



**Australian Government**

**Department of Health**



An Australian Government Initiative

# **Activity Work Plan 2019-2022:**

## **Primary Mental Health Care Funding**

This Activity Work Plan template has the following parts:

1. The Primary Mental Health Care Activity Work Plan for the financial years 2019-20, 2020-2021 and 2021-2022. Please complete the table of planned activities funded under the following:
  - Primary Mental Health Care Schedule - Primary Mental Health and Suicide Prevention - Flexible Funding
  - Primary Mental Health Care Schedule - Indigenous Mental Health - Flexible Funding
  - Primary Mental Health Care Schedule - Per- and Poly- Fluoroalkyl Substances (PFAS) – Flexible Funding
2. The Indicative Budget for the financial years 2019-20, 2020-21 and 2021-22. Please attach an excel spreadsheet using the template provided to submit indicative 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
  - Primary Mental Health Care Schedule - Per- and Poly- Fluoroalkyl Substances (PFAS) – Flexible Funding

***Central and Eastern Sydney PHN***

***When submitting this Activity Work Plan to the Department of Health, the PHN must ensure that all internal clearances have been obtained and has been endorsed by the CEO.***

## 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 can be proposed for a period of up to 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

### Important documents to guide planning

The following documents will assist in the preparation of your Activity Work Plan:

- Activity Work Plan guidance material;
- Primary Mental Health Care Minimum Data Set (PMHC-MDS) Documentation;
- The Fifth National Mental Health and Suicide Prevention Plan;
- PHN Needs Assessment Guide;
- PHN Program Performance and Quality Framework;
- Primary Health Networks Grant Programme Guidelines;
- Clause 3, Financial Provisions of the Standard Funding Agreement.

### Formatting requirements

- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

1. (a) Planned activities for 2019-20 to 2021-22
  - Primary Mental Health and Suicide Prevention Funding
  - Indigenous Mental Health Funding
  - Response to PFAS Funding

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2022.

MH 1.1 Commission coaching services to support or guide people experiencing mild to moderate mental illness

Proposed Activities	
Mental Health Priority Area	Priority area 1: Low intensity mental health services
ACTIVITY TITLE	<b>MH 1.1 Commission coaching services to support or guide people experiencing mild to moderate mental illness</b>
Existing, Modified, or New Activity	Existing Activity  1.1 Commission coaching services to support or guide people experiencing mild to moderate mental illness
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number:</b> 11 <b>Priority Title:</b> Increase awareness and uptake of low intensity mental health <b>Needs Assessment page reference:</b> p. 86 <b>Identified as possible option:</b> Yes.
Aim of Activity	Increase access to low intensity mental health services for people experiencing mild forms of mental illness
Description of Activity	Continue to commission coaching services in the CESPHN region for people experiencing mild forms of mental illness, including Aboriginal and Torres Strait Islander people and older people residing in Residential Aged Care Facilities (RACFs). Approximately 400,000 people in the CESPHN region could benefit from low intensity mental health services.  Coaching can be delivered face to face, online and via telephone. Coaches operate from various locations across the region that support community access including within RACF's.  The expected outcome is increased access to coaching services available for people experiencing mild forms of mental illness in the region.
Target population cohort	People experiencing mild forms of mental illness in the CESPHN region including Aboriginal and Torres Strait Islander people and older people residing in RACFs
Indigenous specific	Yes A component of service delivery specifically targets engagement with Aboriginal and Torres Strait Islander clients. Any cultural adaptations to the program will be made following co-design consultations with community and other stakeholders
Coverage	CESPHN region

Consultation	Consultation with academic and research institutions and the CESP HN Mental Health and Suicide Prevention Advisory Committee (MHSPAC) regarding best practice coaching models
Collaboration	Aboriginal and Torres Strait Islander communities and services for design and service promotion. GPs and health providers in the region to promote access to commissioned services. RACFs to ensure access and acceptability for RACF Residents.
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates <b>(including the planning and procurement cycle)</b>:</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates <b>(excluding the planning and procurement cycle)</b>:</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones? CESPHN will meet quarterly with service providers to review progress including qualitative and quantitative data.</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 <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes The component for Aboriginal and Torres Strait Islander clients</p> <p>2b. Is this activity the 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> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes

MH 1.2 Commission Mindfulness in culturally and linguistically diverse communities

Proposed Activities	
Mental Health Priority Area	Priority area 1: Low intensity mental health services
ACTIVITY TITLE	<b>MH 1.2 Commission Mindfulness in culturally and linguistically diverse communities</b>
Existing, Modified, or New Activity	Existing Activity Lead Site Activity 2 (Mindfulness in culturally and linguistically diverse communities)
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number: 11</b> <b>Priority Title:</b> Increase awareness and uptake of low intensity mental health <b>Needs Assessment page reference:</b> p. 86 <b>Identified as possible option:</b> Yes.
Aim of Activity	To deliver a facilitated mindfulness group to culturally and linguistically diverse communities in the CESP HN region
Description of Activity	<p>This activity is a 5 week Mindfulness group program delivered in community languages and a self-help component via translated guided meditation recording for use between sessions. The program is tailored to Arabic speaking and Bangla speaking community members who are 18 years and older. Groups are divided by gender to ensure cultural appropriateness and acceptability and delivered in suburb locations where population warrants a community language approach.</p> <p>The expected outcome is increased access to the low intensity intervention of mindfulness groups and self-help support for Arabic and Bangla community members. Improvements are expected across the domains of psychological distress, anxiety, depression, stress and suicide. There will also be increased access to mental health services for Arabic and Bangla speaking individuals via assessment and referral if a higher intensity level of support is required.</p>
Target population cohort	People from CALD backgrounds experiencing mild forms of mental illness in the CESP HN region
Indigenous specific	No
Coverage	SESLHD and SLHD catchment in the CESP HN region
Consultation	Consultations with CALD consumers, GPs, SESLHD and SLHD
Collaboration	SESLHD, SLHD, local community organisations and Migrant Resource Centres involved in design and implementation
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: 30/06/2022  <b>If applicable</b> , provide anticipated service delivery start and completion dates ( <b>excluding</b> the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2022  Any other relevant milestones? CESPHN will meet quarterly with service providers to review progress including qualitative and quantitative data.

