



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



## **Activity Work Plan FY2020-21 to FY2022-23: Primary Mental Health Care Funding**

This Activity Work Plan template has the following parts:

1. The Primary Mental Health Care Activity Work Plan for the financial years 2020-2021, 2021-2022 and 2022-2023. Please complete the table of planned activities funded under the following:
  - Primary Mental Health Care Schedule - Primary Mental Health and Suicide Prevention - Flexible Funding
  - Primary Mental Health Care Schedule - Indigenous Mental Health - Flexible Funding
  - Primary Mental Health Care Schedule - Per- and Poly- Fluoroalkyl Substances (PFAS) – Flexible Funding
2. The Indicative Budget for the financial years 2020-2021, 2021-2022 and 2022-2023. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
  - Primary Mental Health Care Schedule - Primary Mental Health and Suicide Prevention - Operational and Flexible Funding
  - Primary Mental Health Care Schedule - Indigenous Mental Health - Flexible Funding
  - Primary Mental Health Care Schedule - Per- and Poly- Fluoroalkyl Substances (PFAS) – Flexible Funding

***Adelaide PHN***

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

## Overview

This Primary Mental Health Care Activity Work Plan covers the period from 1 July 2020 to 30 June 2023. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

### Important documents to guide planning

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

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

### Formatting requirements

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

# 1. (a) Planned activities for 2020-21 to 2022-23

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

Proposed Activities - MH1. Commission low intensity mental health services for 'well population', people with or at risk of mild to moderate mental health conditions	
Mental Health Priority Area	Indicate the mental health priority area this activity falls under.  Priority area 1: Low intensity mental health services
ACTIVITY TITLE	<i>Provide a title for the activity, with the prefix "MH".</i>  <b>MH1. Commission low intensity mental health services for 'well population', people with or at risk of mild to moderate mental health conditions</b>
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity.  Modified Activity  If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.  <i>Title change and previously reference as MH1, MH3, MH4, MH5</i>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	As identified in the Priorities, Options and Opportunities Section of your Needs Assessment, provide the number, title and page reference for the priority that this activity is addressing. If this activity is a "possible option" in the Needs Assessment, provide details.  PMH1: High prevalence of mental health/behavioural issues and psychological distress in selected areas across the region (page 87).  PMH2: Provision of psychological services comparatively low in areas of highest need (page 87).  PMH3: Comparatively high numbers of people attempting to access psychological services in areas with minimal psychological service provision (page 87).  PMH5: Difficulty in identifying and accessing appropriate mental health treatment services (page 87).  PMH6: Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes (page 87).

	<p>PMH7: Increase awareness of appropriate mental health services to health professionals and community and carers through the provision of information and resources (page 87).</p>
<p>Aim of Activity</p>	<p>Describe what this activity will aim to achieve, and how it will address the identified need (500 word limit).</p> <p>This activity aims to enhance and promote a) pathways to low intensity mental health services, b) processes between low intensity mental health services and other mental health services within the stepped-care continuum of primary mental health services to facilitate improved service and clinical integration, and c) the availability and where appropriate, utilisation of established online e-therapy (e.g. Head to Health) and telephone based mental health intervention services, d) increase access to a range of LI interventions through direct commissioning</p>
<p>Description of Activity</p>	<p>Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered.</p> <p><b>For activities under Priorities 3 and 4</b>, please also outline how continuity of care will be assured.</p> <p>This activity focuses on early intervention and prevention by providing access to information, advice, evidence-based materials, self-help resources and self-management interventions. Continuing to provide funding to activities outlined in previous mental health Activity Work Plans, funding will be provided to existing and modified projects [listed below] for clients 'at risk' or with mild to moderate mental health conditions, with a particular focus on populations/hard to reach groups, within a stepped care model. Commissioned service providers will be required to provide early detection and intervention services; initiate escalation protocols where required; and utilise a variety of evidence-based low intensity mental health approaches and strategies, including:</p> <ul style="list-style-type: none"> <li>• Child-friendly, low intensity online services and support for children (aged 0-12 years) and their families, at risk of, or experiencing mental, emotional and /or behavioural conditions and their parents/caregivers. The services provided will help to build positive mental health skills and strategies and develop service linkages, networks and service delivery partnerships to support holistic integrated treatment and management of the child's mental health and related care needs across the care continuum. This will be provided through specialised online resources, including a range of videos and resources and online help from suitably qualified personnel. Online services are available across the Adelaide PHN region, 24/7 every day of the year.</li> <li>• Provision of low intensity mental health services (individual, group and family) and promote the availability and where appropriate, utilisation of established Commonwealth funded online and telephone based mental health intervention services. This activity can be for children, young people and adults at (i) risk of, or experiencing mild mental health conditions, with (ii) moderate mental health conditions with a particular focus on populations/hard to reach groups referred from sources other than General Practice. This activity seeks to improve access, coordination and integration of primary mental health care</li> </ul>

