR’s collaborators. The hubs will provide mental health information and referral links to support services for ATSI youth and their parents/careers.</p> <p>GUIR will also deliver skills training to youth and their carers at home visits or where opportunities are identified with other services and their programs.</p>
Target population cohort	<p><b>MH 5.3, MH 5.4</b> -All activities listed above will be publicly available to residents of western Sydney and aims to increase early access to support. Additionally, any clients experiencing mental health distress and who present to GP practices, mental health services providers, community groups or organisations, and schools will also be directed to these services.</p> <p><b>MH 5.3</b> People at risk of suicide and/ or people with elevated risk factors requiring face to face services.</p>
Indigenous specific	<p>Yes <b>MH 5.5</b> No <b>MH 5.3, MH 5.4</b></p>
Coverage	Whole of western Sydney PHN region
Consultation	<p>WSPHN has consulted in a structured manner at key decision points with the MHCAG which meets every 2 months. This group consists of consumers and key representatives from over 18 organisations, GPs, LHD, non-government organisations (NGO), community managed organisations (CMO) and mental health professionals who are consulted in developing strategic directions to provide advice and guidance on commissioning and delivery of services across the priority areas in western Sydney.</p> <p>In addition to this, WSPHN presently has a Primary Mental Health care steering group which meets quarterly. It comprises key representatives from the WS LHD, GPs, mental health service providers, consumers and carers.</p>
Collaboration	<p>The focus of the commissioned activities will be able to coordinate service integration between services seamlessly.</p> <p>Several workshops and consultation were conducted to bring together providers and facilitate the operational alignment of care, as the consumer navigates the various services.</p> <p>Initiatives work closely with all referring agents (GPs, schools, allied health providers and specialists) and mental health providers currently engaged with WSPHN. This includes the LHD and a number of key NGOs.</p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (<b>including</b> the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2020</p>

Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension <b>MH5.3</b> *MH5.3 providers will need to advise their availability</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <b>MH 5.5</b></p> <p><input checked="" type="checkbox"/> Open tender <b>MH 5.4</b></p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes <b>MH 5.3, MH 5.4</b> No <b>MH 5.5</b></p> <p>2b. Is this activity this result of a previous co-design process? Yes <b>MH 5.3, MH 5.4</b> No <b>MH 5.5</b></p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No <b>MH 5.3</b> * Fee for service Model, <b>MH 5.5</b> Yes <b>MH 5.4</b></p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes <b>MH 5.4</b> No <b>MH 5.3, MH 5.5</b></p>			
Decommissioning	No			
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>Yes</p>			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
<b>Funding Source</b>	<b>2019-2020</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>Total</b>
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding				
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure				
Funding from other sources				
Funding from other sources				

