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MH-MH 1.3-MH Support in response to Bondi Incident – National and State approaches to support the Jewish Community

Funding Schedule

Primary Mental Health Care

New Activity

Program Key Priority Area

Mental Health Priority Area 1: Low intensity mental health services

Activity Aim

To increase access to community wellbeing support services, including mental health and wellbeing supports by providing national short-term grant funding targeted at the Jewish community impacted by the Bondi Beach attack. Activities will focus on strengthening community connection, safety and emotional recovery.

Description of Activity

Funding has been allocated across Australia to PHNs in each state and territory based on the ABS 2021 Census data identifying the locations of Jewish communities. CESPHN has contracted a lead PHN in each state and territory to commission activities with organisations connected to Jewish communities, with the aim of strengthening community connection, safety, and emotional recovery. CESPHN is the lead for this work in NSW/ACT and has consulted with these PHNs to deliver two phases of commissioning. Phase 1 involved direct engagement with Jewish Care and Jewish House, who will deliver a range of activities including trauma informed psychological therapies, group programs, and community events designed to support emotional recovery.

Phase 2 statewide grant opportunities across NSW and the ACT. These include:

- Small grants (up to \$400k excl. GST to June 27)
- Grassroots grants (up to \$25k excl. GST to June 27)

Funded activities will focus on strengthening community connection and mental wellbeing, building resilience and social cohesion, and supporting recovery so that people feel safe, supported, and better able to manage emotional distress.

CESPHN will contract with NSW/ACT PHNs to manage relevant small grants where the service provider is located in their region. This approach supports local relationship-building, capacity development, and identification of community needs. CESPHN will manage the grassroots grants and will collate information for reporting.

Needs Assessment Priorities

Priority	Page reference
Stepped Care	33
Health and Wellbeing of people from multicultural communities	39

Activity Demographics

Target Population

Jewish communities impacted by the Bondi Beach attack across Australia

Activity Consultation and Collaboration

Department of Health, Disability and Ageing, Lead PHNs Nationally, SEMPHN, BSPHN, NTPHN, ACTPHN, TASP HN, APHN, WAPHA and NSW PHNs, NCPHN, HNECCPHN, WNSWPHN, SENSWPHN, WSPHN, SWSPHN, MPH N, NSPHN, NBMPHN.

Activity Milestone Details/Duration

Activity Start Date	05/01/2026
Activity End Date	30/06/2027
Service Delivery Start Date	09/02/2026
Service Delivery End Date	30/06/2027

Activity Commissioning

Direct Engagement

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	Yes
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	While CESP HN will run the grant EOI process, CESP HN may provide funding to selected NSW/ACT PHNs who will commission the successful activities in their own regions.

MH-Other 1.1-MH Support in response to Bondi Incident – Bondi Medicare Mental Health Centre

Funding Schedule

Primary Mental Health Care

New Activity

Program Key Priority Area

Medicare Mental Health Centres

Activity Aim

To provide access to a Medicare Mental Health service to those impacted by the Bondi Beach attack by rapidly commissioning a Medicare Mental Health Centre at Bondi aligned to the National service model for Medicare Mental Health Centres and providing an integrated trauma response.

Description of Activity

The Bondi Medicare Mental Health service has been established to initially address the unique needs arising from the Bondi Beach attack. This includes providing an integrated trauma response comprising immediate psychological first aid, crisis intervention, and pathways for ongoing support. Services will focus on promoting emotional stabilisation, resilience, and recovery, while coordinating with other services to restore wellbeing. The Centre is currently co-located with the Junction Neighbourhood Centre in Bondi Junction, while the provider identifies and fits out a suitable accessible location, to provide high quality, evidence-based treatment, information and support to adults who may be experiencing distress or mental ill health. The service will remain located in Bondi Junction, providing a highly visible and accessible entry point to services where all feel safe and welcomed.

Needs Assessment Priorities

Priority	Page reference
Stepped Care	33

Activity Demographics

Target Population

Adults within the eastern suburbs of the CESPHE region

Activity Consultation and Collaboration

Consultation occurred with South Eastern Sydney LHD, Jewish Care, Jewish House, Lifeline, Junction Neighbourhood Centre, Waverley Council, and the Provider plans engagement to consult with people with lived experience of mental health and carers to ensure the model of care meets the needs of the community and ensures culturally safe responses to needs.