	<p>services for young people and adults. Increase the health literacy of young people and adults, improve the management of mental health related symptoms, provide an avenue for early intervention to decrease the impact of poor mental health on ability to function, community awareness and understanding of mental health conditions and the promotion of health seeking behaviour. The activity will also increase the confidence and capability of the workforce to deliver comprehensive mental health care services. Low intensity individual and group interventions will be commissioned through established providers of psychological therapies within an integrated, stepped care environment. Psycho-educational and skill-based groups whilst waiting and/or as an alternative to psychological therapies. The services will be available to all persons in Adelaide PHN metropolitan catchment within a stepped cared continuum and focussed in areas of most need; metropolitan Northern, Western and Southern regions.</p> <ul style="list-style-type: none"> <li>• A peer support program for individuals (aged 12 and over) who identify as (i) Gender diverse, or (ii) Transgender and (ii) are at risk of, or experiencing mild to moderate mental health conditions. The peer support program is for people who are questioning their gender, or who identify as Transgender or Gender Diverse, as well as their families, friends and other support people. Providing short term, goal orientated support that is peer driven and individually focused. The activity will deliver gender sensitive, affirming and safe peer support, mentoring services and early detection and intervention services. This service is available to all persons in the metropolitan area of Adelaide.</li> <li>• This activity promotes the availability and where appropriate, utilisation of established Commonwealth funded online (e.g. Head to Health) and telephone based mental health intervention services for people at risk of mental health conditions. This activity focuses on health promotion and prevention by providing access to information, advice and self-help resources. The Adelaide PHN will a) broadly disseminate information and advice on 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, c) directly link community members with head to health resources through its internal Central Referral Unit.</li> </ul>
<p>Target population cohort</p>	<p>Describe the cohort that this activity will target.</p> <p>Entire Adelaide PHN region with focus in areas of highest identified geographic need. Children, young people and adults with mental health issues, with focus on:</p> <ul style="list-style-type: none"> <li>• children aged 0-12 years at risk or, or experiencing mental, emotional and /or behavioural conditions and their parents/caregivers</li> <li>• young people at risk of, or experiencing mild to moderate mental health concerns</li> <li>• adults at risk of, or experiencing mild to moderate mental health concerns</li> <li>• young people (aged 12 and over) who identify as Gender Diverse or Transgender</li> <li>• adults who identify as Gender diverse or Transgender</li> </ul>

