



**Australian Government**

**Department of Health**



An Australian Government Initiative

## **Primary Health Networks Primary Mental Health Care Funding**

- **Annual Mental Health Activity Work Plan 2016-2017**

***Adelaide PHN***

This template was used to submit the Primary Health Network's (PHN's) Activity Work Plans to the Department of Health (the Department) on 6 May 2016.

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# Introduction

## Overview

In the 2015-16 financial year, PHNs are required (through the recent mental health Schedule which provided operational funding to PHNs this financial year) to prepare a Mental Health Activity Work Plan by May 2016. This Plan is to cover activities funded under two sources:

- the Primary Mental Health Care flexible funding pool (which will provide PHNs with approximately \$1.030 billion (GST exclusive) over three years commencing in 2016-17); and
- *Indigenous Australians' Health Programme* - an additional \$28.25 million (GST exclusive) will be available annually under this programme and further quarantined to specifically support Objective 6 (detailed below): Enhance and better integrate Aboriginal and Torres Strait Islander mental health.

This is to be distinguished from the *Regional Mental Health and Suicide Prevention Plan* to be developed in consultation with Local Hospital Networks (LHNs) and other regional stakeholders which is due in 2017.

## Objectives

The objectives of the PHN mental health funding are to:

- improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness at the local level through the development and/or commissioning of **low intensity mental health services**;
- support region-specific, cross sectoral approaches to early intervention for **children and young people** with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group;
- address service gaps in the provision of psychological therapies for people in **rural and remote areas and other under-serviced and/or hard to reach populations**, making optimal use of the available service infrastructure and workforce;
- commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with **severe and complex mental illness** who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses;
- encourage and promote a systems based regional approach to **suicide prevention** including community based activities and liaising with Local Hospital Networks (LHNs) and other providers to help ensure appropriate follow-up and support arrangements are

in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide, including Aboriginal and Torres Strait Islander people; and

- enhance access to and better integrate **Aboriginal and Torres Strait Islander mental health** services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services.

Objectives 1-6 will be underpinned by:

- evidence based **regional mental health and suicide prevention** plans and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration; and
- a continuum of primary mental health services within a person-centred **stepped care approach** so that a range of service types, making the best use of available workforce and technology, are available within local regions to better match with individual and local population need.

#### **Activities eligible for funding**

- commission evidence-based clinical primary mental health care services in line with a best practice stepped care approach;
- develop and commission cost effective low intensity psychological interventions for people with mild mental illness, making optimal use of the available workforce and technology;
- the phased implementation of approaches to provide primary mental health care to people with severe and complex mental illness which offer clinical support and care coordination, including services provided by mental health nurses;
- establish joined up assessment processes and referral pathways to enable people with mental illness, particularly those people with severe and complex mental illness, to receive the clinical and other related services they need. This will include provision of support to GPs in undertaking assessment to ensure people are referred to the service which best targets their need;
- develop and commission region-specific services, utilising existing providers, as necessary, to provide early intervention to support children and young people with, or at risk of, mental illness. This should include support for young people with mild to moderate forms of common mental illness as well as early intervention support for young people with moderate to severe mental illness, including emerging psychosis and severe forms of other types of mental illness;
- develop and commission strategies to target the needs of people living in rural and remote areas and other under-serviced populations; and

- develop evidence based regional suicide prevention plans and commission activity consistent with the plans to facilitate a planned and agile approach to suicide prevention. This should include liaison with LHNs and other organisations to ensure arrangements are in place to provide follow-up care to people after a suicide attempt.

Each PHN must make informed choices about how best to use its resources to address the objectives of the PHN mental health funding.

**This document, the Mental Health Activity Work Plan template, captures the approach to those activities outlined above.**

The Mental Health Activity Work Plan will help guide activity to June 2016 and outline the planned mental health services to be commissioned for the period from 1 July 2016 to 30 June 2017, although activities can be proposed in the Plan beyond this period. The Department of Health will require an update in relation to these activities in the Annual Mental Health Activity Work Plan for 2017-18.

The Mental Health Activity Work Plan template has the following:

- 1) The Annual Mental Health Activity Work Plan for 2016-2017, which will be linked to and consistent with the broader PHN Activity Work Plan, and provide:
  - a) The Strategic Vision on the approach to addressing the mental health and suicide prevention priorities of each PHN.
  - b) A description of planned activities funded under the Primary Mental Health Care Schedule which incorporates:
    - i) Primary Mental Health Care funding (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
    - ii) *Indigenous Australians' Health Programme* funding (quarantined to support Objective 6 – see pages 2-3) (PHN: Indigenous Mental Health Flexible Activity).

### **Mental Health Activity Work Plan 2016-2017**

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

The Plan should:

- a) Outline the planned mental health services to be commissioned from 1 July 2016, consistent with the grant funding guidelines.
- b) Outline the approach to be undertaken by the PHN in leading the development with regional stakeholders including LHNs of a longer term, more substantial *Regional Mental Health and Suicide Prevention plan* (which is aligned with the Australian Government Response to the Review of Mental Health Programmes and Services (available on the Department's website). This will include an outline of the approach

to be undertaken by the PHN to seek agreement to the longer term *regional mental health and suicide prevention plan* from the relevant organisational signatories in the region, including LHNs.

- c) Outline the approach to be taken to integrating and linking programmes transitioning to PHNs (such as headspace, and the Mental Health Nurse Incentive Programme services) into broader primary care activities, and to supporting links between mental health and drug and alcohol service delivery.
- d) Have a particular focus on the approach to new or significantly reformed areas of activity – particularly Aboriginal and Torres Strait Islander mental health, suicide prevention activity, and early activity in relation to supporting young people presenting with severe mental illness.

In addition, PHNs will be expected to provide advice in their Mental Health Activity Work Plan on how they are going to approach the following specific areas of activity in 2016-17 to support these areas of activity:

- Develop and implement clinical governance and quality assurance arrangements to guide the primary mental health care activity undertaken by the PHN, in a way which is consistent with section 1.3 of the *Primary Health Networks Grant Programme Guidelines* available on the PHN website at [http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program\\_Guidelines](http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program_Guidelines), and which is consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce.
- Ensure appropriate data collection and reporting systems are in place for all commissioned services to inform service planning and facilitate ongoing performance monitoring and evaluation at the regional and national level, utilising existing infrastructure where possible and appropriate.
- Develop and implement systems to support sharing of consumer clinical information between service providers and consumers, with appropriate consent and building on the foundation provided by MyHealth Record.
- Establish and maintain appropriate consumer feedback procedures, including complaint handling procedures, in relation to services commissioned under the activity.

Value for money in relation to the cost and outcomes of commissioned services needs to be considered within this planning process.

### **Activity Planning**

This initial Mental Health Activity Work Plan will be informed by a specific mental health needs assessment developed by PHNs (as a complement to the broader PHN needs assessment) which should explore mental health and suicide prevention priorities against those six areas of activity which the Government has articulated for PHNs, and in consultation with key stakeholders.



### **Measuring Improvements**

Each mental health priority area has one or more mandatory performance indicators. In addition to the mandatory performance indicators, PHNs may select a local performance indicator. These will be reported on in accordance with the Primary Mental Health Care Schedule.