Activity Milestone Details/Duration

Activity Start Date	13/01/2026
Activity End Date	30/06/2027
Service Delivery Start Date	27/01/2026
Service Delivery End Date	30/06/2027

Activity Commissioning

Expression Of Interest (EOI)

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	N/A

MH-2.1-2.1 Mental health services for young people supporting a stepped care approach

Funding Schedule

Primary Mental Health Care

Modified Activity

Program Key Priority Area

Mental Health Priority Area 2: Child and youth mental health services

Activity Aim

Increase access and care pathways for young people experiencing or at risk of mild to moderate mental illness

Description of Activity

This activity builds on the established headspace infrastructure. The five headspace Centres in the CESP HN region will continue to operate keeping the hNO Model Integrity Framework as their core model.

headspace Ashfield is currently re-locating to a new larger location; headspace Bondi Junction and Miranda will be re-locating over the next 12 months, demand management funds have been allocated as described in the headspace Demand Management AWP and Enhancement funding has been applied to all five (5) centres as outlined in the Bilateral Agreement AWP.

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.

In response to the Bondi Beach attack headspace Bondi Junction will expand services by increasing clinical staff and gradually extending opening hours to 7.30pm 5 days per week, 8.30 – 1pm on Saturday and will open a SafeHaven for young people from 6.30pm - 9.30pm 7 nights per week. This will be a pilot project, and a research assistant will gather data to evaluate the effectiveness.

Needs Assessment Priorities

Priority	Page reference
Stepped Care	33
Child and youth mental health services	34

Activity Demographics

Target Population

Young people aged 12-25 years in the CESP HN region

Activity Consultation and Collaboration

Consultation with headspace National Office, headspace Lead Agencies and headspace teams

Activity Milestone Details/Duration

Activity Start Date	30/06/2019
Activity End Date	29/06/2028

Activity Commissioning

Is this activity being co-designed?	N/A
Is this activity the result of a previous co-design process?	N/A
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	N/A
Has this activity previously been co-commissioned or joint-commissioned?	N/A
Decommissioning	N/A
Decommissioning details	N/A
Co-design or co-commissioning comments	N/A

MH-3.1-3.1 Psychological therapies for underserviced and/or hard to reach groups

Funding Schedule

Primary Mental Health Care

Modified Activity

Program Key Priority Area

Mental Health Priority Area 3: Psychological therapies for rural and remote, under-serviced and/or hard to reach populations

Activity Aim

Increase access to a range of applied psychological therapies for people from under-serviced or hard to reach populations, and people impacted by recent natural disasters (bushfires and floods).

Description of Activity

Continue to commission and provide access to a range of applied psychological therapies for people from underserviced and or hard to reach populations, including children and young people, people at risk of suicide, and people impacted by natural disasters or traumatic events, including the Bondi Beach attack where referrals will be prioritised, and people from multicultural backgrounds. Provisional referral pathways are incorporated. This program has undergone an evaluation process resulting in program modifications to better meet the needs of the community and streamline referral processes. Aspects of this activity will be incorporated into Activity 4.2 - Integrated Mental Health Hubs. The expected outcome is increased access to psychological therapies for underserviced or hard to reach populations.

CESPHN's Client Information Management system enables the monitoring of the client journey to ensure continuity of care.

Needs Assessment Priorities

Priority	Page reference
Psychological therapies for priority populations	34

Activity Demographics

Target Population

Multicultural communities, underserved areas, women experiencing perinatal depression, children and young people, people at risk of suicide, people who identify as LGBTIQ and people impacted by natural disasters or traumatic events.

Activity Consultation and Collaboration

Consultation occurred through co-design and ongoing consultation with GPs, Psychologists, MH clinicians, LHDs, CMOs, consumers and carers and relevant advisory groups.

Activity Milestone Details/Duration

Activity Start Date	30/06/2019
Activity End Date	29/06/2027

Activity Commissioning

Continuing Service Provider / Contract Extension

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	Co-design was undertaken in 2016 through a facilitated process of engagement with service providers, people with lived experience, carers and LHD representation. A further evaluation and co-design were undertaken in 2022/23 resulting in the commissioning of a reduced number of Provider organisations from 1 July 2023 to better streamline access to care. The Integrated Hub co-design has highlighted that some cohorts, such as children, will need to have access to PSS services.

MH-1.4-MH Support in response to Bondi Incident – Service Navigation

Funding Schedule

Primary Mental Health Care

New Activity

Program Key Priority Area

Mental Health Priority Area 1: Low intensity mental health services

Activity Aim

To increase access to health and social service navigation for communities impacted by the Bondi Beach Attack

Description of Activity

In response to the recent tragic events at Bondi, CESP HN is committed to supporting the mental health and wellbeing of our community. To assist general practices in managing increased psychosocial needs, CESP HN has commissioned short-term social work support to selected larger general practices in Bondi and surrounding suburbs. The social worker provides practical and emotional support to patients impacted by the Bondi incident, as well as assisting in service navigation for patients attending practices who require ongoing referrals and additional support in accessing community services.