<p>Indigenous specific</p>	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
<p>Coverage</p>	<p>Please indicate if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p> <p>Adelaide PHN region.</p>
<p>Consultation</p>	<p>Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity.</p> <p>Adelaide PHN is having meetings with key stakeholders in the LGBTIQ community to discuss needs and develop a qualitative source of information to inform the needs and other priorities.</p> <p>Adelaide PHN has engaged with The Australian Centre for Social Innovation Community Responders Co-Design Group that included members with lived experience of mental health conditions, mental health providers and professionals and the SA Mental Health Commission. The process has involved consumers as central and active partners in designing, testing and decision-making for solutions to mental health crisis supports in the community; and worked to develop a shared understanding of the current state of the system for people experiencing mental health challenges and emotional distress.</p> <p>The Mental Health Services Charter – Make it happen! workshop was attended by Adelaide PHN and representation from commissioned mental health services, state government mental health services, lived experience consumer and carers, education, allied health, the Mental Health Coalition of South Australia and the SA Mental Health Commission. Within the key priority area of mental health, a range of key issues were identified, including the existence of a range of service barriers to accessing primary mental health care services.</p>
<p>Collaboration</p>	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.</p> <p>The following collaborations address these activities:</p> <ul style="list-style-type: none"> <li>• APHN continues to work with its commissioned service providers to implement low intensity service options and pathways. This includes ensuring brief interventions are incorporated into service models and the right service mix of low intensity vs psychological therapies is achieved through monitoring service activity data as well as PREMs and PROMS.</li> <li>• APHN Central Referral Unit provides the initial triage, and where appropriate refers to low intensity services first as a way of ensuring right time, right place, right provider.</li> <li>• APHN is actively promoting Head to Health and other federally funded phone and web based low intensity services as an alternative or complementary service to that being delivered in the PMHCS.</li> </ul>

	<ul style="list-style-type: none"> <li>• General Practice are being supported through education on the appropriate use of low intensity options and how to access services.</li> <li>• Private providers are providing step up access to psychological therapies for clients, where required</li> <li>• Commissioned service providers deliver education sessions to primary care workers to increase their understanding of low intensity services and appropriate referrals.</li> <li>• Commissioned services provider engaged with the APHN to address the issue of poorly understood service offering and has increased resources to this provider as well as authorised training in the Low Intensity Cognitive Behaviour Therapy program provided by Flinders University.</li> </ul>
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates <b>(including</b> the planning and procurement cycle):                      Activity start date: 1/07/2019                      Activity end date: 30/06/2023</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates <b>(excluding</b> the planning and procurement cycle):                      Service delivery start date: July 2019 (PMHCS)                      Service delivery end date: June 2022 (PMHCS)</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known  <input checked="" type="checkbox"/> Continuing service provider / contract extension  <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.  <input type="checkbox"/> Open tender  <input type="checkbox"/> Expression of Interest (EOI)  <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No (drop-down menu)</p>

	1b. If yes, provide a description of the proposed decommissioning process and any potential implications.
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset?  Yes

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	<p>Indicate the mental health priority area this activity falls under.</p> <p>Priority area 2: Child and youth mental health services</p>
ACTIVITY TITLE	<p><i>Provide a <b>title for the activity</b>, with the prefix “MH”.</i></p> <p><b><i>MH2. Commission mental health service for children and young people, with or at risk of, mild to moderate mental illness</i></b></p>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>Modified Activity</p> <p>If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.</p> <p>Title change and previously referenced as MH7 and MH11</p>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>As identified in the Priorities, Options and Opportunities Section of your Needs Assessment, provide the number, title and page reference for the priority that this activity is addressing.</p> <p>If this activity is a “possible option” in the Needs Assessment, provide details.</p> <p>PMH1: High prevalence of mental health/behavioural issues and psychological distress in selected areas across the region (page 87).</p> <p>PMH2: Provision of psychological services comparatively low in areas of highest need (page 87).</p> <p>PHM3: Comparatively high numbers of people attempting to access psychological services in areas with minimal psychological service provision (page 87).</p> <p>PHM5: Difficulty in identifying and accessing appropriate mental health treatment services (page 87).</p> <p>AOD 4. Integration and partnership between AOD and Primary Health Care services improves continuity of care and experiences (page 90).</p>
Aim of Activity	<p>Describe what this activity will aim to achieve, and how it will address the identified need (500 word limit).</p> <p>Provide an integrated, enhanced primary care platform with services and supports for young people across four core streams: mental health; primary health, including sexual health; drug and alcohol; and education and vocational. Deliver services and supports in an accessible, youth-friendly manner across a stepped care continuum, with suitable linkages and partnerships in place to ensure young people receive holistic, coordinated and tailored care to meet their individual needs.</p>