### **Mental Health Activity Work Plan Reporting Period and Public Accessibility**

The Mental Health Activity Work Plan will help guide activity to June 2016 and outline the planned mental health services to be commissioned for the period from 1 July 2016 to 30 June 2017.

A mental health focussed activity work plan is to be provided to the Department annually. This mental health activity plan will complement the broader PHN Activity Plan as part of the annual reporting mechanism and will build on the initial Mental Health Activity Work Plan delivered in 2016.

Once approved, the Annual Mental Health Activity Work Plan component (Section 1(b) of this document) must be made available by the PHN on their website as soon as practicable. The Annual Mental Health Activity Work Plan component will also be made available on the Department of Health's website (under the PHN website). Sensitive content identified by the PHN will be excluded, subject to the agreement of the Department.

# 1. (a) Strategic Vision

The National Mental Health Commission's Review of Mental Health Programs and Services 'Contributing Lives, Thriving Communities', highlighted the existing complexity, inefficiency and fragmentation of the mental health system.

The Review further highlighted problems with the current targeting of mental health resources and pointed to the need for efficiencies to prevent both under-servicing and over-servicing.

The stepped care approach is a central reform priority, with a focus on service delivery matching the needs of individuals and with a particular emphasis on early intervention and self-care. The approach promotes person centred care which targets the needs of the individual. It recognises individual needs can change and allows for flexibility to move across service levels to most effectively support recovery facilitates receiving the right level of care in the right place at the right time.

The Needs Assessment process provided an important element towards assessing and prioritising needs for our regional mental health and suicide prevention planning through the triangulation of several stakeholder and community consultations and datasets available through the PHN website and other reliable sources. This evidence based planning will thus provide overarching collaborative leadership and guidance while identifying needs and gaps, reducing duplication, removing inefficiencies and encouraging innovation.

## **APHN approach and vision towards a joint Mental Health and Alcohol and Other Drugs (MH & AOD) System Reform**

Population estimates indicate that more than one third of individuals with an AOD use disorder have at least one comorbid mental health disorder<sup>1</sup>; however the rate is even higher among those accessing AOD treatment programs. Additionally, there are a large number of people who present to AOD treatment who display symptoms of disorders while not meeting criteria for a diagnosis of a disorder. These estimates can also apply for people presenting to mental health services with an AOD use disorder<sup>ibid</sup>. Studies in the United States have made similar conclusions of the strong associations between alcohol, other drug, and mental disorders<sup>2</sup>.

As a result of this significant relationship between MH & AOD, APHN is combining the commissioning approach to encourage as much synergy as possible between the treatment models and promote a

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<sup>1</sup> Katherine L Mills, Mark Deady, Heather Proudfoot, Claudia Sannibale, Maree Teesson, Richard Mattick, Lucy Burns (Year not published), *Guidelines on the Management of Co-Occurring Alcohol and Other Drug and Mental Health Conditions in Alcohol and Other Drug Treatment Settings*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, Australia, accessed on 30 March 2016, <[https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Comorbidity%2BGuidelines\\_0.pdf](https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Comorbidity%2BGuidelines_0.pdf)>

<sup>2</sup> Darrel A. Regier, Mary E. Farmer, Donald S. Rae, Ben Z. Locke, Samuel J. Keith, Lewis L. Judd, Frederick K. Goodwin, 1990, *Comorbidity of Mental Disorders With Alcohol and Other Drug Abuse - Results From the Epidemiologic Catchment Area (ECA) Study*, *The Journal of the American Medical Association*, Volume 264, No. 19; Deborah S. Hasin, Renee D. Goodwin, Frederick S. Stinson, Bridget F. Grant, 2005, *Epidemiology of Major Depression Disorder – Results from the National Epidemiologic Survey on Alcoholism and Related Conditions*, *The Journal of the American Medical Association – Psychiatry*, Volume 62, No. 10.

seamless system of care across both MH & AOD to maximize commonalities and simplify system navigation and the patient journey.

The Request for Proposal (RFP) was released on April 1 2016 to seek responses from the market for new and innovative approaches providing the opportunity for intense collaboration and co-creation towards an integrated and coordinated stepped care model of care.

The approach the Adelaide PHN has taken allows service providers in the region to:

- actively participate in MH & AOD treatment reform;
- identify hard to reach and vulnerable populations;
- contribute to the creation of a new system (over time) which is coordinated, integrated, provides quality effective and efficient services and is fair and equitable;
- ensure services are being delivered to the community where and when they need them;
- promote better collaboration, connection, partnership and coordination of care (across the stepped care approach); and
- manage stakeholder expectations throughout the staged reform process.

Applicants were asked to identify and apply for service streams of interest and provide a model of care within a stepped care framework. These streams; Low Intensity service, Psychological therapies for underserved groups, Severe mental illness, Suicide prevention, ATSI mental health services

This approach will assist the Adelaide PHN in working towards achieving the 6 objectives of the mental health schedule. The 5 service streams form the bases of achieving the 6 objectives of the mental health schedule.

Specifics of activity highlighted in this Work plan will be subjective to an evaluation and review of proposed activity from the RFP process which closed April 28.

APHN has sought to be proactive within the market and maximise the short timeframes in order to deliver a process which is as much in line with the commissioning principles and PHN tendering ideals as realistically possible.

# 1. (b) Planned activities funded under the Primary Mental Health Care Schedule

<b>Proposed Activities – A1.1 – 1.5</b>	
<b>Priority Area 1: Low intensity mental health services</b>	<p>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</p> <ul style="list-style-type: none"> <li>improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness at the local level through the development and/or commissioning of <b>low intensity mental health services</b>.</li> </ul>
Activity(ies) / Reference	<p><b>A1.1 Target commissioning of accessible, low intensity mental health services, as a prevention approach for the ‘well population’ and people with or at risk of mild mental illness</b></p> <p><b>A1.2 Establish referral pathways and ‘joined-up’ processes between commissioned low intensity services and other appropriate mental health services, along the stepped-care continuum of primary mental health services</b></p> <p><b>A1.3 Support referrers, specifically General Practice, in assessing individuals suitability for low intensity mental health services and monitoring outcomes of selected interventions for further care planning</b></p> <p><b>A1.4 Promote the availability and where appropriate, utilisation of established Commonwealth funded online and telephone based mental health intervention services for people at risk of mild mental illness</b></p> <p><b>A1.5 Implement consistent data collection and reporting systems across all commissioned services</b></p>
Description of Activity(ies) and rationale (needs assessment)	<p><b>A1.1</b> This activity aims to target the commissioning of low intensity mental health services, as a prevention approach for the ‘well-population’ and people with or at risk of mild mental illness across the region. Commissioned providers will a) ensure low intensity mental health services are tailored to all populations, and b) utilise a variety of low intensity mental health services (either established and/or requiring development) to target under-serviced populations and/or populations that would</p>

benefit from low intensity mental health intervention. In regards to b) commissioned providers may target the delivery of these services to specific groups and/or in geographical areas of need.