<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not yet known</li> <li><input checked="" type="checkbox"/> Continuing service provider / contract extension</li> <li><input type="checkbox"/> Direct engagement</li> <li><input type="checkbox"/> Open tender</li> <li><input type="checkbox"/> Expression of Interest (EOI)</li> <li><input type="checkbox"/> Other approach (please provide details)</li> </ul> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>No</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

MH 2.1 Commission Lead Agencies of headspace Centres in CESPHN region to deliver youth mental health services

Proposed Activities	
Mental Health Priority Area	Priority area 2: Child and youth mental health services
ACTIVITY TITLE	<b>MH 2.1 Commission Lead Agencies of headspace Centres in CESPHN region to deliver youth mental health services</b>
Existing, Modified, or New Activity	Existing Activity  2.1 Commission Lead Agencies of headspace Centres in CESPHN region to deliver youth mental health services
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number:</b> 9 <b>Priority Title:</b> Mental health services for children and young people <b>Needs Assessment page reference:</b> p. 85 <b>Identified as possible option:</b> Yes.
Aim of Activity	Increase access and care pathways for young people experiencing or at risk of mental illness
Description of Activity	This activity builds on the established headspace infrastructure. The five headspace Centres in the CESPHN region will continue to run keeping the hNO Model Integrity Framework as their core model. From 1 July 2017 to 30 June 2018, there were 20,341 occasions of service provided to 4,021 young people who accessed one of the five headspace centres in the CESPHN region.  The expected outcome is increased access to youth health services in the region. Young people accessing headspace Centres will receive care within a stepped care approach to support their needs.
Target population cohort	Young people aged 12-25 years in the CESPHN region
Indigenous specific	No
Coverage	CESPHN region
Consultation	Consultation with headspace National Office, headspace Lead Agencies and headspace teams
Collaboration	Collaboration with headspace Lead Agencies to ensure implementation of model integrity framework and ongoing performance of headspace centres
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: 30/06/2022  <b>If applicable</b> , provide anticipated service delivery start and completion dates ( <b>excluding</b> the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2022  Any other relevant milestones? CESPHN will meet quarterly with service providers to review progress including qualitative and quantitative data.
Commissioning method and	1. Please identify your intended procurement approach for commissioning services under this activity:

<p>approach to market</p>	<p> <input type="checkbox"/> Not yet known  <input checked="" type="checkbox"/> Continuing service provider / contract extension  <input type="checkbox"/> Direct engagement  <input type="checkbox"/> Open tender  <input type="checkbox"/> Expression of Interest (EOI)  <input type="checkbox"/> Other approach (please provide details) </p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the 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> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>No</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>



MH 2.2 Commission early intervention model services for young people with or at risk of Severe Mental Illness including early psychosis and eating disorders.

<b>Proposed Activities</b>	
Mental Health Priority Area	Priority area 2: Child and youth mental health services
ACTIVITY TITLE	<b>MH 2.2 Commission early intervention model services for young people with or at risk of Severe Mental Illness including early psychosis and eating disorders</b>
Existing, Modified, or New Activity	Existing Activity  2.2 Commission early intervention model services for young people with or at risk of Severe Mental Illness including early psychosis and eating disorders
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number:</b> 9 <b>Priority Title:</b> Mental health services for children and young people <b>Needs Assessment page reference:</b> p. 85 <b>Identified as possible option:</b> Yes.
Aim of Activity	To increase access to appropriate services for young people experiencing or at risk of severe mental illness. This will be achieved by: <ul style="list-style-type: none"> <li>Identifying young people at risk of developing a severe mental illness including early psychosis to provide early intervention support in the primary care setting</li> <li>Providing access to a stepped care model of services through headspace centres in a youth friendly environment.</li> </ul>
Description of Activity	Continue to commission and provide access to appropriate early intervention services for young people (12 – 25 years) with or at risk of experiencing severe mental illness in the primary care setting of the headspace centres.  In the CESPHN region, approximately 1.8% of children and young people aged 4-17 years have severe mental disorders and a further 2.5% have moderate mental disorders. The peak period for onset of eating disorders occurs at 12-29 years. Sydney and South Eastern Sydney LHDs and Sydney Children’s Hospital Network ambulatory service data from 2014 shows that 238 people were seen with eating disorder as their primary diagnosis while 44 people were seen with eating disorders as a secondary diagnosis.  The expected outcome is that young people with or at risk of developing a severe mental illness are assessed, treated, and supported in their recovery within the primary care platform of headspace.
Target population cohort	Young people aged 12-25 years in the CESPHN region
Indigenous specific	No
Coverage	CESPHN region
Consultation	SESLHD, SLHD, Orygen Centre of Excellence for Youth Mental Health, headspace Lead Agencies and headspace teams
Collaboration	Collaboration with SESLHD, SLHD, Orygen and headspace lead agencies and teams to design and implement services for young people which are integrated into existing service structures and to address needs
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

	<p>Activity end date: 30/06/2022</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):  Service delivery start date: July 2019  Service delivery end date: June 2022</p> <p>Any other relevant milestones?  CESPHN will meet quarterly with service providers to review progress including qualitative and quantitative data.</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not yet known</li> <li><input checked="" type="checkbox"/> Continuing service provider / contract extension</li> <li><input type="checkbox"/> Direct engagement</li> <li><input type="checkbox"/> Open tender</li> <li><input type="checkbox"/> Expression of Interest (EOI)</li> <li><input type="checkbox"/> Other approach (please provide details)</li> </ul> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>No</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

### MH 2.3 Commission Child and Youth Psychological Support Services

Proposed Activities	
Mental Health Priority Area	Priority area 2: Child and youth mental health services
ACTIVITY TITLE	<b>MH 2.3 Commission Child and Youth Psychological Support Services</b>
Existing, Modified, or New Activity	Existing Activity 2.3 Commission Child and Youth Psychological Support Services
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number:</b> 9 <b>Priority Title:</b> Mental health services for children and young people <b>Needs Assessment page reference:</b> p. 85 <b>Identified as possible option:</b> Yes.
Aim of Activity	Increase access for children and young people to a range of applied psychological therapies
Description of Activity	Continue to commission and provide access to a range of applied psychological therapies to children and young people. In the CESP HN region, approximately 1.8% of children and youths aged 4-17 years have severe mental disorders and a further 2.5% have moderate mental disorders.  The expected outcome is increased access to psychosocial therapies for children and young people in the CESP HN region.
Target population cohort	Children and young people in the CESP HN region
Indigenous specific	No
Coverage	CESP HN region
Consultation	Consultation occurred through co-design and ongoing consultation with GPs, Psychologists, MH clinicians, school counsellors, LHDs, CMOs, consumers and carers.
Collaboration	Collaboration with consumers, carers, and service providers in the design of the service model. Collaboration with CMOs, Primary Care providers, and headspace centres to implement and deliver psychological support services.
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: 30/06/2022  <b>If applicable</b> , provide anticipated service delivery start and completion dates ( <b>excluding</b> the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2022  Any other relevant milestones? CESP HN will meet quarterly with service providers to review progress including qualitative and quantitative data.
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

	<input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)
	<p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