<b>PRIORITY AREA 6 - ABORIGINAL AND TORRES STRAIT ISLANDER MENTAL HEALTH</b>	
Mental Health Priority Area	Priority area 6: Aboriginal and Torres Strait Islander mental health services
ACTIVITY TITLE	<p><b>MH 6.2 Mental Health and Wellbeing program</b></p> <p><b>MH 6.4 -The Shed– Mt Druitt - western Sydney University</b></p> <p><b>MH 6.5- Gamarada Universal Indigenous Resource GUIR (Also Priority area 5)</b></p> <p><b>MH 6.6- Recovery college (Also listed in Priority Area 1)</b></p>
Existing, Modified, or New Activity	<p>MH 6.2 Existing Activity 2016-19 MH AWP- 6.2 Aboriginal (GWAHS) clinic</p> <p>MH 6.4 Existing Activity 2016-19 MH AWP- 6.4 The Shed Mt Druitt</p> <p>MH 6.5 New Activity</p> <p>MH 6.6 Existing Activity 2016-19 MH AWP- 1.4 Recovery College</p>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p><b>2018 Needs Assessment</b></p> <p><b>Priority number:</b> 4 (Indigenous Health section)</p> <p><b>Priority title:</b> Social and Emotional Wellbeing -Suicide prevention</p> <p><b>Page reference:</b> 36-40</p>
Aim of Activity	<p><b>MH 6.2 Mental Health &amp; Wellbeing program</b> – The aim is to commission focused Aboriginal and Torres Strait mental health and well-being services to support mental health clients.</p> <p><b>MH 6.4 The Shed - Mt Druitt</b> is a legacy program and the main aim is focussed on supporting Aboriginal men at risk of suicide in Mount Druitt.</p> <p><b>MH 6.5 Gamarada Universal Indigenous Resources GUIR</b> -the aim of this activity is to deliver Indigenous Mental Health services for young adults aged between 12 - 25 years of age in the western Sydney PHN region.</p> <p><b>MH 6.6 Western Sydney Recovery College</b> - The College aims to offer education and training programs, developed and delivered by people with lived experience of mental health concerns and adult education professionals.</p>
Description of Activity	<p><b>MH 6.2 The Mental Health &amp; Wellbeing program</b> - The focus of the commissioning provider will be to support mental health service providers ie; psychologist/ social worker/ mental health nurse/ OT to deliver services, with the key role to liaise with a number of services, to alleviate some of the complexities community members often face when transitioning between services.</p> <p><b>MH 6.4 The Shed - Mt Druitt</b> is a legacy program. This service provides support and guidance to members of the community who often present in crisis, particularly in relation to legal aid, family counselling, emergency accommodation and health service in the region. This service is predominantly focussed on supporting Aboriginal men at risk of suicide in Mount Druitt. In the last 12 months The Shed has also identified that Aboriginal and Torres Strait Islander women are accessing the service and wanting similar support.</p> <p><b>MH 6.5 GUIR</b> will deliver Indigenous Mental Health services for young adults aged between 12 - 25 years of age in the western Sydney PHN region. The project will consist of Dialectical Behaviour Therapy, <b>DBT (which is a modified version of cognitive-behavioural therapy)</b> skills coaching under the Framework of the GUIR COURAGE Coaching Model. These services will be enriched by</p>

	<p>program resources from the entire bank of GUIR program experience including many specialized and tailored programs e.g. the award winning ‘Mad Bastards Guide to being your best’ and the NSW Premiers Excellence Award Winning Gamarada Indigenous Healing and Life Training initiative.</p> <p>GUIR will collaborate with local community services and Indigenous community members to establish key healing hubs across western Sydney for program coordination, collaboration and delivery. Hubs will function as strategic meeting places where engaged community members can access mental health support through GUIR and GUIR’s collaborators. The hubs will provide mental health information and referral links to support services for ATSI youth and their parents/careers.</p> <p>GUIR will also deliver skills training to youth and their carers at home visits or where opportunities are identified with other services and their programs.</p> <p><b>MH 6.6-</b> Recovery College focuses on workforce development. The program offers courses such as Mental Health First Aid (including separate Aboriginal, and Torres Strait Islander focused courses), Understanding Anxiety, Understanding Depression and Mindfulness – just to name a few.</p>
Target population cohort	Aboriginal and Torres Strait Islander individuals and families requiring access to mental health services and a support network in western Sydney. Mental health professional, carers, consumers and support staff, both Aboriginal and non-Aboriginal.
Indigenous specific	Yes
Coverage	Whole WSPHN region <b>MH 6.2</b> delivering services in Blacktown LGA
Consultation	WSPHN has consulted in a structured manner at key decision points with the MHCAG which meets every 2 months. This group consists of consumers and key representatives from over 18 organisations, GPs, LHD, NGOs (like headspace), ACCHOS, CMOs, Baabayn and mental health professionals who are consulted in developing strategic directions to provide advice and guidance on commissioning and delivery of services across the priority areas in western Sydney.
Collaboration	Initiatives work closely with all referring agents (GPs, schools, allied health providers and specialists) and mental health providers currently engaged with WSPHN. This includes the LHD and a number of key NGOs.
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates ( <b>including</b> the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input checked="" type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p>