Needs Assessment Priorities

Priority	Page reference
Stepped care	33
Severe and complex mental illness	34
Low intensity mental health services	33
Psychological therapies for priority populations	34

Activity Demographics

Target Population

Community members impacted by the Bondi Beach attack accessing select general practices in the Bondi region.

Activity Consultation and Collaboration

Consulted with local GPs in Bondi to understand the requirements

Activity Milestone Details/Duration

Activity Start Date	17/02/2026
Activity End Date	30/06/2027
Service Delivery Start Date	02/03/2026
Service Delivery End Date	30/06/2027

Activity Commissioning

Expression Of Interest (EOI)

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	N/A

MH-1.2-Low intensity services for people affected by the Israel/Gaza conflict

Funding Schedule

Primary Mental Health Care

Modified Activity

Program Key Priority Area

Mental Health Priority Area 1: Low intensity mental health services

Activity Aim

Support communities impacted by the Israel/Gaza conflict, in particular the Jewish/Israeli and the Palestinian/Muslim/Christian communities across the regions of CESP HN, SWSPHN, WSPHN and SNPHN.

Description of Activity

CESPHN is the lead agency and fundholder in a collaborative approach to this activity with SWSPHN, WSPHN and SNPHN. Together we have engaged two mental health response coordinators, one working in CESP HN and covering SNPHN and the other working across SWSPHN and WSPHN. The response coordinators have met with key stakeholders to better understand the needs of the affected communities, the resources they require, and how to ensure a system that can provide effective support and navigation.

This activity has implemented a small grants approach aimed at funding community organisations to build , resilience and social connectedness within their communities and assist with the loss, anxiety, and elevated levels of distress. Furthermore, training opportunities for current mental health services providers will be rolled out to ensure an understanding of cultural trauma informed care, forced migration issues, and vicarious trauma.

A community of practice (CoP) has been established with participation from all service providers to provide a system of support and ongoing professional development. The CoP aim to provide mentoring to build the capacity of less experienced service providers and identify and develop opportunities towards ongoing sustainability.

The expected outcome is the delivery of projects and programs that will increase mental health literacy, encourage proactive help seeking, reduce isolation and stigma and enhance the ability of local services to provide culturally informed care.

Needs Assessment Priorities

Priority	Page reference
Low intensity mental health	33
Health and wellbeing of people from multicultural communities	39

Activity Demographics

Target Population

Communities impacted by the Israel/Gaza conflict and in particular the Palestinian/Muslim/Christian communities across CESP HN, SWSPHN and WSPHN and the Jewish/Israeli communities across CESP HN and SNPHN

Activity Consultation and Collaboration

SWSPHN, WSPHN, SNPHN, LHDs across these 4 regions and community organisations that specifically work with impacted communities, STARTTS, Transcultural Mental Health

Activity Milestone Details/Duration

Activity Start Date	04/02/2024
Activity End Date	30/06/2026
Service Delivery Start Date	01/07/2024
Service Delivery End Date	30/06/2026

Activity Commissioning

Direct Engagement

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	Yes
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	The 4 collaborating PHNs released one small grants EOI opportunity funded from pooled funding received by CESP HN. Pooled funds will also be used to roll out service provider training

MH-1.1-Low intensity services for people experiencing mild/moderate mental illness

Funding Schedule

Primary Mental Health Care

Existing Activity

Program Key Priority Area

Mental Health Priority Area 1: Low intensity mental health services

Activity Aim

Increase access to low intensity mental health services for people experiencing mild forms of mental illness

Description of Activity

Continue to commission low intensity services in the CESP HN region for people experiencing mild forms of mental illness. The low intensity service to be delivered will be coaching - delivered face to face, online and via telephone. Coaches operate from various locations across the region that support community access.

The expected outcome is increased access to low intensity services available for people experiencing mild forms of mental illness in the region.