### MH 3.1 Commission Psychological Support Services (PSS)

Proposed Activities	
Mental Health Priority Area	Priority area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
ACTIVITY TITLE	<b>MH 3.1 Commission Psychological Support Services (PSS)</b>
Existing, Modified, or New Activity	Existing Activity 3.1 Commission Psychological Support Services (PSS)
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number:</b> 10, 16 <b>Priority Title:</b> Psychological therapies for priority populations in the CESPHN region; Older persons mental health <b>Needs Assessment page reference:</b> 85, 88 <b>Identified as possible option:</b> Yes.
Aim of Activity	Increase access to a range of applied psychological therapies for people from under serviced or hard to reach populations and residents of RACFs
Description of Activity	<p>Continue to commission and provide access to a range of applied psychological therapies for people from underserved and or hard to reach populations, including residents of RACFs. Provisional referral pathways will be incorporated into the referral pathways available for PSS.</p> <p>SA3s in the CESPHN region with the highest proportion of CALD persons based on low English proficiency are Canterbury, Hurstville, and Kogarah-Rockdale. These SA3s also have the lowest utilisation rates for Medicare psychological intervention, indicating barriers to accessing psychological services. CESPHN's Mental Health and Suicide Prevention Advisory Committee identified the following service gaps around access to services for older people: lack of access to psychologists, particularly for people in RACFs; increased suicide risk for older people and issues associated with social isolation. More than half (52%) of permanent aged care residents in Australia had symptoms of depression.</p> <p>The expected outcome is increased access to psychosocial therapies for underserved or hard to reach population and residents of RACFs in the CESPHN region.</p> <p><b>For activities under Priorities 3 and 4,</b> please also outline how continuity of care will be assured. CESPHN's Client Information Management system enables for the monitoring of the client journey to ensure continuity of care.</p>
Target population cohort	CALD communities, underserved areas, women experiencing perinatal depression, residents of RACFs.
Indigenous specific	No
Coverage	CESPHN region
Consultation	Consultation occurred through co-design and ongoing consultation with GPs, Psychologists, MH clinicians, LHDs, CMOs, consumers and carers.
Collaboration	Collaboration with consumers, carers, RACFs, LHDs and service providers in the design of the service model. Collaboration with CMOs, Primary Care providers to implement and deliver psychological support services.
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: 30/06/2022

	<p><b>If applicable</b>, provide anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):  Service delivery start date: July 2019  Service delivery end date: June 2022</p> <p>Any other relevant milestones?  CESPHN will meet quarterly with service providers to review progress including qualitative and quantitative data.</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not yet known</li> <li><input checked="" type="checkbox"/> Continuing service provider / contract extension</li> <li><input type="checkbox"/> Direct engagement</li> <li><input type="checkbox"/> Open tender</li> <li><input type="checkbox"/> Expression of Interest (EOI)</li> <li><input type="checkbox"/> Other approach (please provide details)</li> </ul> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>No</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

MH 4.1 Commission services to address the needs of people who experience severe and complex mental illness in primary care

Proposed Activities	
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 Commission services to address the physical and mental health needs of people who experience severe and complex mental illness in primary care</b>
Existing, Modified, or New Activity	Existing Activity  4.1 Commission services to address the physical and mental health needs of people who experience severe and complex mental illness in primary care
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number: 12</b> <b>Priority Title:</b> Severe and complex mental illness <b>Needs Assessment page reference: 86</b> <b>Identified as possible option: Yes.</b>
Aim of Activity	Increase access to clinical mental health services, physical health services and links to psychosocial supports for people experiencing severe and complex mental illness in the primary care setting
Description of Activity	Continue to commission and provide access to clinical mental health services and links to psychosocial supports for people experiencing severe and complex mental illness in the primary care setting.  It is estimated that over 50,000 people have a lived experience of severe mental illness in the CESPHN region. The life expectancy for people experiencing severe mental illness is 15 to 20 years less than the general population.  The expected outcome is an increase in primary health care service provision to people experiencing severe and complex mental illness.  <b>For activities under Priorities 3 and 4</b> , please also outline how continuity of care will be assured. CESPHN's Client Information Management system enables for the monitoring of the client journey to ensure continuity of care.
Target population cohort	People experiencing severe and complex mental illness in the CESPHN region
Indigenous specific	No
Coverage	CESPHN region
Consultation	Consultations with consumers, carers, GPs, Allied Health Professionals, ACMHN, LHD's, SHN's, CMO's, Peaks, research /academic institute and other mental health professionals.
Collaboration	Collaboration with consumers, carers, GP's, Allied Health Professionals, ACMHN, LHD's, SHN's, CMO's, peak bodies and service providers in the design of the service model. Collaboration with CMOs, Mental Health Nurses and Peer Workers to implement and deliver these services.
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: 30/06/2022

	<p><b>If applicable</b>, provide anticipated service delivery start and completion dates <b>(excluding</b> the planning and procurement cycle):  Service delivery start date: July 2019  Service delivery end date: June 2022</p> <p>Any other relevant milestones?  CESPHN will meet quarterly with service providers to review progress including qualitative and quantitative data. An evaluation report covering the service delivery period 01/10/17 to 30/06/20, which will inform the contract extension or recommissioning phase of this activity to extend service delivery for 2020-2022.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not yet known</li> <li><input checked="" type="checkbox"/> Continuing service provider / contract extension</li> <li><input type="checkbox"/> Direct engagement</li> <li><input type="checkbox"/> Open tender</li> <li><input type="checkbox"/> Expression of Interest (EOI)</li> <li><input type="checkbox"/> Other approach (please provide details)</li> </ul> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>



MH 4.2 GP access to psychiatry support in the management of people experiencing severe mental illness

Proposed Activities	
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 4.2 GP access to psychiatry support in the management of people experiencing severe mental illness</b>
Existing, Modified, or New Activity	Existing Activity  4.2 GP access to psychiatry support in the management of people experiencing severe mental illness
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number:</b> 12 <b>Priority Title:</b> Severe and complex mental illness <b>Needs Assessment page reference:</b> 86 <b>Identified as possible option:</b> Yes.
Aim of Activity	Support GPs to access psychiatry support in the management of people experiencing severe mental illness
Description of Activity	<p>Continue to co-commission a psychiatry support line for GPs to assist in the management of people experiencing severe mental illness.</p> <p>It is estimated that over 50,000 people have a lived experience of severe mental illness in the CESP HN region. The life expectancy for people experiencing severe mental illness is 15 to 20 years less than the general population. Health Workforce Australia data shows that in 2015 there were 330 Psychiatrists working in a clinical role in the CESP HN region. Feedback from GPs has identified low access to bulk billing psychiatric care in the CESP HN region.</p> <p>The expected outcome is increase in access to and support from psychiatrists for GPs which enables better mental health care for people experiencing severe and complex mental illness in the primary care setting.</p> <p><b>For activities under Priorities 3 and 4,</b> please also outline how continuity of care will be assured.</p> <p>This is a Psychiatry consultation support for GPs. Continued care and referral for the patient remains the remit of the GP.</p>
Target population cohort	GPs supporting people experiencing severe and complex mental illness
Indigenous specific	No
Coverage	CESPHN region
Consultation	Consultation with GPs and other NSW PHNs
Collaboration	Collaboration with NSW PHNs in the design and commissioning of this activity and ongoing collaboration via the PHN steering group
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (<b>including</b> the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 1/07/2019</p> <p style="padding-left: 40px;">Activity end date: 30/06/2022</p> <p><b>If applicable,</b> provide anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: July 2019</p> <p style="padding-left: 40px;">Service delivery end date: June 2022</p> <p>Any other relevant milestones?</p>

	CESPHN will meet quarterly with the PHN steering group overseeing this activity to review progress including qualitative and quantitative data.
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</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 the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes</p>
Decommissioning	No
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>No</p>

MH 5.1 Commission Psychological Support Services (PSS)