	<input type="checkbox"/> Other approach (please provide details) 2a. Is this activity being co-designed? Yes <b>MH 6.4, MH 6.6</b> No <b>MH 6.5, MH 6.2</b> 2b. Is this activity this result of a previous co-design process? Yes <b>MH 6.4, MH 6.6</b> No <b>MH 6.5, MH 6.2</b> 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No <b>MH 6.4, MH 6.5, MH 6.6, MH 6.2</b> 3b. Has this activity previously been co-commissioned or joint-commissioned? No <b>MH 6.4, MH 6.5, MH 6.5, MH 6.2</b>			
Decommissioning	1a. Does this activity include any decommissioning of services? No			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No <b>MH 6.2</b>			
Total Planned Expenditure				
<b>Funding Source</b>	<b>2019-2020</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>Total</b>
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding				
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure				
Funding from other sources				
Funding from other sources				

<b>PRIORITY AREA 7 – STEPPED CARE APPROACH</b>	
Mental Health Priority Area	Priority area 7: Stepped care approach
ACTIVITY TITLE	<b>MH 7.1 Stepped Care approach</b>
Existing, Modified, or New Activity	Existing Activity MH 7.1 Existing Activity 2016-19 MH AWP- 7 Implementation of Stepped Care Model
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>2018 Needs Assessment</b> <b>Priority number:</b> 2 (Primary Mental Health section) <b>Priority title:</b> Workforce Capacity and Capability Planning

	<b>Page reference:</b> 28-29
Aim of Activity	The aim of this activity is to promote a stepped care approach within the western Sydney PHN region.
Description of Activity	<p>This activity builds on the established mental health reform. Primary mental health care service delivery is a stepped care approach as part of the reforms implemented by the Commonwealth Department of Health.</p> <p>This approach will support people to access services based on their needs, at the right time. This activity will:</p> <ul style="list-style-type: none"> <li>• Provide clear and accessible pathways to care for people with mental health concerns at all levels of intensity/acuity.</li> <li>• Incorporate strategic and operational design of Stepped Care service delivery.</li> <li>• Incorporate and monitor a stepped care approach as part of commissioning mental health models of service.</li> <li>• Provide referrers and service providers understanding on how to navigate, refer to and provide services using a stepped care approach</li> <li>• Regional data planning group (utilising Data and Geo-mapping tool) - Interactive mental health mapping.</li> <li>• Identification of current and future workforce and service gaps/deficits, oversupply, and/or distribution.</li> <li>• Implement a range of strategies and programs to support local GPs to identify target groups and specific vulnerable groups experiencing mental health conditions to;- <ul style="list-style-type: none"> <li>a) Improve referral processes</li> <li>b) Increase workforce capacity and capability</li> <li>c) Improve access to services.</li> </ul> </li> </ul>
Target population cohort	Mental health professionals, carers, consumers and support staff, from a range of services within primary care, community care and LHD services.
Indigenous specific	No
Coverage	Whole WSPHN region
Consultation	WSPHN has consulted in a structured manner at key decision points with the MHCAG which meets every 2 months. This group consists of consumers and key representatives from over 18 organisations, GPs, LHD, NGOs, CMOs and mental health professionals who are consulted in developing strategic directions to provide advice and guidance on commissioning and delivery of services across the priority areas in western Sydney.
Collaboration	Working closely with all referring agents (GPs, schools, allied health providers and specialists) and mental health providers currently engaged with WSPHN. This includes the LHD and key NGOs.
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2022
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <ul style="list-style-type: none"> <li><input type="checkbox"/> Not yet known</li> <li><input type="checkbox"/> Continuing service provider / contract extension</li> <li><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</li> <li><input type="checkbox"/> Open tender</li> <li><input type="checkbox"/> Expression of Interest (EOI)</li> </ul>