Needs Assessment Priorities

Priority	Page reference
Low intensity mental health services	33

Activity Demographics

Target Population

People including the multicultural community experiencing mild forms of mental illness in the CESP HN region

Activity Consultation and Collaboration

Consultation with multicultural consumers, GPs, SESLHD and SLHD, academic and research institutions and the CESP HN Mental Health and Suicide Prevention Advisory Committee (MHSPAC) regarding best practice low intensity models

Activity Milestone Details/Duration

Activity Start Date	30/06/2019
Activity End Date	30/06/2026

Activity Commissioning

Continuing Service Provider / Contract Extension

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	N/A

MH-2.2-Early intervention model services for young people with or at risk of severe mental illness

Funding Schedule

Primary Mental Health Care

Existing Activity

Program Key Priority Area

Mental Health Priority Area 2: Child and youth mental health services

Activity Aim

Increase access to appropriate services for young people experiencing or at risk of severe mental illness.

Description of Activity

Continue to commission SLHD and SESLHD to 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.

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.

With the changes included in the Commonwealth/NSW Bilateral agreement CESPAN engaged Orygen to undertake a consultation process to better understand the needs and gaps across youth services in the region. The resultant recommendations have been discussed with the SLHD and SESLHD Teams and changes have been negotiated for implementation from 1 July 2024.

Needs Assessment Priorities

Priority	Page reference
Child and youth mental health services	34

Activity Demographics

Target Population

Young people aged 12-25 years in the CESP HN region

Activity Consultation and Collaboration

SESLHD, SLHD, SVHN, SCHN, Orygen Centre of Excellence for Youth Mental Health, headspace Lead Agencies and headspace teams, youth services, headspace Youth Reference Group representatives, local government councils, Community Managed Organisations, GPs, Aboriginal Community Controlled Organisations.

Activity Milestone Details/Duration

Activity Start Date	30/06/2019
Activity End Date	29/06/2027

Activity Commissioning

Continuing Service Provider / Contract Extension

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	Co-design was undertaken in 2016 with LHDs and headspace centre teams including headspace youth reference groups. A further consultation was undertaken in late 2023 by Orygen on behalf of CESP HN to better understand the needs of young people and youth mental health service gaps. The aim was to inform future service modifications, particularly in light of the support to be provided under the Bilateral Agreement from both the Commonwealth and the NSW Government.

MH-3.2-Psychological services for aged care facility residents

Funding Schedule

Primary Mental Health Care

Modified Activity

Program Key Priority Area

Mental Health Priority Area 3: Psychological therapies for rural and remote, under-serviced and/or hard to reach populations

Activity Aim

Increase access to a range of applied psychological therapies for residents of RACFs, and support capacity building of RACFs staff to support the emotional wellbeing of their residents.

Description of Activity

Commission and provide access to a range of applied psychological therapies for residents of aged care facilities, including support for capacity building for RACF staff to better understand mental illness and what is needed to support the emotional wellbeing of their residents.

The expected outcome is increased access to psychological therapies for residents of RACFs and RACF staff are better able to recognise and support emotional wellbeing.

This program is currently being evaluated, and any recommendations will be discussed with the Provider for implementation.

Continuity of care will be monitored by using the Provider's client management system and CESPAN will discuss the progress of this in quarterly contract meetings.

Needs Assessment Priorities

Priority	Page reference
Psychological therapies for priority populations	34

Activity Demographics

Target Population

Residents of aged care facilities who are experiencing mild to moderate mental illness or who may be at risk of developing a mental health issue if they do not receive a service within the next 12 months.

Activity Consultation and Collaboration

Consultation occurred through co-design and ongoing consultation with GPs, Psychologists, MH clinicians, LHDs, CMOs, RACFS, consumers and carers.

Activity Milestone Details/Duration

Activity Start Date	30/08/2020
Activity End Date	29/06/2027

Activity Commissioning

Continuing Service Provider / Contract Extension

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	Co-design was undertaken in November/December 2019 through a facilitated process of engagement with service providers, GPs, people with lived experience, carers, RACFs and LHD representation.

MH-4.1-Services to address the health needs of people who experience severe and complex mental illness

Funding Schedule

Primary Mental Health Care

Modified Activity

Program Key Priority Area

Mental Health Priority Area 4: Mental health services for people with severe and complex mental illness including care packages

Activity Aim

Increase access to clinical mental health services including psychiatry, 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 expand access options 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.

The expected outcome is an increase in evidence based primary health care service provision to people experiencing severe and complex mental illness.

Aspects of this activity will be incorporated into the Integrated Hubs (Activity 4.2) in 2026/27.

CESPHN's Client Information Management system enables the monitoring of the client journey to ensure continuity of care.