Proposed Activities	
Mental Health Priority Area	Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	<b>MH 5.1 Commission Psychological Support Services (PSS) for Suicide Prevention</b>
Existing, Modified, or New Activity	Existing Activity 5.1 Psychological Support Services (PSS) for Suicide Prevention
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number: 14</b> <b>Priority Title:</b> Suicide prevention <b>Needs Assessment page reference: 87</b> <b>Identified as possible option:</b> Yes.
Aim of Activity	Increase access to support and psychological therapies for people at risk of suicide
Description of Activity	Continue to commission and provide access to a range of applied psychological therapies for people at risk of suicide. In the CESPHN region there were 114 deaths (7.0 per 100,000) in 2016. Suicide rates in the CESPHN region have fluctuated over the last ten years, with the lowest recorded rate in 2016 (7.0 per 100,000) and the highest recorded rate in 2014 (10.2 per 100,000). Across the CESPHN region in 2015-16, intentional self-harm overnight hospitalisations were at a rate of 12 per 10,000.  The expected outcome is increased access to support and psychological therapies for people at risk of suicide.
Target population cohort	People experiencing suicidal behaviour or assessed at risk of suicide or self-harm
Indigenous specific	No
Coverage	CESPHN region
Consultation	Consultation occurred through co-design and ongoing consultation with GPs, Psychologists, MH clinicians, LHDs, CMOs, consumers and carers.
Collaboration	Collaboration with consumers, carers, LHDs and service providers in the design of the service model. Collaboration with CMOs, Primary Care providers to implement and deliver psychological support services.
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: 30/06/2022  <b>If applicable</b> , provide anticipated service delivery start and completion dates ( <b>excluding</b> the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2022  Any other relevant milestones? CESPHN will meet quarterly with service providers to review progress including qualitative and quantitative data.
Commissioning method and	1. Please identify your intended procurement approach for commissioning services under this activity: <input type="checkbox"/> Not yet known

<p>approach to market</p>	<p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement</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 the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>No</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

MH 5.2 Commission Suicide Prevention Activities including Indigenous specific initiatives

Proposed Activities	
Mental Health Priority Area	Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	<b>MH 5.2 Commission Suicide Prevention Activities including Indigenous specific initiatives</b>
Existing, Modified, or New Activity	Existing Activity 5.2 Commission Suicide Prevention Activities including Indigenous specific initiatives
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number: 14</b> <b>Priority Title:</b> Suicide prevention <b>Needs Assessment page reference: 87</b> <b>Identified as possible option: Yes.</b>
Aim of Activity	Provide one-on-one care coordination for people who have attempted suicide or experienced a suicidal crisis
Description of Activity	Continue to commission a service that provides one-on-one care coordination for people of all ages who have attempted suicide or experienced a suicidal crisis and have been discharged from an emergency department, acute setting or following admission to hospital. In the CESPHN region there were 114 deaths (7.0 per 100,000) in 2016. Suicide rates in the CESPHN region have fluctuated over the last ten years, with the lowest recorded rate in 2016 (7.0 per 100,000) and the highest recorded rate in 2014 (10.2 per 100,000). Across the CESPHN region in 2015-16, intentional self-harm overnight hospitalisations were at a rate of 12 per 10,000.  The expected outcomes are a reduction in the incidence of suicide and suicide attempts after discharge in the northern sector of the CESPHN region, and improved access to suicide prevention support through primary health care.
Target population cohort	People of all ages who have attempted suicide or experienced a suicidal crisis and have been discharged from the emergency departments, acute settings or following admission at St Vincent's, Prince of Wales or Royal Prince Alfred hospitals
Indigenous specific	No
Coverage	Northern sector of the CESPHN region, covering the SA3 areas of Botany, Marrickville- Sydenham-Petersham, Eastern Suburbs-North, Eastern Suburbs-South and Inner Sydney.
Consultation	Consultation with CESPHN's Mental Health and Suicide Prevention Advisory Group, and the Suicide Prevention Working group, which includes people with lived experience of suicide and suicide bereavement
Collaboration	Collaboration with CESPHN's Mental Health and Suicide Prevention Advisory Group, and the Suicide Prevention Working group, which includes people with lived experience of suicide and suicide bereavement, NGOs and LHDs in the design and implementation of this model.
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: 30/06/2022

	<p><b>If applicable</b>, provide anticipated service delivery start and completion dates <b>(excluding</b> the planning and procurement cycle):  Service delivery start date: July 2019  Service delivery end date: June 2022</p> <p>Any other relevant milestones?  CESPHN will meet quarterly with service providers to review progress including qualitative and quantitative data. An evaluation report covering the service delivery period 01/05/18 to 30/06/20 will inform the contract extension or recommissioning phase of this activity to extend service delivery for 2020-2022</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not yet known</li> <li><input checked="" type="checkbox"/> Continuing service provider / contract extension</li> <li><input type="checkbox"/> Direct engagement</li> <li><input type="checkbox"/> Open tender</li> <li><input type="checkbox"/> Expression of Interest (EOI)</li> <li><input type="checkbox"/> Other approach (please provide details)</li> </ul> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>No</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

MH 6.1 Health and Wellbeing of Aboriginal Young People in the Inner City and Eastern Suburbs of Sydney

Proposed Activities	
Mental Health Priority Area	Priority area 6: Aboriginal and Torres Strait Islander mental health services
ACTIVITY TITLE	<b>MH 6.1 Health and Wellbeing of Aboriginal Young People in the Inner City and Eastern Suburbs of Sydney</b>
Existing, Modified, or New Activity	Existing Activity 6.1 Health and Wellbeing of Aboriginal Young People in the Inner City and Eastern Suburbs of Sydney
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number: 15</b> <b>Priority Title:</b> Aboriginal and/or Torres Strait Islander mental health <b>Needs Assessment page reference: 87</b> <b>Identified as possible option: Yes.</b>
Aim of Activity	Increase access to culturally appropriate health and wellbeing support for Aboriginal and/or Torres Strait Islander young peoples
Description of Activity	Continue to commission Aboriginal Community Controlled Organisations to engage Health and Wellbeing Coordinators to work with young people aged 12 -25 years in the community to support health and wellbeing.  In 2016, the number of CESPHN residents that identified as Aboriginal and/or Torres Strait Islander was 13,489 (0.8%). The highest number of Aboriginal and/or Torres Strait Islander residents lived in the Inner Sydney City (2,489 persons), followed by Eastern Suburbs South (2,148 persons). Aboriginal and/or Torres Strait Islander people have significantly higher rates of hospitalisation due to mental health problems and intentional self-harm for all age groups, than the non-Aboriginal population, with rates as high as 2.7 times for hospitalisation due to intentional self-harm. The rate of suicide is double that of non-Aboriginal people, and the rates of high/very high psychological distress is 2.6 times higher.  The expected outcome is that services address the health and wellbeing needs of the Aboriginal and/or Torres Strait Islander young peoples.
Target population cohort	Aboriginal and/or Torres Strait Islander young peoples within the underserved area covered by La Perouse Local Aboriginal Land Council and the Metropolitan Local Aboriginal Land Council (Inner City).
Indigenous specific	Yes A male and female identified Aboriginal health and wellbeing coordinator will be based in La Perouse and Redfern providing support, early intervention and navigation of appropriate services to the local Aboriginal and/or Torres Strait Islander populations. They will be employed by locally based community-controlled organisations and provide outreach services and facilitate access to psycho social support as required with cross referrals and promotion to mental health services appropriate to meet the client's needs in a culturally safe and appropriate manner.
Coverage	Area covered by La Perouse Local Aboriginal Land Council and the Metropolitan Local Aboriginal Land Council (Inner City).
Consultation	Consultations held in 2016-2017 with stakeholders, community and Aboriginal Young People
Collaboration	Collaboration around the design and service approach with AMS Redfern, La Perouse Local Aboriginal Land Council, La Perouse Youth Haven, South Eastern