A1.2 This activity aims to establish a) pathways in to low intensity mental health services, and b) processes between low intensity mental health services and other mental health services within the stepped-care continuum of primary mental health services. The Adelaide PHN will work with commissioned services to ensure they are 'joined-up' and operating within a stepped-care continuum. The activity will apply to all commissioned services, however pathways and processes may differ depending on the targeted population and/or area in which commissioned services are operating.

A1.3 This activity aims to support referrers, specifically General Practice, to assess people appropriate for low intensity mental health intervention and monitor outcomes of selected interventions for further care planning. The activity will involve, where appropriate, skills training and promotion for referrers as well as establish processes to jointly monitor outcomes and care decisions for people seeking and receiving treatment. The activity will target referrers, specifically General Practice, working with population groups with or at risk of mild mental illness, however may focus on populations/hard to reach groups referred from sources other than General Practice. The activity seeks to increase availability, awareness and the appropriate use of low intensity mental health services amongst referrers, service providers and/or organisations that may be in contact with people who would benefit from such services.

A1.4 This activity aims to promote the availability and where appropriate, utilisation of established Commonwealth funded online and telephone based mental health intervention services for people at risk of mental illness. This activity will seek to focus on health promotion and prevention by providing access to information advice and self-help resources. The Adelaide PHN will seek to a) broadly promote these established services through appropriate networks, promotional material, General Practice and commissioned providers, b) target promotion of established services to populations and/or areas of need that could benefit from these services and c) promote the Digital Mental Health Gateway once established.

A1.5 This activity aims to implement consistent data collection and reporting systems across commissioned services. The activity will ensure commissioned services are reporting activity, outcomes and relevant service related measurements in a consistent and comparable way. The Adelaide PHN will support commissioned providers with appropriate Information and Communication

	Technology (ICT) systems. The activity will ensure commissioned services are appropriately monitored and service delivery arrangements are adjusted to reflect changes in population needs.
Collaboration	<p>The Adelaide PHN has consulted widely with stakeholders, representative bodies, professional and community organisations, providers, membership groups, consumers and carers regarding primary mental health and alcohol and other drug reform. The Adelaide PHN has consulted specifically with Aboriginal and Torres Strait Islander people regarding these reforms. These consultations have provided strategic input in to the activity planning process, forming an important collaborative role with the Adelaide PHN. The Adelaide PHN will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support culturally appropriate services for Aboriginal and Torres Strait Islander people.</p> <p>A1.1 Through a tender process, the Adelaide PHN will be responsible for the commissioning and fund distribution for successful service providers for the activity. The Adelaide PHN has formed an external expert panel to provide recommendation(s) regarding submitted proposals and commissioning decisions. The Adelaide PHN will collaborate with Country SA PHN to ensure cross-boundary coverage for similar commissioned activities in South Australia.</p> <p>A1.2 The Adelaide PHN will collaborate with commissioned service providers and relevant State and Commonwealth funded providers to seek agreement regarding processes for this activity.</p> <p>A1.3 The Adelaide PHN will collaborate with commissioned service providers to target General Practice and where necessary, other sectors who potentially refer to primary mental health services for this activity.</p> <p>A1.4 The Adelaide PHN will collaborate with commissioned service providers to assist in carrying out the components of this activity.</p> <p>A1.5 The Adelaide PHN will collaborate with a suitable software developer to provide appropriate and tailored Information and Communication Technology (ICT) systems for commissioned service providers.</p>
Duration	One year period (2016-2017) from July 2016
Coverage	Entire APHN region.
Commissioning approach	A Request for Proposal (RFP) was released by the APHN on 01 April 2016 for interested mental health service providers to submit proposals to provide mental health treatment services along the stepped-

	<p>care model of service delivery, including low intensity mental health services. The Adelaide PHN will engage and negotiate with successful provider(s) to ensure the identified priority areas are addressed. The Adelaide PHN will work with commissioned providers in areas requiring further capacity building and workforce development.</p> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The Adelaide PHN has designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Local Performance Indicator Data source	<ul style="list-style-type: none"> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process</li> <li>• Clinical and quality improvement outcomes – APHN compliance &amp; reporting process</li> </ul>

**Proposed Activities – A2.1 – 2.4**

<p><b>Priority Area 2: Youth mental health services</b></p>	<p>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</p> <ul style="list-style-type: none"> <li>• support region-specific, cross sectoral approaches to early intervention for <b>children and young people</b> with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.</li> </ul>
<p>Activity(ies) / Reference</p>	<p><b>A2.1 Formalise referral arrangements and care pathways between youth mental health services, specifically established headspace centres, and referrers in areas of need</b></p> <p><b>A2.2 Formalise referral arrangements and care pathways between child and youth primary mental health services and State funded child and youth mental health services</b></p> <p><b>A2.3 Transition services delivered under the Headspace Youth Early Psychosis Program (HYEPP) to established headspace centres in areas of need</b></p> <p><b>A2.4 Support the promotion and availability of youth mental health services, including online and telephone based services, through established youth mental health service providers, specifically established Headspace centres</b></p>
<p>Description of Activity(ies) and rationale (needs assessment)</p>	<p>A2.1 This activity aims to formalise the referral and care pathways between child and youth mental health services, specifically headspace centres, and referrers to these services in areas of need. The activity will seek to maximise the opportunity for families and young people seeking mental health support to connect with the appropriate level of intervention in their area. The Adelaide PHN will seek to formalise referral and care pathway arrangements between headspace centres, commissioned and established psychological therapeutic support service for children and the referrers to these services, specifically General Practice.</p> <p>A2.2 This activity aims to formalise referral and care pathway arrangements between child and youth primary mental health services and State funded child and youth mental health services. The activity will ensure children and young people a) are connected with the most appropriate level of care and treatment for their mental illness, and b) can seamlessly transition between State funded mental health services and primary mental health services. The Adelaide PHN will aim to establish and</p>



	<p>formalise the appropriate sharing of clinical information between services, particularly for young people with severe mental illness.</p> <p>A2.3 This activity aims to transition services delivered under the headspace Youth Early Psychosis Program (HYEPP) to established headspace centres in areas of need. The Adelaide PHN will work collaboratively with established headspace centres in the Adelaide PHN region, State funded child and youth mental health services and relevant stakeholders/lead agencies to ensure a) services delivered under the HYEPP are transitioned to headspace centres and targeted to areas of need, b) young people already engaged with the Adelaide HYEPP are seamlessly transitioned to the most appropriate service, and c) referral arrangements and care pathways are established for new arrangements, as per A2.1 and 2.2. The Adelaide PHN will ensure robust clinical governance arrangements, particularly best-practice risk management standards and workforce credentialing are maintained throughout this transition. Where necessary, the Adelaide PHN will provide specialised guidance using appropriately skilled staff and adequate financial support to transition services.</p> <p>A2.4 This activity aims to support the promotion and availability of youth mental health services, including online and telephone based services, through established youth mental health service providers, specifically established headspace centres. This activity will align with activities under Priority Area 1: low intensity mental health services. The Adelaide PHN will work with Headspace centres and their lead agencies, State funded child and youth mental health services and programs and other child/youth specific services to develop collaborative approaches to the promotion and availability of a) youth mental health services in areas of need, and b) youth specific self-help services, including online and telephone based services.</p>
Collaboration	<p>The Adelaide PHN has consulted widely with stakeholders, representative bodies, professional and community organisations, providers, membership groups, consumers and carers regarding primary mental health and alcohol and other drug reform. The Adelaide PHN has consulted specifically with Aboriginal and Torres Strait Islander people regarding these reforms. These consultations have provided strategic input in to the activity planning process, forming an important collaborative role with the Adelaide PHN.</p> <p>The following collaborations address activities A2.1 – 2.4:</p> <ul style="list-style-type: none"> <li>• The Adelaide PHN will collaborate with Headspace centres lead agencies and primary child mental health services in the region to carry out this activity. Adelaide PHN envisions a joint approach to this activity between key individuals in Headspace centres and their lead</li> </ul>