<p>Description of Activity</p>	<p>Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered.</p> <p><b>For activities under Priorities 3 and 4</b>, please also outline how continuity of care will be assured.</p> <p>A mix of services and supports (in line with headspace Model Integrity Framework) including but not limited to:</p> <ul style="list-style-type: none"> <li>• youth-friendly (i) primary mental health early detection and intervention; (ii) psychological therapy services and supports (individual, group and family); (iii) coordination of referral pathways to mental health, primary and allied health and social service providers to support the delivery of integrated care and services; (iv) formalised partnerships and linkages, including co-located service provision arrangements between mental health, primary and allied health and social service providers, to facilitate the delivery of seamless, integrated care and supports; (v) workforce development activity to build the skills and confidence of GPs and other key providers of care and support in the community to support the provision of effective and appropriate mental health services for young people; (vi) mental health promotion, prevention and literacy services, including school-based education and awareness raising activity; community development and awareness raising to promote greater understanding of youth mental health and mental illness to reduce stigma and encourage young people, their families, carers and friends to seek help for mental health issues; and (vii) formalised participation of young people in the design, delivery and evaluation of services and supports. Services and supports are for young people aged 12-25years with or at risk of experiencing mild to moderate mental health conditions and other common co-occurring difficulties such as physical health, sexual health and/or alcohol and other drugs conditions. The objectives of headspace centres are to improve the mental health experiences and outcomes for young people aged 12-25years. There are now five headspace Centres currently operating in the Adelaide metropolitan region; headspace Centre Adelaide; headspace Centre Edinburgh North; headspace Centre Port Adelaide, headspace Centre Onkaparinga; and headspace Centre Marion which opened on 1 Feb 2021. Services are available for young people as they present without regard to any geographic catchment area criteria.</li> <li>• Provision of peer support services to (i) enhance the capacity and capability of headspace centres to better deliver culturally appropriate, responsive, sensitive and safe services for young Aboriginal and Torres Strait Islander people within the Adelaide metropolitan region, and (ii) a safe workplace for Aboriginal and Torres Strait Islander staff. The services will support young Aboriginal and Torres Strait Islander people at risk of, or experiencing, mental health conditions. This service is both complementary to, and intrinsically connected with, the Adelaide metropolitan region PHN commissioned headspace centres. In addition, a consultant, Linking Futures Pty Ltd (another PHN</li> </ul>
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	<p>commissioned service) to provide Aboriginal and Torres Strait Islander Cultural Advisory Services. headspace centres will work closely and collaboratively with the Consultant to identify, develop and implement activities to improve the cultural competency and capacity of headspace centres to better support the needs of young Aboriginal and Torres Strait Islander people.</p> <ul style="list-style-type: none"> <li>• Wait list demand management strategies will be implemented at four headspace Centres during 21-22 focussing on upskilling Peer Workers and Clinical staff to deliver Orygen Brief Intervention Model and other evidence based brief interventions in mental health. Additional demand management strategies may be implemented depending on the outcome of headspace National grant opportunities. These will focus on workforce development.</li> </ul>
<p>Target population cohort</p>	<p>Describe the cohort that this activity will target.</p> <p>These activities will target children, young people and families throughout the Adelaide PHN region, with a focus on area of greatest need, with a focus on:</p> <ul style="list-style-type: none"> <li>• young people aged 12 - 25 years with or at risk of experiencing mild to moderate mental health conditions</li> <li>• young people aged 12 - 25 years with common occurring difficulties such as physical health, sexual health or AOD conditions</li> <li>• young people aged 12-25 years with educational and vocational needs</li> </ul>
<p>Indigenous specific</p>	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p> <p>This activity is partially targeting Aboriginal and Torres Strait Islander people via the provision of peer support services outlined above.</p>
<p>Coverage</p>	<p>Select if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p> <p>The five headspace centres ensure appropriate coverage of the Adelaide PHN region.</p>
<p>Consultation</p>	<p>Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity.</p> <ul style="list-style-type: none"> <li>• Commissioned headspace services all have formalised youth reference groups and youth engagement and participation activities incorporated as part of their service delivery models to ensure a diversity of youth voices contribute to and inform the provision of youth friendly and appropriate services. Adelaide PHN works closely with commissioned providers to obtain</li> </ul>