	Sydney LHD, Department of Education, South Eastern Sydney LHD, Tribal Warrior, local community youth, WEAVE and headspace Bondi Junction. La Perouse Local Aboriginal Land Council involved in the implementation and delivery of this program.
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates <b>(including the planning and procurement cycle)</b>:</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates <b>(excluding the planning and procurement cycle)</b>:</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones? CESPHN will meet quarterly with service providers to review progress including qualitative and quantitative data.</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 <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>No</p>



MH 6.2 Aboriginal and Torres Strait Mental Health Services - Psychological Support Services (PSS)

Proposed Activities	
Mental Health Priority Area	Priority area 6: Aboriginal and Torres Strait Islander mental health services
ACTIVITY TITLE	<b>MH 6.2 Aboriginal and Torres Strait Mental Health Services - Psychological Support Services (PSS)</b>
Existing, Modified, or New Activity	Existing Activity  6.2 Aboriginal and Torres Strait Mental Health Services - Psychological Support Services (PSS)
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number: 15</b> <b>Priority Title:</b> Aboriginal and/or Torres Strait Islander mental health <b>Needs Assessment page reference: 87</b> <b>Identified as possible option: Yes.</b>
Aim of Activity	Increase access for Aboriginal and/or Torres Strait Islander peoples to culturally appropriate Applied Psychological Therapies
Description of Activity	<p>Continue to commission and provide culturally appropriate psychological therapy services to Aboriginal and Torres Strait Islander people. Activity will be focussed on supporting and monitoring commissioned services and ensuring activities are aligned to objectives of the program and meet key performance indicators. Provisional referral pathways will be incorporated into the referral pathways available for PSS.</p> <p>In 2016, the number of CESPHN residents that identified as Aboriginal and/or Torres Strait Islander was 13,489 (0.8%). Aboriginal and/or Torres Strait Islander people have significantly higher rates of hospitalisation due to mental health problems and intentional self-harm for all age groups, than the non-Aboriginal population, with rates as high as 2.7 times for hospitalisation due to intentional self-harm. The rate of suicide is double that of non-Aboriginal people, and the rates of high/very high psychological distress is 2.6 times higher.</p> <p>The expected outcomes are:</p> <ul style="list-style-type: none"> <li>• Increased access to psychosocial therapies for Aboriginal and/or Torres Strait Islander people the CESPHN region</li> <li>• Services address the health and wellbeing needs of the Aboriginal communities.</li> </ul>
Target population cohort	Aboriginal and/or Torres Strait Islander young people in the CESPHN region
Indigenous specific	Yes Targeted service provision across the region and in outreach locations where it has been identified there is a distinct shortage of culturally appropriate psychological support services available and accessible to the Aboriginal and Torres Strait Islander people and where there is an increased need for psychological service provision.
Coverage	CESPHN region
Consultation	Co-design held in 2016-2017 with stakeholders, community and Aboriginal people. A series of Aboriginal specific community consultations for co-design were held in July 2018.

Collaboration	Collaboration with culturally trained and proficient primary and allied health providers, ACCOs, local Aboriginal Elders and community in the implementation of this service.
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates <b>(including the planning and procurement cycle)</b>:</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates <b>(excluding the planning and procurement cycle)</b>:</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones? CESPHN will meet quarterly with service providers to review progress including qualitative and quantitative data.</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 <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

MH 6.3 Health and wellbeing of Aboriginal young people in the CESPHN region

<b>Proposed Activities</b>	
Mental Health Priority Area	Priority area 6: Aboriginal and Torres Strait Islander mental health services
ACTIVITY TITLE	<b>MH 6.3 Health and wellbeing of Aboriginal young people in the CESPHN region</b>
Existing, Modified, or New Activity	Existing Activity 6.3 Health and wellbeing of Aboriginal young people in the CESPHN region
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number: 15</b> <b>Priority Title:</b> Aboriginal and/or Torres Strait Islander mental health <b>Needs Assessment page reference: 87</b> <b>Identified as possible option: Yes.</b>
Aim of Activity	Increase access to headspace services for Aboriginal and/or Torres Strait Islander young people
Description of Activity	Commission headspace centres in the CESPHN region to recruit Aboriginal Outreach worker(s) or carry out targeted engagement strategies to increase access to services for Aboriginal and Torres Strait Islander young people.  In 2016, the number of CESPHN residents that identified as Aboriginal and/or Torres Strait Islander was 13,489 (0.8%). Aboriginal and/or Torres Strait Islander people have significantly higher rates of hospitalisation due to mental health problems and intentional self-harm for all age groups, than the non-Aboriginal population, with rates as high as 2.7 times for hospitalisation due to intentional self-harm. The rate of suicide is double that of non-Aboriginal people, and the rates of high/very high psychological distress is 2.6 times higher.  The expected outcomes are: <ul style="list-style-type: none"> <li>• Increased access to services for Aboriginal and/or Torres Strait Islander young people</li> <li>• Services address the health and wellbeing needs of Aboriginal and/or Torres Strait Islander young people.</li> </ul>
Target population cohort	Aboriginal and/or Torres Strait Islander young people in the CESPHN region
Indigenous specific	Yes An identified Aboriginal outreach worker will be based in an inner west Sydney headspace centre providing support, early intervention and navigation of appropriate services to the Aboriginal and/or Torres Strait Islander populations. They will be employed by headspace to provide outreach services and facilitate access to psycho social supports as required with cross referrals and promotion to mental health services appropriate to meet the client's needs in a culturally safe and appropriate manner.
Coverage	CESPHN region
Consultation	Consultations held 2016-2017 with stakeholders, community, Aboriginal Young People and headspace Ashfield in the design of this service
Collaboration	Collaboration with headspace Ashfield, Camperdown, Miranda, Hurstville, Bondi Junction, local Aboriginal elders and Aboriginal youth services and community groups, Inner West Council, Weave, Sydney LHD in the implementation of this service

Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates <b>(including the planning and procurement cycle)</b>:</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates <b>(excluding the planning and procurement cycle)</b>:</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones? CESPHN will meet quarterly with service providers to review progress including qualitative and quantitative data.</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 <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No</p>

MH 6.4 Psychosocial education activities to improve the health and wellbeing of Aboriginal communities