	<p>agencies, and established relationships the Adelaide PHN has formed with State funded mental health services, specifically in the South Australian Child and Adolescent Mental Health Service (CAMHS).</p> <ul style="list-style-type: none"> <li>• The Adelaide PHN will work with Headspace centres and their lead agencies, State funded child and youth mental health services, and programs and other child/youth specific services to develop collaborative approaches to the promotion and availability of a) youth mental health services in areas of need, and b) youth specific self-help services, including online and telephone based services. Where appropriate, the Adelaide PHN will engage commissioned providers to take a lead role in this activity within their locality.</li> <li>• The Adelaide PHN will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support culturally appropriate services for Aboriginal and Torres Strait Islander people.</li> </ul>
Duration	One year period (2016-2017) from July 2016
Coverage	Entire APHN region.
Commissioning approach	<p>The Adelaide PHN will ensure continuation of existing funding arrangements in the 16/17 and 17/18 financial years, with lead agencies of the Headspace centres across the Adelaide PHN region.</p> <p>A Request for Proposal (RFP) was released by the APHN on 01 April 2016 for interested mental health service providers to submit proposals to provide mental health treatment services along the stepped-care model of service delivery, including child and youth specific early intervention, mild and moderate services. The Adelaide PHN will engage and negotiate with successful provider(s) to ensure the identified priority areas are addressed. The Adelaide PHN will work with commissioned providers in areas requiring further capacity building and workforce development.</p> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The Adelaide PHN has designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Local Performance Indicator Data source	<ul style="list-style-type: none"> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process</li> </ul>

**Proposed Activities – A3.1 – 3.5**

<p><b>Priority Area 3: Psychological therapies for rural and remote, under-serviced and /or hard to reach groups</b></p>	<p>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</p> <ul style="list-style-type: none"> <li>• Address service gaps in the provision of <b>psychological therapies</b> for people in rural and remote areas and other under-serviced and/or hard to reach populations, making optimal use of the available service infrastructure and workforce.</li> </ul>
<p>Activity(ies) / Reference</p>	<p><b>A3.1 Target commissioning of psychological therapeutic services in areas of need and to under-serviced, hard to reach populations and/or Aboriginal and Torres Strait Islander people</b></p> <p><b>A3.2 Develop clinical governance and workforce credentialing standards, appropriate for commissioned psychological therapeutic services</b></p> <p><b>A3.3 Establish referral pathways and ‘joined-up’ processes between commissioned psychological therapeutic services and other appropriate mental health services, along the stepped-care continuum of primary mental health services</b></p> <p><b>A3.4 Implement consistent data collection and reporting systems across all commissioned services</b></p> <p><b>A3.5 Support referrers, where appropriate, to build linkages and pathways to psychological therapeutic services in areas where there is established service infrastructure and workforce</b></p>
<p>Description of Activity(ies) and rationale (needs assessment)</p>	<p>A3.1 This activity aims to target the commissioning of appropriate psychological therapeutic services, to under-serviced/hard to reach populations and in areas of need, identified in the needs assessment. Commissioned providers will a) target population groups with high prevalence of mental health/behavioural issues and psychological distress in identified areas across the region, b) provide therapeutic psychological services to people who are not able to access Medicare funded psychological therapeutic services, c) ensure psychological therapeutic services are targeted and appropriate to Aboriginal and Torres Strait Islander people (including ACCHO and mainstream providers of commissioned psychological services), and d) psychological therapeutic services are provided to people at risk of self-harm and/or suicide. In addition, the Adelaide PHN will ensure there is no cost to individuals accessing services.</p> <p>A3.2 This activity aims to develop appropriate clinical governance and workforce credentialing standards, appropriate to commissioned psychological therapeutic services and consistent with the</p>

National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce. The Adelaide PHN intends to provide Mental Health accreditation grants to commissioned providers, ensuring best-practice quality assurance standards are met. The activity will ensure commissioned providers are supported in delivering high-quality, effective services that maximise the outcome(s) of people requiring psychological therapeutic intervention. In addition, the Adelaide PHN will collaborate with commissioned providers to ensure best practice demand management strategies are utilised, suitable to their service.

A3.3 This activity aims to establish a) referral pathways in to commissioned psychological therapeutic services, and b) processes between commissioned psychological therapeutic services and other mental health services within the stepped-care continuum of primary mental health services. The Adelaide PHN will work with commissioned services to ensure they are 'joined-up' and operating within a stepped-care continuum. In addition, the Adelaide PHN will work with referrers to ensure pathways in to psychological therapeutic services are appropriate and tailored to the needs of the individual. The activity will apply to all commissioned services, however pathways and processes may differ depending on the targeted population and/or area in which commissioned services are operating.

A3.4 This activity aims to implement consistent data collection and reporting systems across commissioned services. The activity will ensure commissioned services are reporting activity, outcomes and relevant service related measurements in a consistent and comparable way. The Adelaide PHN will support commissioned providers with appropriate Information and Communication Technology (ICT) systems. The activity will ensure commissioned services are appropriately monitored, particularly around demand and waitlist management, with service delivery arrangements adjusted to reflect changes in population needs. The Adelaide PHN will provide the clinical database used for reporting for the region and warehouse the data to accurately report baseline data and local indicators.