	<p>information and insight into youth specific needs. In addition, Adelaide PHN maintains a Child and Youth priority area within the Health Priority Network which informs Adelaide PHN’s strategic planning, design and commissioning of child and youth friendly services.</p> <ul style="list-style-type: none"> <li>• Consultation with headspace services (lead agencies Sonder and Centacare) to identify innovative ideas, initiatives and activities to improve Centre wait times and demand management – to inform APHN application for Commonwealth grant opportunity.</li> <li>• In the establishment of a new headspace centre in the Southern region of Adelaide, Adelaide PHN engaged with a broad range of psychosocial, community and mental health service providers, general practitioners and other PHNs.</li> <li>• Adelaide PHN sought consultation from child and youth commissioned services (e.g. Developing Minds) on the development of APHN PREMS to make it more appropriate for child services.</li> </ul>
<p>Collaboration</p>	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.</p> <ul style="list-style-type: none"> <li>• The Regional Mental Health and Suicide Prevention Plan Steering Committee with representation from all Local Health Networks (LHNs), SA Health (Office for the Chief Psychiatrist) and the SA Mental Health Commission provide strategic direction, priorities and actions.</li> <li>• Metropolitan LHNs and the Women’s and Children’s (CAMHS) continue to work closely with Adelaide PHN to improve child and youth pathways and service models in metropolitan Adelaide</li> <li>• headspace National Office provide complementary services to services offered by the headspace centres at times having shared clients, additionally providing supports to commissioned Centres regarding best practice, model fidelity and branding requirements.</li> <li>• Orygen provide capacity building, training and workforce development to staff of commissioned services.</li> <li>• The Wellbeing of Adelaide Youth – Mental health working group that supports the mental health of young people in the CBD – recently an overseas student accommodation provider was co-located at headspace Adelaide</li> </ul>
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates <b>(including the planning and procurement cycle)</b>:</p> <p>Activity start date: 1/07/2019 (already established Primary Platform headspace centres)</p> <p>Activity end date: 30/06/2022 (already established Primary Platform headspace centres)</p> <p>Activity start date: 1/07/2020 (new Primary Platform headspace Centre Marion)</p> <p>Activity end date: 30/06/2022 (new Primary Platform headspace Centre Marion)</p>

	<p><b>If applicable</b>, provide anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):          Service delivery start date: Month. Year.          Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not yet known</li> <li><input checked="" type="checkbox"/> Continuing service provider / contract extension</li> <li><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</li> <li><input checked="" type="checkbox"/> Open tender (Primary Platform headspace Centre Marion)</li> <li><input type="checkbox"/> Expression of Interest (EOI)</li> <li><input type="checkbox"/> Other approach (please provide details)</li> </ul> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No (drop-down menu)</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>No</p>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	<p>Indicate the mental health priority area this activity falls under.</p> <p>Priority area 2: Child and youth mental health services</p>
ACTIVITY TITLE	<p><i>Provide a <b>title for the activity</b>, with the prefix "MH".</i></p> <p><b><i>MH3. Commission enhanced services for young people at risk, or experiencing, severe and/or complex mental health conditions working towards a formalised integrated practice service model</i></b></p>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>Modified Activity</p> <p>If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.</p> <p>Title change and previously referenced as MH8</p>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>As identified in the Priorities, Options and Opportunities Section of your Needs Assessment, provide the number, title and page reference for the priority that this activity is addressing.</p> <p>If this activity is a "possible option" in the Needs Assessment, provide details.</p> <p>PMH1: High prevalence of mental health/behavioural issues and psychological distress in selected areas across the region (page 87).</p> <p>PMH2: Provision of psychological services comparatively low in areas of highest need (page 87).</p> <p>PMH5: Difficulty in identifying and accessing appropriate mental health treatment services (page 87).</p> <p>PMH7: Increase awareness of appropriate mental health services to health professionals and community and carers through the provision of information and resources (page 87).</p>
Aim of Activity	<p>Describe what this activity will aim to achieve, and how it will address the identified need (500 word limit).</p> <p>Provide youth-friendly mental health services for young people with severe and/or complex mental health conditions through dedicated multidisciplinary teams. Working towards a person-centred, multi-agency integrated acute, secondary and primary care model.</p>
Description of Activity	Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered.