	<input checked="" type="checkbox"/> Other approach (please provide details) Not applicable 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No Not Applicable 3b. Has this activity previously been co-commissioned or joint-commissioned? No Not Applicable			
Decommissioning	1a. Does this activity include any decommissioning of services? No			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No Not Applicable			
Total Planned Expenditure				
<b>Funding Source</b>	<b>2019-2020</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>Total</b>
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding				
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure				
Funding from other sources				
Funding from other sources				

<b>PRIORITY AREA 8 – REGIONAL MENTAL HEALTH AND SUICIDE PREVENTION PLAN</b>	
Mental Health Priority Area	Priority area 8: Regional mental health and suicide prevention plan
ACTIVITY TITLE	<b>MH 8.1 Regional mental health and suicide prevention plan</b>
Existing, Modified, or New Activity	Existing Activity MH 8.1 Existing Activity 2016-19 MH AWP- 8 Regional mental health and suicide prevention plan
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>2018 Needs Assessment</b> <b>Priority number:</b> 2 (Primary Mental Health section) <b>Priority title:</b> Workforce Capacity and Capability Planning

	<b>Page reference: 28-29</b>	
Aim of Activity	The aim of the Regional Plan is to improve mental health, physical health and wellbeing of people with or at risk of mental health issues or at risk of suicide.	
Description of Activity	<p>In collaboration with WSLHD, the WSPHN will develop a regional plan in line with the Fifth National Mental Health Plan.</p> <p>The plan will be guided by the stepped care model and the ecological framework which will be supported by a robust and consistent data collection process. Consultation will occur with consumers, carers, CMOs and other stakeholders and will ensure the regional plan addresses the mental health and suicide prevention needs of the western Sydney community.</p> <p>The WSPHN will engage an external provider to assist with the evolution of the regional plan by sourcing local/ regional data and evidence across: policy, system, organisation, community and individual, as well as developing an understanding of the interactions between levels. Both top-down and bottom-up approaches will be used, assessing the impact of policy/system/organisational issues on community/individuals and vice versa.</p>	
Target population cohort	Whole of western Sydney PHN community	
Indigenous specific	No	
Coverage	Whole WSPHN region	
Consultation	<p>Consultation includes quarterly MHCAG meetings, quarterly PMHC steering group meetings, bi-monthly WSPHN steering committee meetings and the quarterly PMHC Professional Network events.</p> <p>To utilise the modelling tool, WSPHN convenes a Regional Data Planning Group bimonthly. This group includes key stakeholders representing the sector, community organisations, carer and consumers as well as specific priority groups such as CALD, Aboriginal and Torres Strait Islanders, LGBTIQ. This diverse group assists with key data sources to better inform and understand the regional needs.</p> <p>Reporting and consultation on several events and forums conducted during the initial regional plan (2016, 2017 and 2018) and ongoing consultation in various forums within the PHN priority areas.</p>	
Collaboration	In 2019 The WSPHN and the WSLHD have formed a Steering Committee and a working group (meets monthly) to manage the delivery of the regional plan. The Regional data planning and assessment process includes membership of all 4 (previously 5) local government representatives and the LHD representatives as well as key agencies and research partners from University of Sydney and western Sydney University.	
Activity milestone details/ Duration	Activity start date:	1/07/2019
	Activity end date:	30/04/2020
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input checked="" type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p>	

	<input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No Not applicable 3b. Has this activity previously been co-commissioned or joint-commissioned? No Not applicable			
Decommissioning	1a. Does this activity include any decommissioning of services? No Not applicable			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No Not Applicable			
Total Planned Expenditure				
<b>Funding Source</b>	<b>2019-2020</b>	<b>2020-2021</b>	<b>2021-2022</b>	<b>Total</b>
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding				
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure				
Funding from other sources				