A3.5 This activity aims to support referrers to utilise, where they exist, established psychological therapeutic services in their area. Additionally, the activity aims to mobilise where appropriate, existing resources, in particular Commonwealth funded online and telephone based mental health services along with established psychological services funded through the Medicare Benefits Schedule (MBS). The activity will ensure optimal use of the available service infrastructure and workforce as well as equip referrers, particularly General Practice, with knowledge of psychological services appropriate for individuals seeking mental health treatment. The activity will target areas within the Adelaide PHN

	<p>region identified in the needs assessment, however may focus on populations/hard to reach groups referred from sources other than General Practice.</p>
<p>Collaboration</p>	<p>The Adelaide PHN has consulted widely with stakeholders, representative bodies, professional and community organisations, providers, membership groups, consumers and carers regarding primary mental health and alcohol and other drug reform. The Adelaide PHN has consulted specifically with Aboriginal and Torres Strait Islander people regarding these reforms. These consultations have provided strategic input in to the activity planning process, forming an important collaborative role with the Adelaide PHN.</p> <p>The following collaborations address activities A3.1 – 3.5:</p> <ul style="list-style-type: none"> <li>• The activities will be jointly implemented with commissioned providers to provide appropriate services for people needing psychological therapeutic interventions. The Adelaide PHN will collaborate with Country SA PHN to ensure cross-boundary coverage for similar commissioned activities in South Australia.</li> <li>• The activities will collaborate with commissioned service providers to develop appropriate clinical governance and workforce credentialing standards, appropriate to commissioned psychological therapeutic services and consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce.</li> <li>• The Adelaide PHN will collaborate with a suitable software developer to provide appropriate and tailored Information and Communication Technology (ICT) systems for commissioned service providers to ensure consistent data collection and reporting system across commissioned services.</li> <li>• The Adelaide PHN will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support culturally appropriate services for Aboriginal and Torres Strait Islander people.</li> <li>• The Adelaide PHN has begun and will continue to work closely with the SA Mental Health Directorate, SA Mental Health Commission, membership groups, relevant Aboriginal and Torres Strait Islander health services, stakeholders/providers and the community, specifically consumers/carers. These groups will provide strategic input and guidance in to service planning. The Adelaide PHN envisions establishing formalised arrangements regarding referral pathways and the sharing of clinical information with State funded mental health services as part of these activities.</li> </ul>

Duration	One year period (2016-2017) from July 2016
Coverage	Entire Adelaide PHN region with focus on the following Local Government Areas (LGAs) with high prevalence of need and people who are not able to access Medicare funded mental health services: Playford, Salisbury, Port Adelaide-Enfield and Onkaparinga.
Commissioning approach	<p>A Request for Proposal (RFP) was released by the APHN on 01 April 2016 for interested mental health service providers to submit proposals to provide mental health treatment services along the stepped-care model of service delivery, including psychological therapeutic services. The Adelaide PHN will engage and negotiate with successful provider(s) to ensure the identified priority areas are addressed.</p> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The Adelaide PHN has designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Local Performance Indicator Data source	<ul style="list-style-type: none"> <li>• Clinical outcome data – captured and monitored using identified clinical software(s) from July 2016 onwards</li> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process</li> </ul>

**Proposed Activities – A4.1 – 4.4**

<p><b>Priority Area 4: Mental health services for people with severe and complex mental illness including care packages</b></p>	<p>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</p> <ul style="list-style-type: none"> <li>• commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with <b>severe and complex mental illness</b> who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses.</li> </ul>
<p>Activity(ies) / Reference</p>	<p><b>A4.1 Target commissioning of primary mental health care services for people with severe and complex mental illness, in areas of need</b></p> <p><b>A4.2 Develop clinical governance and workforce credentialing standards, appropriate for commissioned primary mental health services for people with severe and complex mental illness</b></p> <p><b>A4.3 Establish referral pathways and ‘joined-up’ processes between commissioned services and other appropriate services, along the stepped-care continuum of primary mental health services, particularly with State funded treatment services</b></p> <p><b>A4.4 Implement consistent data collection and reporting systems across all commissioned services</b></p>
<p>Description of Activity(ies) and rationale (needs assessment)</p>	<p>A4.1 This activity aims to target the commissioning of appropriate primary mental health services for people with severe and complex mental illness. Commissioned providers will a) incorporate clinical care coordination complementing and enhancing existing GP, Psychiatrist and allied mental health services, and b) develop linkages with and between relevant non-clinical services. The Adelaide PHN will encourage the use and integration of existing service infrastructure and workforce/provider mix in commissioning these services, including mental health nurses under the Mental Health Nurse Incentive Program (MHNIP) for the 2016-2017 period.</p> <p>A4.2 This activity aims to develop appropriate clinical governance and workforce credentialing standards, appropriate to commissioned services and consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce. The Adelaide PHN intends to provide Mental Health accreditation grants to commissioned providers, ensuring best-practice quality assurance standards are met. The activity will ensure commissioned providers are supported in delivering high-quality, effective services that maximise the outcome(s) of people seeking support and treatment for severe and complex mental illness.</p>

	<p>A4.3 This activity aims to establish a) referral pathways in to commissioned primary mental health services for people with severe and complex mental illness, and b) processes between commissioned services and other services within the stepped-care continuum of primary mental health services. The Adelaide PHN will work with commissioned services to ensure they are ‘joined-up’ and operating within a stepped-care continuum. In addition, the Adelaide PHN will work with referrers, specifically General Practice, to ensure pathways in to these services are appropriate and tailored to the needs of the individual. The Adelaide PHN will seek to establish and formalise referral arrangements and care pathways with State funded mental health services, to ensure people a) are connected with the most appropriate level of care and treatment for their mental illness, and b) can seamlessly transition between State funded mental health services and primary mental health services. In addition, the Adelaide PHN will seek to formalise the sharing of clinical care information and data where appropriate, to maximise the outcomes for people seeking support in the community. The activity will apply to all commissioned services, however pathways and processes may differ depending on the targeted population and/or area in which commissioned services are operating.</p> <p>A4.4 This activity aims to implement consistent data collection and reporting systems across commissioned services. The activity will ensure commissioned services are reporting activity, outcomes and relevant service related measurements in a consistent and comparable way. The Adelaide PHN will support commissioned providers with appropriate Information and Communication Technology (ICT) systems. The activity will ensure commissioned services are appropriately monitored and service delivery arrangements are adjusted to reflect changes in population needs. The Adelaide PHN will provide the clinical database used for reporting for the region and warehouse the data to accurately report baseline data and local indicators.</p>
Collaboration	<p>The Adelaide PHN has consulted widely with stakeholders, representative bodies, professional and community organisations, providers, membership groups, consumers and carers regarding primary mental health and alcohol and other drug reform. The Adelaide PHN has consulted specifically with Aboriginal and Torres Strait Islander people regarding these reforms. These consultations have provided strategic input in to the activity planning process, forming an important collaborative role with the Adelaide PHN.</p> <p>The following collaborations will address activities A4.1 - 4.4:</p> <ul style="list-style-type: none"> <li>• The activities will be jointly implemented with commissioned providers to provide appropriate services for people with severe and complex mental illness. The Adelaide PHN will collaborate</li> </ul>



	<p>with Country SA PHN to ensure cross-boundary coverage for similar commissioned activities in South Australia.</p> <ul style="list-style-type: none"> <li>• The Adelaide PHN will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support culturally appropriate services for Aboriginal and Torres Strait Islander people.</li> <li>• The Adelaide PHN will collaborate with a suitable software developer to provide appropriate and tailored Information and Communication Technology (ICT) systems for commissioned service providers to ensure consistent data collection and reporting systems across commissioned services.</li> <li>• The Adelaide PHN will collaborate with specific Local Health Networks (LHNs) to coordinate referral pathways of identified population groups presenting at Emergency and/or Outpatient Departments and discharge summaries (after hospitalisation) in target areas.</li> </ul>
Duration	One year period (2016-2017) from July 2016
Coverage	Entire Adelaide PHN region with focus on the following Local Government Areas (LGAs) with high prevalence of need and people who are not able to access Medicare funded mental health services: Playford, Salisbury, Port Adelaide-Enfield and Onkaparinga.
Commissioning approach	<p>A Request for Proposal (RFP) was released by the APHN on 01 April 2016 for interested mental health service providers to submit proposals to provide mental health treatment services for ATSI people. The Adelaide PHN will engage and negotiate with successful provider(s) to ensure the identified priority areas are addressed.</p> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The Adelaide PHN has designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Local Performance Indicator Data source	<ul style="list-style-type: none"> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process</li> </ul>