Proposed Activities	
Mental Health Priority Area	Priority area 6: Aboriginal and Torres Strait Islander mental health services
ACTIVITY TITLE	<b>MH 6.4 Psychosocial education activities to improve the health and wellbeing of Aboriginal communities</b>
Existing, Modified, or New Activity	Existing Activity  6.4 Psychosocial education activities to improve the health and wellbeing of Aboriginal communities
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number:</b> 15 <b>Priority Title:</b> Aboriginal and/or Torres Strait Islander mental health <b>Needs Assessment page reference:</b> 87 <b>Identified as possible option:</b> Yes.
Aim of Activity	Increase health literacy and awareness of mental health and wellbeing concerns for Aboriginal and/or Torres Strait Islander peoples and increase access to culturally appropriate mental health services.
Description of Activity	<p>Commission providers to deliver group psychosocial educational activities in partnership with local Aboriginal community-controlled organisations. Activity will be focussed on supporting the provision of community based, culturally appropriate, informative psychoeducation groups delivered by appropriately trained and qualified facilitators.</p> <p>In 2016, the number of CESP HN residents that identified as Aboriginal and/or Torres Strait Islander was 13,489 (0.8%). Aboriginal and/or Torres Strait Islander people have significantly higher rates of hospitalisation due to mental health problems and intentional self-harm for all age groups, than the non-Aboriginal population, with rates as high as 2.7 times for hospitalisation due to intentional self-harm. The rate of suicide is double that of non-Aboriginal people, and the rates of high/very high psychological distress is 2.6 times higher.</p> <p>The expected outcomes are:</p> <ul style="list-style-type: none"> <li>• Increased access to psychosocial education for Aboriginal and/or Torres Strait Islander people the CESP HN region</li> <li>• Psychosocial education Services address the health and wellbeing needs of the Aboriginal communities.</li> </ul>
Target population cohort	Aboriginal and/or Torres Strait Islander people across the CESP HN region
Indigenous specific	<p>Yes</p> <p>An identified Aboriginal psychologist will provide psychosocial education sessions across the CESP HN district to provide psychosocial education, support, early intervention and navigation of appropriate services to the Aboriginal and/or Torres Strait Islander populations.</p> <p>The psychosocial education sessions will be delivered in Aboriginal community-controlled services to improve health literacy, support the provision of outreach services and facilitate access to local psychosocial supports as required with cross referrals and promotion to mental health support services appropriate to meet the client's needs in a culturally safe and appropriate manner.</p>

	Yarning groups for psychosocial support will be established across the region in collaboration with locally based services and grouped appropriately by age and gender demographics.
Coverage	CESPHN region
Consultation	Consultations held 2017-2019 with stakeholders and Aboriginal and Torres Strait Islander peoples
Collaboration	Collaboration with culturally trained and proficient primary and allied health providers, ACCOs, local Aboriginal Elders and community in the implementation of this program
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates <b>(including the planning and procurement cycle)</b>:</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates <b>(excluding the planning and procurement cycle)</b>:</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones? CESPHN will meet quarterly with service providers to review progress including qualitative and quantitative data.</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 <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input checked="" type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the 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> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>No</p>

### MH 7.1 Stepped care promotion

Proposed Activities	
Mental Health Priority Area	Priority area 7: Stepped care approach
ACTIVITY TITLE	<b>MH 7.1 Stepped care promotion</b>
Existing, Modified, or New Activity	Existing Activity 7.1 Stepped care promotion
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number: 8</b> <b>Priority Title:</b> Stepped care <b>Needs Assessment page reference: 85</b> <b>Identified as possible option: Yes.</b>
Aim of Activity	Promote a stepped care approach within the CESPHN region
Description of Activity	<p>This activity builds on the established mental health reform. Primary mental health care service delivery is moving towards a stepped care approach as part of the reforms implemented by the Commonwealth Department of Health. This approach will support people to access services based on their needs, at the right time. The activity will promote a stepped care approach, including HealthPathways, to service providers (actual and prospective) in the CESPHN Region and incorporate and monitor the implementation of a stepped care approach as part of commissioning mental health models of service.</p> <p>The expected outcomes are:</p> <ul style="list-style-type: none"> <li>• Clear and accessible pathways to care for people with mental health concerns at all levels of intensity/acuity</li> <li>• Referrers and service providers will understand how to navigate, refer to and provide services using a stepped care approach.</li> </ul>
Target population cohort	Mental health service providers, GPs and general practices in the CESPHN region
Indigenous specific	No
Coverage	CESPHN region
Consultation	Consultation with GPs, CMOs, service providers, LHDs, SHNs the Black Dog Institute, consumers and carers
Collaboration	Collaboration with GPs, CMOs, service providers, LHDs, SHNs, the Black Dog institute, headspace Centres in the promotion of a stepped care approach to mental health.
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates <b>(including the planning and procurement cycle)</b>:</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates <b>(excluding the planning and procurement cycle)</b>:</p> <p>Service delivery start date: Service delivery end date:</p> <p>Any other relevant milestones? No</p>

<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <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</li> <li><input type="checkbox"/> Open tender</li> <li><input type="checkbox"/> Expression of Interest (EOI)</li> <li><input checked="" type="checkbox"/> Other approach (please provide details) Operational strategy not a commissioned activity</li> </ul> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the 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> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>No</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No</p>



## MH 7.2 Workforce Development

Proposed Activities	
Mental Health Priority Area	Priority area 7: Stepped care approach
ACTIVITY TITLE	<b>MH 7.2 Workforce Development</b>
Existing, Modified, or New Activity	Existing Activity 7.2 Workforce Development
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number: 8</b> <b>Priority Title:</b> Stepped care <b>Needs Assessment page reference: 85</b> <b>Identified as possible option: Yes.</b>
Aim of Activity	Increase the capacity of service providers to provide services that meet the needs of the community.
Description of Activity	<p>This activity will promote and/or provide access to training for the primary care workforce to enhance competence in cultural appropriateness, trauma informed practice, suicide prevention, stepped care, personality disorders, aged mental health (MH first aid), child and youth MH and other areas of practice as identified. It will also promote engagement of bi-lingual service providers across all priority areas.</p> <p>The CESPHN database of health professionals identifies 636 psychologists and 202 clinical psychologists. The SA3s with the lowest number of clinical psychologists and psychologists are Botany and Canterbury, which are also the SA3s that correspond to areas with the lowest SEIFA scores and highest psychological distress. Twelve per cent of psychologists in the region speak a language other than English, with the top languages being Cantonese, Greek, Spanish and Mandarin.</p> <p>The expected outcome is the CESPHN region has a skilled workforce to provide services to meet the needs of communities.</p>
Target population cohort	Mental health service providers, GPs and general practices in the CESPHN region
Indigenous specific	No
Coverage	CESPHN region
Consultation	Consultation with GPs, CMOs, service providers, LHDs, SHNs the Black Dog Institute, consumers and carers
Collaboration	Collaboration with GPs, CMOs, service providers, LHDs, SHNs, the Black Dog institute, headspace Centres in identifying and delivering strategies to support the CESPHN region mental health workforce
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: 30/06/2022</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):</p> <p>Service delivery start date: Service delivery end date:</p>

	Any other relevant milestones? No
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</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input checked="" type="checkbox"/> Other approach (please provide details) Operational strategy not a commissioned activity</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the 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> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No