Needs Assessment Priorities

Priority	Page reference
Severe and complex mental illness	34

Activity Demographics

Target Population

People experiencing severe and complex mental illness in the CESP HN region

Activity Consultation and Collaboration

Consultations with consumers, carers, GPs, Allied Health Professionals, ACMHN, LHDs, SHNs, CMOs, Peaks, research /academic institute and other mental health professionals.

Activity Milestone Details/Duration

Activity Start Date	30/06/2019
Activity End Date	29/06/2026

Activity Commissioning

Continuing Service Provider / Contract Extension

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	A co-design process was held in 2017 to re-design the MHNiP program to better support people experiencing severe mental illness. This included mental health nurses, GPs, psychiatrists, people with lived experience and family/carers, LHDs, CMOs, pharmacists and Peak bodies

MH-4.2-Integrated mental health hubs

Funding Schedule

Primary Mental Health Care

New Activity

Program Key Priority Area

Mental Health Priority Area 4: Mental health services for people with severe and complex mental illness including care packages

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

Activity Aim

To re-purpose flexible mental health funding to commission two new Integrated Mental Health Hubs, whose service model aims to streamline referral pathways and deliver a more seamless care journey for individuals with complex or evolving mental health needs by offering diverse care types within a single, integrated service.

Description of Activity

The Integrated Mental Health Hubs will deliver multidisciplinary, trauma-informed care through a single, accessible service. Co-designed with the community - including lived/living experience, multicultural and First Nations voices - the Hubs offer therapy, clinical care coordination, education, and outreach. Expected outcomes include improved access, continuity, cultural safety, reduced fragmentation, and measurable improvements in wellbeing and recovery.

Needs Assessment Priorities

Priority	Page reference
Psychological therapies for priority populations	34
Severe and complex mental illness	34
Stepped care	33

Activity Demographics

Target Population

People 16 years and over

Activity Consultation and Collaboration

Community members, general practitioners, service providers, Aboriginal Health and Mental Health Advisory Committees, LHDs/SHNs, Multicultural organisations and people with lived/living experience.

Activity Milestone Details/Duration

Activity Start Date	01/10/2025
Activity End Date	30/06/2027
Service Delivery Start Date	
Service Delivery End Date	
Other Relevant Milestones	

Activity Commissioning

Open Tender

Is this activity being co-designed?	Yes
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	An initial co-design activity was undertaken in 2022 to develop the service model incorporating an analysis of available elevation findings of other service models to explore what worked well. During May and June 2025 CESP HN hosted co-design workshops to validate and finalise the service model to ensure that it is consistent with the community's needs and goals.

MH-5.2-Suicide prevention activities including Indigenous specific initiatives

Funding Schedule

Primary Mental Health Care

Modified Activity

Program Key Priority Area

Mental Health Priority Area 5: Community based suicide prevention activities

Activity Aim

Provide support services for people who have attempted suicide or experienced a suicidal crisis and provide support and connection to and within Aboriginal communities in a culturally safe way, focused on suicide prevention and best practice.

Description of Activity

Support the commissioning of a service that provides support for people who have attempted suicide or experienced a suicidal crisis. This activity includes commissioning an approach to support First Nations people experiencing suicidality by engaging a range of structures and organisations, individuals and family groups, who all have a supporting role to play.

The expected outcomes are a reduction in the incidence of suicide and suicide attempts after discharge across the CESP HN region, and improved access to suicide prevention support through primary health care.

Needs Assessment Priorities

Priority	Page reference
Suicide Prevention	34

Activity Demographics

Target Population

People of all ages who have attempted suicide or experienced a suicidal crisis

Activity Consultation and Collaboration

Consultation with CESPHE's Mental Health and Suicide Prevention Advisory Group, LHD/Ns and ACCOs.

Activity Milestone Details/Duration

Activity Start Date	30/06/2019
Activity End Date	30/06/2027

Activity Commissioning

Continuing Service Provider / Contract Extension

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	A component of this activity was co-designed with Aboriginal elders, community members and Aboriginal Community Controlled Organisations

MH-5.3-Targeted Regional Suicide Prevention Initiatives

Funding Schedule

Primary Mental Health Care

Existing Activity

Program Key Priority Area

Mental Health Priority Area 5: Community based suicide prevention activities

Activity Aim

To adopt a community-led and systems-based approach to suicide prevention targeting populations identified at risk of suicide or suicidal distress in the CESP HN region.