**Proposed Activities – A5.1 – 5.3**

<p><b>Priority Area 5: Community based suicide prevention activities</b></p>	<p>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</p> <ul style="list-style-type: none"> <li>• encourage and promote a systems based regional approach to <b>suicide prevention</b> including community based activities and liaising with Local Hospital Networks (LHNs) and other providers to help ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide, including Aboriginal and Torres Strait Islander people.</li> </ul>
<p>Activity(ies) / Reference</p>	<p><b>A5.1 Formalise arrangements with relevant collaborators in the Adelaide PHN region, concerning care pathways, clinical responsibility and follow up support for people who are at risk of suicide and/or who have recently attempted suicide, specifically with State funded mental health services across the three Local Health Networks in the region</b></p> <p><b>A5.2 Target commissioning of community based suicide prevention activities, specifically for Aboriginal and Torres Strait Islander people</b></p> <p><b>A5.3 Support commissioned service providers with appropriate training and education regarding suicide prevention and post-vention</b></p>
<p>Description of Activity(ies) and rationale (needs assessment)</p>	<p>A5.1 This activity aims to formalise arrangements between State funded mental health services and primary mental health services concerning the care pathways, clinical responsibility and follow-up support for people who are at risk of suicide and/or who have recently attempted suicide. The Adelaide PHN will collaborate with State funded mental health services to develop clear referral and care pathways in to the most appropriate services for people at risk and/or who have recently attempted suicide across the region. The Adelaide PHN will seek to interface commissioned primary mental health services appropriate for this level of support with State funded mental health and emergency services. In addition, the Adelaide PHN will seek to collaborate with General Practice as part of this activity, to establish clinical information sharing and appropriate advice regarding clinical decisions for people seeking support at risk and/or who have recently attempted suicide.</p> <p>A5.2 This activity aims to commission community based suicide prevention activities for populations considered at risk of suicide and more specifically for Aboriginal and Torres Strait Islander (ATSI) people. The Adelaide PHN will commission appropriate providers to deliver community based suicide</p>

	<p>prevention activities, with particular regard to cultural appropriateness for the Adelaide PHN ATSI population and the National ATSI Suicide Prevention Strategy recommendations. The Adelaide PHN will collaborate with appropriate ATSI health services, established primary mental health treatment services, representative and membership groups to ensure the appropriateness and effectiveness of commissioned activities. The Adelaide PHN will ensure commissioned community based suicide prevention activities are aligned with need and integrated, where possible, with relevant health services.</p> <p>A5.3 This activity aims to support commissioned service providers with training and education regarding suicide prevention and post-vention. The Adelaide PHN will work with commissioned providers to establish and deliver training informed by the Living Is For Everyone (LIFE) Framework and best-practice suicide prevention/post-vention knowledge and practices for mental health services.</p>
<p>Collaboration</p>	<p>The Adelaide PHN has consulted widely with stakeholders, representative bodies, professional and community organisations, providers, membership groups, consumers and carers regarding primary mental health and alcohol and other drug reform. The Adelaide PHN has consulted specifically with Aboriginal and Torres Strait Islander people regarding these reforms. These consultations have provided strategic input in to the activity planning process, forming an important collaborative role with the Adelaide PHN.</p> <p>The following collaborations will address activities A5.1 – 5.3:</p> <ul style="list-style-type: none"> <li>• The activities will be jointly implemented with commissioned providers to provide (culturally) appropriate suicide prevention services (including to ATSI people). The Adelaide PHN will collaborate with Country SA PHN to ensure cross-boundary coverage for similar commissioned activities in South Australia.</li> <li>• The Adelaide PHN will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support cultural appropriate services for Aboriginal and Torres Strait Islander people.</li> <li>• The Adelaide PHN will collaborate with specific Local Health Networks (LHNs) to coordinate referral pathways of identified population groups presenting at Emergency and/or Outpatient Departments and discharge summaries (after hospitalisation) in target areas.</li> <li>• Collaborate with relevant State bodies in education, training and workforce development opportunities, particularly the Office of the Chief Psychiatrist and SA Mental Health Directorates.</li> </ul>

Duration	One year period (2016-2017) from July 2016
Coverage	Entire APHN region with specific focus on Public Health Information Development Unit (PHIDU) Population Health Areas (based on ABS Statistical Area Level 2) with high suicide prevalence: Elizabeth East, Elizabeth/ Smithfield - Elizabeth North, Adelaide, Christie Downs/ Hackham West - Huntfield Heights and West Lakes.
Commissioning approach	<p>A Request for Proposal (RFP) was released by the APHN on 01 April 2016 for interested mental health service providers to submit proposals to provide mental health treatment services for ATSI people. The Adelaide PHN will engage and negotiate with successful provider(s) to ensure the identified priority areas are addressed.</p> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The Adelaide PHN has designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Local Performance Indicator Data source	<ul style="list-style-type: none"> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process</li> </ul>

**Proposed Activities – A6.1 – 6.3**

<p><b>Priority Area 6: Aboriginal and Torres Strait Islander mental health services</b></p>	<p>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</p> <ul style="list-style-type: none"> <li>• enhance access to and better integrate <b>Aboriginal and Torres Strait Islander mental health</b> services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services. For this Objective, both the <i>Primary Health Networks Grant Programme Guidelines - Annexure A1 - Primary Mental Health Care</i> and the <i>Indigenous Australians' Health Programme – Programme Guidelines</i> apply.</li> </ul>
<p>Activity(ies) / Reference</p>	<p><b>A6.1 Target commissioning of culturally appropriate, flexible, evidence based mental health services for Aboriginal and Torres Strait Islander (ATSI) people in areas of need</b></p> <p><b>A6.2 Establish referral pathways and ‘joined-up’ processes in to and between ATSI mental health and connected services, including Alcohol and Other Drug (AOD) and social services</b></p> <p><b>A6.3 Identify and address workforce and provider capacity concerns specific for ATSI mental health services in areas of need</b></p>
<p>Description of Activity(ies) and rationale (needs assessment)</p>	<p>A6.1 This activity aims to target the commissioning of culturally appropriate, flexible, evidence based mental health services for Aboriginal and Torres Strait Islander (ATSI) people. Commissioned providers will ensure primary mental health services are culturally appropriate and meet the needs of people seeking treatment and/or support for their mental illness. The APHN will commission services that are flexible in their delivery and tailored to the individual needs of ATSI people.</p> <p>A6.2 This activity aims to ensure referral pathways in to and processes between ATSI mental health services are ‘joined-up’ and connected. The APHN will collaborate with established ATSI specific services, including AOD services, to more effectively match individuals and families seeking assistance with treatment and support. The APHN will seek to develop relationships with State funded mental health and other services to better integrate commissioned ATSI specific mental health services with existing systems. This activity will align with Priority Area 5: Community based suicide prevention, particularly activities A5.1 and A5.2 regarding the formalised arrangement of follow-up and care for people who have self-harmed and/or attempted suicide.</p> <p>A6.3 This activity will aim to a) identify the workforce and capacity gaps in ATSI specific mental health services, and b) address these gaps through capacity building and workforce development,</p>