### MH 7.3 Integrating stepped care approach with GP practices

Proposed Activities	
Mental Health Priority Area	Priority area 7: Stepped care approach
ACTIVITY TITLE	<b>MH 7.3 Integrating stepped care approach with GP practices</b>
Existing, Modified, or New Activity	Modified Activity Previous Lead Site Activity 1 Integrating stepped care approach with GP practices
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number: 8</b> <b>Priority Title:</b> Stepped care <b>Needs Assessment page reference:</b> 85 <b>Identified as possible option:</b> Yes.
Aim of Activity	To implement into general practice, an integrated online stepped care service that: <ul style="list-style-type: none"> <li>Identifies adults with anxiety and depression including suicidal risk and substance use issues</li> <li>Recommends evidence based stepped care treatments based on local pathways based on assessed need and relays these to the GP in real time</li> <li>Monitors patient symptoms and provides feedback to the GP and patient</li> <li>Upskill GPs, Nurses and Practice Support staff in assessment and treatment of mental illness.</li> </ul>
Description of Activity	The tool supports the screening of patients using digital technology, potentially detecting mental health concerns and illness across the step care continuum where it would otherwise go undetected.  All consenting patients 18 years and older presenting to eligible GP practices will be screened in the waiting room via a brief screening tool on a mobile tablet. If mental illness is detected a prompt for the patient and GP is communicated. The GP then works with the patient to further assess concerns and provide treatment recommendations. The tool provides the GP with information regarding the level of severity detected and relevant treatment and referral options that are tailored to the local area. Treatment outcomes can be monitored via an online black dog tool and via follow up with the GP.  The expected outcomes include: improved identification, early intervention and reduced rates of anxiety and depression, improved comorbid health outcomes and appropriate service utilisation, improved safety and risk monitoring to reduce escalation and inform appropriate care, increased mental health education and psychiatry consultation support for GPs, practice nurses and staff.
Target population cohort	Consenting adults 18 years and over who access eligible GP practices.
Indigenous specific	No
Coverage	CESPHN region
Consultation	Consultation with general practice, the Black Dog Institute, consumers and carers
Collaboration	Collaboration with general practice, other PHNs, the Black Dog institute in the design and implementation of this activity

Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates <b>(including the planning and procurement cycle)</b>:</p> <p>Activity start date: 1/07/2020 Activity end date: 30/06/2022</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates <b>(excluding the planning and procurement cycle)</b>:</p> <p>Service delivery start date: July 2020 Service delivery end date: June 2022</p> <p>Any other relevant milestones? CESPHN will meet quarterly with the Black Dog Institute and other PHNs to review progress including qualitative and quantitative data.</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 <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No</p>

MH 7.4 Access to low intensity digital mental health services for young people

Proposed Activities	
Mental Health Priority Area	Priority area 7: Stepped care approach
ACTIVITY TITLE	<b>MH 7.4 Access to low intensity digital mental health services for young people</b>
Existing, Modified, or New Activity	Existing Activity 2.4 Access to low intensity digital mental health services for young people
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number: 9</b> <b>Priority Title:</b> Mental health services for children and young people <b>Needs Assessment page reference:</b> p. 85 <b>Identified as possible option:</b> Yes.
Aim of Activity	To implement an online assessment platform to support young people and clinicians with real time assessment, to ensure young people will have the intensity of their care matched to their individual needs (stepped care approach).
Description of Activity	The InnoWell Care service platform aims to improve access and quality of care for young people using headspace services. The technology will enable young people to complete an online assessment prior to their first face-to-face appointment at headspace at a time that suits them, resulting in a dashboard of results that can be used by the young person and the service to access the right level of service at the right time (stepped care). The collaborative use of the platform between young people and clinicians will result in shared decision making ('share plan') and the system's tracking of treatment progress can help young people 'step up' or 'step down' in service intensity based on need. The system will gather data that will enable the headspace Centres and CESPHN to evaluate service quality and outcomes.
Target population cohort	Young people aged 12-25 years who access the five headspace Centres within the CESPHN region
Indigenous specific	No
Coverage	CESPHN region
Consultation	Consultation with University of Sydney - Brain Mind Youth Platform, Innowell, headspace lead agencies and headspace teams, young people, health professionals and service providers.
Collaboration	The platform has undergone 15 months of co-design and co-development with young people, health professionals and service providers in CESPHN, assisting in the development of the new version of the InnoWell Care platform.
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: 30/06/2022  <b>If applicable</b> , provide anticipated service delivery start and completion dates ( <b>excluding</b> the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2022  Any other relevant milestones?

	All 5 headspace Centres in the region to have Innowell Care implemented by 30/06/2019
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</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 the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>No</p>

MH 7.4 Central intake

Proposed Activities	
Mental Health Priority Area	Priority area 7: Stepped care approach
ACTIVITY TITLE	<b>MH 7.5 Central intake for mental health services commissioned by the PHN to ensure a stepped care approach</b>
Existing, Modified, or New Activity	Existing Activity  3.2 Provide a central intake service for mental health services commissioned by the PHN to ensure a stepped care approach
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number: 8</b> <b>Priority Title:</b> Stepped care <b>Needs Assessment page reference:</b> 85 <b>Identified as possible option:</b> Yes.
Aim of Activity	Provide a central intake service for mental health services commissioned by the PHN to ensure people with mental illness are receiving the right service within a stepped care approach
Description of Activity	Continue to provide a central intake service for mental health services commissioned by the PHN, in particular PSS, PICs, SPconnect, NPS to ensure a stepped care approach. The expected outcomes are: <ul style="list-style-type: none"> <li>• Referrals to Central Intake are triaged and allocated to the appropriate commissioned services</li> <li>• Ensure stepped care approach via matching client need to service intensity.</li> </ul>
Target population cohort	GPs, LHDs, SHNs, and community referrers to CESPHN commissioned mental health services. Mental health service providers and GPs and practices in CESPHN region
Indigenous specific	No
Coverage	CESPHN region
Consultation	Consultation occurred through co-design and ongoing consultation with GPs, psychologists, MH clinicians, LHD/Ns, CMOs, the Blackdog Institute, consumers and carers
Collaboration	Collaboration with consumers, carers, RACFs, LHDs, CMOs and service providers in the design of the service model. Collaboration with GPs, other PHNs, The Redbourne Group, service providers to implement a central intake function.
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates <b>(including the planning and procurement cycle)</b> : Activity start date: 1/07/2019 Activity end date: 30/06/2022  <b>If applicable</b> , provide anticipated service delivery start and completion dates <b>(excluding the planning and procurement cycle)</b> : Service delivery start date: July 2019 Service delivery end date: June 2022  Any other relevant milestones? Ongoing quality improvement initiatives are implemented to meet the needs of current and any newly commissioned services.