Description of Activity

In partnership with regional partners and people with a lived experience CESP HN has commissioned activities and training packages to meet local needs to

1. improve care coordination and service pathways for people at risk of or bereaved by suicide
2. identify and respond early to distress for those at risk in the CESP HN community
3. provide support via multiple channels to meet community needs.
4. build the capacity and capability of the local workforce to respond to suicide and distress and link people with appropriate supports and services.
5. provide peer support and mentorship programs for people at risk or impacted by suicide
6. undertake data analytics and research using data in the Suicide and Self Harm Monitoring System and make the analysis available for use by planners and service providers.

To support this work CESP HN recruited a Suicide Prevention Regional Response Coordinator who coordinates and integrates early intervention and suicide prevention activities across the region.

The expected outcomes are an improved understanding and capacity to respond to people in distress, better coordination of care resulting in early access to suicide prevention supports for those at risk of and those bereaved by suicide.

Needs Assessment Priorities

Priority	Page reference
Suicide Prevention	34

Activity Demographics

Target Population

People of all ages identified at risk of suicide or suicidal distress, their families, carers and the community and primary care workforce in the CESP HN region.

Activity Consultation and Collaboration

Consultation with CESP HN's Regional Planning partners (Includes LHDs, SHNs, consumer and care peak bodies, lived experience representatives, community managed organisations), NGOs, ACCOs, local councils.

Activity Milestone Details/Duration

Activity Start Date	31/12/2022
Activity End Date	29/06/2026

Activity Commissioning

Not Yet Known

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	It is unknown as yet whether any services commissioned will be co-designed or co-commissioned.

MH-6.1-Health and emotional wellbeing of Aboriginal young people and their families/carers

Funding Schedule

Primary Mental Health Care

Existing Activity

Program Key Priority Area

Mental Health Priority Area 6: Aboriginal and Torres Strait Islander mental health services

Activity Aim

Increase awareness of health and wellbeing and access to culturally appropriate support services, including headspace, for Aboriginal and/or Torres Strait Islander young people

Description of Activity

Continue to commission Aboriginal Community Controlled Organisations and CMOs to address the health and emotional wellbeing of Aboriginal and/or Torres Strait Islander young people and their families/carers.

The expected outcome is that services address the health and wellbeing needs of the Aboriginal and/or Torres Strait Islander young peoples and their families/carers

Needs Assessment Priorities

Priority	Page reference
Aboriginal and Torres Strait Islander peoples' health and wellbeing	38

Activity Demographics

Target Population

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).

Activity Consultation and Collaboration

Consultations held with stakeholders, community and Aboriginal young people and their families/carers

Activity Milestone Details/Duration

Activity Start Date	30/06/2019
Activity End Date	30/06/2026

Activity Commissioning

Continuing Service Provider / Contract Extension

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	This activity was designed with the Aboriginal communities including elders, community member and young people to develop a model of care to meet the needs of Aboriginal young people and their families and carers. Participants included AMS Redfern, La Perouse Local Aboriginal Land Council, La Perouse Youth Haven, South Eastern Sydney LHD, Department of Education, Tribal Warrior, local community youth, WEAVE, Babana Aboriginal, 3Bridges Community and headspace Ashfield and Bondi Junction.

MH-6.2-Aboriginal and Torres Strait Mental Health Services - psychological therapies

Funding Schedule

Primary Mental Health Care

Existing Activity

Program Key Priority Area

Mental Health Priority Area 6: Aboriginal and Torres Strait Islander mental health services

Activity Aim

Increase access for Aboriginal and/or Torres Strait Islander peoples to culturally appropriate Applied Psychological Therapies.

Description of Activity

Continue to commission and provide culturally appropriate psychological therapy services to Aboriginal and Torres Strait Islander people. Provisional referral pathways are incorporated.

The expected outcome is to increase access to psychosocial therapies for Aboriginal and/or Torres Strait Islander people in the CESP HN region.

Needs Assessment Priorities

Priority	Page reference
Aboriginal and Torres Strait Islander peoples' health and wellbeing	38

Activity Demographics

Target Population

Aboriginal and/or Torres Strait Islander peoples in the CESP HN region

Activity Consultation and Collaboration

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.

Activity Milestone Details/Duration

Activity Start Date	30/06/2019
Activity End Date	30/06/2026

Activity Commissioning

Continuing Service Provider / Contract Extension

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	Co-design was undertaken in 2016 through a facilitated process of engagement with service providers, people with lived experience, carers and LHD representation. A separate session was held with Aboriginal elders and community members facilitated by an Aboriginal consultant.