	<p>particularly in regards to the peer workforce. The APHN consultation with ATSI groups has identified concerns regarding an absence of ATSI specific mental health workers in the region. The APHN will identify and seek to address this gap in areas of need, in collaboration with commissioned providers. Depending on the identified need, the APHN will utilise a variety of strategies undertaking this activity.</p>
<p>Collaboration</p>	<p>The Adelaide PHN has consulted widely with stakeholders, representative bodies, professional and community organisations, providers, membership groups, consumers and carers regarding primary mental health and alcohol and other drug reform. The Adelaide PHN has consulted specifically with Aboriginal and Torres Strait Islander people regarding these reforms. These consultations have provided strategic input in to the activity planning process, forming an important collaborative role with the Adelaide PHN.</p> <p>The following collaborations will address activities A6.1 – 6.3:</p> <ul style="list-style-type: none"> <li>• The activities will be jointly implemented with commissioned providers to provide cultural appropriate services to ATSI people. The Adelaide PHN will collaborate with Country SA PHN to ensure cross-boundary coverage for similar commissioned activities in South Australia.</li> <li>• The APHN will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support cultural appropriate services for Aboriginal and Torres Strait Islander people.</li> <li>• The APHN will collaborate with specific Local Health Networks (LHNs) to coordinate referral pathways of identified population groups presenting at Emergency and/or Outpatient Departments and discharge summaries (after hospitalisation) in target areas.</li> <li>• The Adelaide PHN will collaborate with health services and representative bodies for the ATSI population across the region for strategic input and guidance regarding workforce development and capacity building</li> </ul>
<p>Duration</p>	<p>One year period (2016-2017) from July 2016</p>
<p>Coverage</p>	<p>Entire APHN region with specific focus on Public Health Information Development Unit (PHIDU) Population Health Areas (based on ABS Statistical Area Level 2) with high proportion of ATSI people: Davoren Park, Elizabeth East, Elizabeth/ Smithfield - Elizabeth North, Adelaide, Christie Downs/ Hackham West - Huntfield Heights.</p>

Commissioning approach	<p>A Request for Proposal (RFP) was released by the APHN on 01 April 2016 for interested mental health service providers to submit proposals to provide mental health treatment services for ATSI people. The Adelaide PHN will engage and negotiate with successful provider(s) to ensure the identified priority areas are addressed.</p> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The Adelaide PHN has designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Local Performance Indicator Data source	<ul style="list-style-type: none"> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process</li> </ul>

**Proposed Activities – A7.1 – 7.2**

<p><b>Priority Area 7: Stepped care approach</b></p>	<p>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</p> <ul style="list-style-type: none"> <li>• a continuum of primary mental health services within a person-centred <b>stepped care approach</b> so that a range of service types, making the best use of available workforce and technology, are available within local regions to better match with individual and local population need.</li> </ul>
<p>Activity(ies) / Reference</p>	<p><b>These activities below will align with Priority Areas 1-6 above and their respective activities.</b></p> <p><b>A7.1 Target commissioning of primary mental health treatment services in areas of need within a stepped-care approach</b></p> <p><b>A7.2 Support referrers, particularly General Practice, to assess and appropriately refer people to the most appropriate level of intervention/care along the stepped-care continuum of primary mental health services</b></p>
<p>Description of Activity(ies) and rationale (needs assessment)</p>	<p>A7.1 This activity will commission service providers in the region to begin providing mental health treatment services along the stepped-care continuum of service delivery. Commissioned providers will a) target population groups with high prevalence of mental health/behavioural issues and psychological distress in selected areas across the region, b) provide services in areas of need, c) deliver mental health treatment services along the stepped-care continuum of service delivery, d) ensure ‘joined-up’ processes within and between services along the continuum to maximise outcomes and improve care pathways/decisions, and d) establish consistent and consumer friendly access points in to services specific to need.</p> <p>The activity will ensure primary mental health services in the region:</p> <ul style="list-style-type: none"> <li>• complement and enhance existing GP, Psychiatrist and allied mental health services,</li> <li>• are targeted to areas and populations where there is demonstrable need and/or an absence of suitable services identified through quantitative and qualitative needs assessment planning,</li> <li>• mobilise existing resources, in particular Commonwealth funded online and telephone based mental health services along with established psychological services funded through the Medicare Benefits Schedule (MBS),</li> <li>• coordinate with other health and support services for targeted group(s),</li> </ul>



	<ul style="list-style-type: none"> <li>• promote recovery and wellbeing,</li> <li>• develop linkages and partnerships with and between relevant services and supports to ensure the individual has access to the right care, in the right place and at the right time,</li> <li>• ensure the workforce is appropriately trained and qualified, and</li> <li>• incorporate a multidisciplinary team approach to primary mental health care.</li> </ul> <p>A7.2 This activity will aim to ensure referrers at various access points to primary mental health services have the capacity and skills to appropriately assess and refer people to the most appropriate level of intervention/care along the stepped-care continuum of primary mental health services. The APHN will work with commissioned providers to ensure referrers in their locality, particularly General Practice, have the tools and capacity to effectively assess and refer people to the most appropriate level of intervention/care. This activity will include ensuring appropriate linkages and referral pathways exist with State funded mental health services, particularly into commissioned mental health services for people seeking treatment for low prevalent, complex mental illness.</p>
Collaboration	<p>The Adelaide PHN has consulted widely with stakeholders, representative bodies, professional and community organisations, providers, membership groups, consumers and carers regarding primary mental health and alcohol and other drug reform. The Adelaide PHN has consulted specifically with Aboriginal and Torres Strait Islander people regarding these reforms. These consultations have provided strategic input in to the activity planning process, forming an important collaborative role with the Adelaide PHN.</p> <p>The following collaborations will address activities A7.1 – 7.2:</p> <ul style="list-style-type: none"> <li>• The activities will be jointly implemented with commissioned providers to provide appropriate services along the stepped-care continuum. The Adelaide PHN will collaborate with Country SA PHN to ensure cross-boundary coverage for similar commissioned activities in South Australia.</li> <li>• The APHN will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support cultural appropriate services for Aboriginal and Torres Strait Islander people.</li> <li>• The APHN will collaborate with a suitable software developer to provide appropriate and tailored Information and Communication Technology (ICT) systems for commissioned service providers to ensure consistent data collection and reporting system across commissioned services.</li> </ul>