<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <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</li> <li><input type="checkbox"/> Open tender</li> <li><input type="checkbox"/> Expression of Interest (EOI)</li> <li><input checked="" type="checkbox"/> Other approach (please provide details) This service is provided by an intake team employed by CESP HN</li> </ul> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>No</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No</p>



MH 8.1 Develop a regional mental health and suicide prevention plan

Proposed Activities	
Mental Health Priority Area	Priority area 8: Regional mental health and suicide prevention plan
ACTIVITY TITLE	<b>MH 8.1 Develop a regional mental health and suicide prevention plan</b>
Existing, Modified, or New Activity	Modified Activity 8.1 Develop a regional mental health and suicide prevention plan
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	N/A
Aim of Activity	Develop an evidence based Regional Mental Health and Suicide Prevention Plan, in collaboration with LHDs, LHNs and other stakeholders
Description of Activity	The Regional plan will support the integrated delivery of mental health and suicide prevention services within the community by identifying needs and gaps, and aiming to reduce duplication, remove inefficiencies, and encouraging innovation.  The expected outcome is an evidence based Regional Mental Health and Suicide Prevention Plan that can be used to support the integrated delivery of mental health and suicide prevention services.
Target population cohort	CESPHN region
Indigenous specific	No
Coverage	CESPHN region
Consultation	Consultation with the Mental Health and Suicide Prevention Advisory Committee including LHDs, SHNs, CMOs, ACHOs, Consumers, Carers, community members and Peak sector organisations and with CESPHN Clinical and Community Councils and Member Chairs.
Collaboration	Collaboration with SESLHD, SLHD, SVHS, SCHN, Being, NSW MHCC, NSW Mental Health & Carers, CESPHN Mental Health & Suicide Prevention Advisory Committee and CESPHN Primary Care Partnerships Committee in the development of the regional plan. Partnership with these stakeholders will support the implementation of the plan.
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: 30/06/2022  <b>If applicable</b> , provide anticipated service delivery start and completion dates ( <b>excluding</b> the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2022  Any other relevant milestones? Regional Foundation plan developed by September 2019. Implementation Plan developed by June 2020
Commissioning method and	1. Please identify your intended procurement approach for commissioning services under this activity: <input type="checkbox"/> Not yet known

<p>approach to market</p>	<p> <input type="checkbox"/> Continuing service provider / contract extension  <input type="checkbox"/> Direct engagement  <input type="checkbox"/> Open tender  <input type="checkbox"/> Expression of Interest (EOI)  <input checked="" type="checkbox"/> Other approach (please provide details) Operational strategy not a commissioned activity </p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the 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> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>No</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No</p>

MH 9.1 Commission a Primary and Community Health and Wellbeing Coordinator role

Proposed Activities	
Mental Health Priority Area	Priority 9: Norfolk Island
ACTIVITY TITLE	<b>MH 9.1 Commission a Primary and Community Health and Wellbeing Coordinator role</b>
Existing, Modified, or New Activity	Existing Activity NIMHSP 2.1 Commission a Primary and Community Health and Wellbeing Coordinator role
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number:</b> 33 <b>Priority Title:</b> Rural and Remote – Lord Howe and Norfolk Islands <b>Needs Assessment page reference:</b> p. 98 <b>Identified as possible option:</b> Yes.
Aim of Activity	To increase health and wellbeing promotional activities that meet the needs of the Norfolk Island community including, but not limited to, mental health, chronic disease management, drug and alcohol use and comorbidities
Description of Activity	Continue to commission a Coordinator role to implement a whole of community approach to health and wellbeing. The Coordinator has been working closely with local community groups, team members within NIHRACS and other local stakeholders on island such as the Council (Mayor), police, school, St John’s Ambulance. The close liaison with the general practice has enabled a plan to address the health needs that are presenting to the practice to raise awareness amongst community members.  The role assists all stakeholders to build community resilience through increasing health literacy, coordinating health promotion activities relevant to the Norfolk Island population as identified in collaboration with the GP Practice on island. This includes, but will not be limited to, health literacy around chronic disease, mental health, impacts of drug and alcohol misuse, aged care, immunisation, My Health Record.
Target population cohort	Norfolk Island Community
Indigenous specific	No
Coverage	Norfolk Island
Consultation	NIHRACS, SESLHD, Norfolk Island Community and Consultative Committee, Mental Health Awareness Group (on Island), Women’s Advocacy Group of Norfolk Island (WAGNI), Care Norfolk, community groups
Collaboration	NIHRACS, SESLHD, Norfolk Island Community and Consultative Committee, Mental Health Awareness Group (on Island), Women’s Advocacy Group of Norfolk Island (WAGNI), Care Norfolk, community groups in the implementation of this service
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates ( <b>including</b> the planning and procurement cycle): Activity start date: 1/04/2019 Activity end date: 30/06/2020  <b>If applicable</b> , provide anticipated service delivery start and completion dates ( <b>excluding</b> the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2022

	<p>Any other relevant milestones? CESPHN will meet quarterly with service providers to review progress including qualitative and quantitative data.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not yet known</li> <li><input checked="" type="checkbox"/> Continuing service provider / contract extension</li> <li><input type="checkbox"/> Direct engagement</li> <li><input type="checkbox"/> Open tender</li> <li><input type="checkbox"/> Expression of Interest (EOI)</li> <li><input type="checkbox"/> Other approach (please provide details)</li> </ul> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the 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> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	No
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No</p>

MH 9.2 Commission appropriate mental health psychological therapies and/or counselling services for children, young people and their families

Proposed Activities	
Mental Health Priority Area	Priority 9: Norfolk Island
ACTIVITY TITLE	<b>MH 9.2 Commission appropriate mental health psychological therapies and/or counselling services for children, young people and their families</b>
Existing, Modified, or New Activity	Existing Activity NIMHSP 2.2 Commission appropriate mental health psychological therapies and/or counselling services for children and young people.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<b>Priority Number:</b> 33 <b>Priority Title:</b> Rural and Remote – Lord Howe and Norfolk Islands <b>Needs Assessment page reference:</b> p. 98 <b>Identified as possible option:</b> Yes.
Aim of Activity	To deliver a range of appropriate psychological therapies and counselling services for children, young people and their families on Norfolk Island.
Description of Activity	Continue to commission a child, youth and family clinical role to deliver appropriate mental health psychological therapies and/or counselling services for children, young people and their families on Norfolk Island. This role complements the mental health counsellor whose main focus is working with adults.
Target population cohort	Norfolk Island Community
Indigenous specific	No
Coverage	Norfolk Island
Consultation	Consultation with NIHRACS, SESLHD, Norfolk Island Community and Consultative Committee, Mental Health Awareness Group (on Island), Women’s Advocacy Group of Norfolk Island (WAGNI), Care Norfolk, community groups
Collaboration	Collaboration with NIHRACS, SESLHD, Norfolk Island Community and Consultative Committee, Mental Health Awareness Group (on Island), Women’s Advocacy Group of Norfolk Island (WAGNI), Care Norfolk, community groups in the implementation of this service
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: 30/06/2022  <b>If applicable</b> , provide anticipated service delivery start and completion dates ( <b>excluding</b> the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2022 Any other relevant milestones? CESPHN will meet quarterly with service providers to review progress including qualitative and quantitative data.
Commissioning method and	1. Please identify your intended procurement approach for commissioning services under this activity:

<p>approach to market</p>	<p> <input type="checkbox"/> Not yet known  <input checked="" type="checkbox"/> Continuing service provider / contract extension  <input type="checkbox"/> Direct engagement  <input type="checkbox"/> Open tender  <input type="checkbox"/> Expression of Interest (EOI)  <input type="checkbox"/> Other approach (please provide details) </p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the 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> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>No</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>