MH-7.1-Stepped care approach to health and wellbeing

Funding Schedule

Primary Mental Health Care

Existing Activity

Program Key Priority Area

Mental Health Priority Area 7: Stepped care approach

Activity Aim

Promote a stepped care approach and support the CESP HN primary care workforce to meet the needs of the community

Description of Activity

This activity promotes and supports a stepped care approach to the CESP HN community and provides access to training and development initiatives for the primary care and mental health workforce including:

- Co-occurring mental health and substance use
- multicultural cultural awareness and training in trauma informed practice
- Aboriginal cultural awareness
- Children and young people
- Personality disorders
- E-mental health interventions
- Mindfulness for multicultural communities

The expected outcomes are:

- clear and accessible pathways to care for people with mental health concerns at all levels of intensity/acuity
- skilled workforce to provide services to meet the needs of communities
- Ensuring a stepped care approach via matching client need to service intensity.

Needs Assessment Priorities

Priority	Page reference
Stepped Care	33
Workforce development	33

Activity Demographics

Target Population

Mental health primary care workforce, service providers, GPs and general practices in the CESPAN region

Activity Consultation and Collaboration

Consultation with GPs, CMOs, service providers, LHDs, SHNs, Black Dog Institute, Clinical Research Unit for Anxiety & Depression at St Vincent's Hospital Network, University of Melbourne, consumers and carers

Activity Milestone Details/Duration

Activity Start Date	30/06/2019
Activity End Date	29/06/2027

Activity Commissioning

Other Approach (please provide details)

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	N/A

MH-7.2-Central intake for PHN commissioned mental health services to ensure a stepped care approach

Funding Schedule

Primary Mental Health Care

Existing Activity

Program Key Priority Area

Mental Health Priority Area 7: Stepped care approach

Activity Aim

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, The Way Back Support Service, NPS to ensure a stepped care approach.

The expected outcomes are:

- Referrals to Central Intake are triaged and allocated to the appropriate commissioned services
- Ensure stepped care approach via matching client need to service intensity
- Implementation of Initial Assessment and Referral (IAR) Processes.

This Activity will incorporate the function of the NSW Future State Head to Health Phone Line Referral Spoke. CESP HN will implement a staged approach, using change management principles, to encourage referrers, including GPs, to use the intake and assessment phone service to refer their clients/patients to appropriate care. This approach will consider the new eReferral form being developed by NWMPHN via HealthLink to ensure referrals from GPs can be streamlined via their own software systems. The aim of this process is to have the assessment and referral phone service as the entry point for access to mental health services in the CESP HN region.

Needs Assessment Priorities

Priority	Page reference
Stepped Care	33

Activity Demographics

Target Population

GPs, LHDs, SHNs, and community referrers to CESP HN commissioned mental health services. Mental health service providers and GPs and practices in the CESP HN region

Activity Consultation and Collaboration

Consultation occurred through co-design and ongoing consultation with GPs, psychologists, MH clinicians, LHD/Ns, CMOs, University of Melbourne, consumers and carers

Activity Milestone Details/Duration

Activity Start Date	30/06/2019
Activity End Date	30/06/2027

Activity Commissioning

Other Approach (please provide details)

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	Co-design was undertaken in 2016 through a facilitated process of engagement with service providers, people with lived experience, carers and LHD representation.

MH-H2H-7.3-Medicare mental health National Intake and Assessment Phone Service

Funding Schedule

Primary Mental Health Care

Existing Activity

Program Key Priority Area

Mental Health Priority Area 7: Stepped care approach

Activity Aim

To deliver, in collaboration with other NSW PHNs, the Medicare head to health assessment and referral phone service as an entry point for accessing mental health services in each collaborating PHN region. This is based on the NSW PHN Future State model of a central Intake and Assessment Hub with a Referral Spoke at each of the participating NSW PHNs (8 in all).

Description of Activity

This activity was co-commissioned and implemented by 8 of the NSW PHNs with the set-up of the Head to Health Pop up clinics in September 2021 with North Coast PHN (NCPHN) being the Lead Agency and fund holder. Further work has been done collaboratively to design and implement the NSW PHN Future State phone service model from 1 July 2024 for 8 NSW PHNs with NCPHN again the lead agency.

CESPHN will implement a referral spoke leveraging off the services mapping work previously undertaken which resulted in the CESPHN Mental Health Services Directory. A staged approach, using change management principles, will be undertaken to encourage referrers, including GPs, to use the intake and assessment phone service to refer people to appropriate care. This approach will consider the new eReferral form being developed by NWMPHN via HealthLink to ensure referrals from GPs can be streamlined via their own software systems. The aim of this process is to have the assessment and referral phone service as the entry point for access to mental health services in the CESPHN region.