	<ul style="list-style-type: none"> <li>The APHN will collaborate with specific Local Health Networks (LHNs) to coordinate referral pathways of identified population groups presenting at Emergency and/or Outpatient Departments and discharge summaries (after hospitalisation) in target areas.</li> </ul>
Duration	One year period (2016-2017) from July 2016
Coverage	Entire APHN region.
Commissioning approach (If applicable)	<p>A Request for Proposal (RFP) was released by the APHN on 01 April 2016 for interested mental health service providers to submit proposals to provide mental health treatment services along the stepped-care model of service delivery. The Adelaide PHN will engage and negotiate with successful provider(s) to ensure the identified priority areas are addressed.</p> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The Adelaide PHN has designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Local Performance Indicator Data source	Baseline data for output indicators and targets - APHN compliance & reporting process

**Proposed Activities – A8.1 – 8.3**

<p><b>Priority Area 8: Regional mental health and suicide prevention plan</b></p>	<p>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</p> <ul style="list-style-type: none"> <li>evidence based <b>regional mental health and suicide prevention</b> plans and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration.</li> </ul>
<p>Activity(ies) / Reference</p>	<p><b>This activities below will align with Priority Areas 1-6 above and their respective activities. In reference to the mandatory indicator regarding the establishment of formalised partnerships with other regional service providers, the activities below will align with activities A2.1, A2.2, A4.3, A5.1 and A6.2 above.</b></p> <p><b>A8.1 Establish mechanisms to centralise, collate and analyse data regarding the prevalence of mental ill-health and illness, support seeking behaviour, treatment provision/outcomes and self-harm/suicide in the Adelaide Primary Health Network region.</b></p> <p><b>A8.2 Engage and consult with relevant stakeholders, representative bodies, professional organisations, providers, Adelaide PHN Membership Groups, consumers and carers regarding need and service provision across the region.</b></p> <p><b>A8.3 Participate in cross-sectoral collaborative networks and lead discussions concerning mental health and the incidence of suicide across the region.</b></p>
<p>Description of Activity(ies) and rationale (needs assessment)</p>	<p>A8.1 This activity will aim to establish mechanisms to centralise the collation and analysis of data regarding the prevalence of mental ill-health and illness, support seeking behaviour, treatment provision/outcomes and self-harm/suicide in the Adelaide Primary Health Network region. The Adelaide PHN has commenced and will continue to prioritise the establishment of a centralised evidence base regarding mental ill-health, illness and suicidality that is region wide, to assist in discussion and collaboration with relevant stakeholders towards the creation of a regional mental health and suicide prevention plan. The Adelaide PHN will a) ensure existing and established reporting systems in commissioned services capture data regarding treatment provision/outcomes and support seeking behaviour to inform planning processes, b) utilise arrangements with State funded mental health and alcohol and other drug services to triangulate relevant data with primary sources, including the mapping of care and referral pathways, c) continue to gather and share</p>

	<p>qualitative data regarding needs and gaps from targeted consultation to inform planning processes across the region, and d) participate, where appropriate, in established mental health/suicide prevention networks and/or State funded planning processes to increase understanding of the needs/gaps and concerns across the region.</p> <p>A8.2 This activity aims to strategically consult with relevant stakeholders, professional organisations, memberships groups, consumers and carers in regard to mental health and suicide prevention across the region. The Adelaide PHN is committed to community engagement and values the strategic input and local level experience of our region’s people, groups, organisations and representative bodies. The Adelaide PHN has undertaken, to date, extensive and broad level consultation with these groups concerning mental health and AOD reform specifically in the region including Aboriginal and Torres Strait Islander groups; informing our initial needs based assessments and operational activities. The Adelaide PHN is committed to developing a strategic approach to on-going consultation and communication with the abovementioned groups towards the development of a regional mental health and suicide prevention plan. The Adelaide PHN envisions this activity will lead to a more comprehensive understanding of needs, gaps and inefficiencies/concerns across the region to complement other data sources, parallel to A8.1.</p> <p>A8.3 This activity seeks to ensure the Adelaide PHN is connected to and participates in existing and newly established mental health and suicide prevention networks across the region. The Adelaide PHN, either directly and/or through commissioned providers, is engaging with these networks, particularly in areas of need and/or population groups at risk of suicide. These networks provide valuable input into the needs and ‘local’ experience of hard-to-reach population groups, as well as opportunity for the Adelaide PHN to promote existing and/or newly established services relevant to need; engaging and involving organisations and networks in the planning process and the outcomes of the plan. The intelligence gathered through these mechanisms will enhance understanding and inform the regional mental health and suicide prevention plan.</p>
Collaboration	<p>The Adelaide PHN is actively building connections and partnerships at a strategic level in regards to mental health, suicide prevention and alcohol and other drug services. The Adelaide PHN region contains four Local Health Networks (LHNs) and one Aboriginal Community Controlled Health Service, specialising in the delivery of region and/or population specific health services. The Adelaide PHN has leveraged existing connections and partnerships with the LHNs, either directly and/or through commissioned providers, to strategically partner around primary mental health and alcohol and other drug reform in the region. Regular meetings and reciprocal communication pathways have</p>

now been established with high-level representatives in the South Australian State Government and newly established South Australian Mental Health Commission.

The Adelaide PHN is cognisant of existing and current South Australian Government strategies, plans and/or policies that inform LHNs and their respective activities, specifically:

- SA Mental Health and Wellbeing Policy 2010-2015,
- SA Suicide Prevention Strategy 2012-2016,
- Aboriginal and Torres Strait Islander specific policies,
- Transforming Health: SA Health,
- SA Strategic Plan – OUR HEALTH.

The Adelaide PHN has identified opportunities to align internal planning processes and activities with these strategies, plans and/or policies. The Adelaide PHN will seek to leverage shared desired outcomes with LHNs and the South Australian Government specific to this priority area. The Adelaide PHN aims to use current reforms in SA Health, in addition to the expiry of a number of high-level Government strategies and policies pertaining to mental health and suicide prevention, to invite the joint participation in a regional mental health and suicide prevention plan. The Adelaide PHN envisions jointly facilitating the responsibility regarding the creation of this plan with relevant State Government departments, key representatives, LHN representation and the SA Mental Health Commission.

The Adelaide PHN will undertake activities described in A8.1, A8.2 and A8.3 to enhance its role in the region as a repository of data regarding needs, gaps and services in primary mental health. The Adelaide PHN will utilise this knowledge to inform strategic connections and partnerships with representative organisations, professional bodies and Aboriginal and Torres Strait Islander specific health services. The Adelaide PHN, where necessary and relevant, will enable and facilitate the participation of these organisations in planning processes.

The Adelaide PHN will capitalise on its role as a commissioner of primary mental health and suicide prevention services to engage existing and newly engaged providers to participate in planning processes across the region. The Adelaide PHN will encourage commissioned providers to utilise, participate in and/or establish local networks, determined by areas and/or populations in need. The Adelaide PHN will establish processes through its Community Collaboration portfolio and broad level

	<p>reporting/data systems, including consumer feedback, to strategically capture this local level information.</p> <p>The Adelaide PHN will seek to collaborate with Country SA PHN to ensure alignment of regional planning in mental health and suicide prevention across South Australia.</p>
Duration	One year period (2016-2017) from July 2016
Coverage	Entire APHN region.
Commissioning approach (If applicable)	Not applicable
Local Performance Indicator Data source	Not applicable