Needs Assessment Priorities

Priority	Page reference
Stepped Care	33

Activity Demographics

Target Population

People seeking mental health and wellbeing support.

Activity Consultation and Collaboration

Consultation will be ongoing with the other participating NSW PHNs including NCPHN, WNSWPHN, HNECCPHN, WSPHN, SWSPHN, SENSWPHN, MPHNS; LHDs and SHNs, GPs, service providers and consumers and carers.

Activity Milestone Details/Duration

Activity Start Date	29/04/2022
Activity End Date	30/06/2026

Activity Commissioning

Other Approach (please provide details)

Is this activity being co-designed?	No
Is this activity the result of a previous co-design process?	Yes
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	Yes
Has this activity previously been co-commissioned or joint-commissioned?	Yes
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	CESPHN is currently part of the commissioned Intake and Assessment Phone service where North Coast PHN is the Lead Agency and fund holder for 8 NSW PHNs (except NBMPHN and SNPHN). All NSW PHNs underwent a co-design process to develop the NSW PHN Future State model and will implement the new model from 1 July 2024. This hub and spoke model will ensure consumers are directed to the best services to meet their needs and wishes.

MH-7.4-National Initial Assessment and Referral (IAR)

Funding Schedule

Primary Mental Health Care

Modified Activity

Program Key Priority Area

Mental Health Priority Area 7: Stepped care approach

Activity Aim

Support the CESP HN primary care workforce to understand a stepped care approach by using the Initial Assessment and Referral Decision Support Tool (IAR-DST), to ensure community members access the right intensity of service(s) to meet their needs.

Description of Activity

This activity focuses on training for General Practitioners (GPs) and clinicians in the primary care setting, using the stepped care model to select the least intensive level of care required, for a person presenting for mental health assistance by using the Initial Assessment and Referral (IAR) Decision Support Tool (DST), as well as promotion of the IAR DST with key stakeholders including hospital networks and districts, and commissioned services providers. Included is a focus on mapping mental health services by IAR level to assist referrers to find the best service to meet their patient/client needs as a key enabler to promote widespread use of the IAR-DST.

The expected outcomes are:

- clear and accessible pathways to care for people with mental health concerns at all IAR levels of intensity/acuity,
- upskilled workforce to better meet the needs of communities
- GPs and clinicians will be trained to use the IAR-DST to determine the service needs of their patients/clients
- Ensuring a stepped care approach via matching client need to service intensity

Needs Assessment Priorities

Priority	Page reference
Stepped Care	33
Workforce development	33

Activity Demographics

Target Population

Mental health primary care workforce, service providers and key stakeholders, GPs and general practices in the CESP HN region

Activity Consultation and Collaboration

Consultation with GPs, CMOs, service providers, LHDs, SHNs, , University of Melbourne, CESP HN governance committees, consumers and carers.

Activity Milestone Details/Duration

Activity Start Date	30/06/2021
Activity End Date	30/06/2026

Activity Commissioning

Other Approach (please provide details)

Is this activity being co-designed?	N/A
Is this activity the result of a previous co-design process?	N/A
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	N/A
Has this activity previously been co-commissioned or joint-commissioned?	N/A
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	N/A

MH-8.1-Develop and implement a regional mental health and suicide prevention plan

Funding Schedule

Primary Mental Health Care

Existing Activity

Program Key Priority Area

Mental Health Priority Area 8: Regional mental health and suicide prevention planning

Activity Aim

Develop and implement 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 new Regional Plan for the CESP HN region, incorporating initiatives outlined in the National Mental Health and Suicide Prevention Agreement bilateral schedule, was submitted on 7 March 2024.

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.

Needs Assessment Priorities

Priority	Page reference
Stepped Care	33

Activity Demographics

Target Population

CESPHN region

Activity Consultation and Collaboration

Consultation with CESPHN's Mental Health and Suicide Prevention Advisory Committee, LHDs, SHNs, CMOs, ACCOs, Consumers, Carers, community members and Peak sector organisations and with CESPHN's Clinical and Community Councils, Member Chairs and Aboriginal Advisory Committee.

Activity Milestone Details/Duration

Activity Start Date	30/06/2019
Activity End Date	30/06/2027

Activity Commissioning

Other Approach (please provide details)

Is this activity being co-designed?	Yes
Is this activity the result of a previous co-design process?	No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details	N/A
Co-design or co-commissioning comments	Co-design has been undertaken through a facilitated process of engagement with LHD/Ns, and peak body representatives, consumers and carers.