	<p><b>For activities under Priorities 3 and 4</b>, please also outline how continuity of care will be assured.</p> <p>Youth-friendly mental health care services and supports for the a) treatment and management of severe and/or complex mental health conditions, b) recovery-orientated clinical care coordination and integration of services to maximise relapse prevention, c) early escalation referral services, d) facilitation of de-escalation pathways and care coordination, e) mental health literacy services for young people, their families/carers and friends, and e) service linkages, networks partnerships to support holistic and integrated treatment and management of the young person's health and related care needs across the care continuum.</p> <p>Continuing activities outlined in previous mental health Activity Work Plans, funding will be provided to existing and modified projects [listed below] for:</p> <ul style="list-style-type: none"> <li>• Provision of services for young people aged 16-25 years at risk of, or experiencing, severe and/or complex mental health conditions that require a mix of specialities, approaches and/or interventions to meet their care needs. This activity will address the number of potentially preventable emergency department presentations and hospital admissions for young people with severe and/or complex mental health conditions, and reduce the consequential long-term health implications and chronicity associated with repeated acute episodes and/or mental health instability for young people experiencing severe and /or complex mental health conditions. This will occur through assessment and ongoing management, including a combination of evidence-based psychological therapy (individual, group and families), treatment, recovery-orientated care planning, clinical review and in-reach services. Access to services is available for young people, their families/carers and friends will be able to access these services onsite, through outreach locations and assertive in-reach in the acute services (as appropriate).</li> <li>• The Aboriginal Community Connect (ACC) — Mental Health Treatment and Assessment Services provides a Mental Health Assessment and Treatment service through the provision of Clinical/Registered Psychologists within the ACC service (non-APHN funded service). To improve mental health experiences and outcomes for Aboriginal and Torres Strait Islander young people (16-25yrs) at risk of, or experiencing moderate, severe and/or complex mental health conditions and their families/carers. This occurs through the provision of culturally appropriate, sensitive and safe mental health services and supports, including ; better access to high quality clinical psychology services (individual, group, family); and mindfulness and relapse prevention groups; and provide an integrated service and coordinated care to holistically address the needs of clients through the development of clinical service pathways with Adelaide PHN commissioned providers and other mental health providers. Access is for Aboriginal and Torres Islander young people at risk of, or experiencing moderate, severe and/or complex mental health conditions across the Adelaide metropolitan region.</li> </ul>
<p>Target population cohort</p>	<p>Describe the cohort that this activity will target.</p>

	Youth in the Adelaide PHN region.
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>Yes</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p> <p>The commissioned agency is partnered and co-located with an Aboriginal specific program funded through Uniting Communities. Organisations work in partnership with Adelaide PHN in collaboration with Aboriginal State peak bodies, consolidate and extend collaborative working relationships with Aboriginal Community Controlled Health Organisations, primary health and acute services, as well as primary and state-based health and support agencies.</p>
Coverage	<p>Select if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p> <p>Entire APHN region</p>
Consultation	<p>Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity.</p> <ul style="list-style-type: none"> <li>• IPU/Complex Youth services commissioned providers all have formalised youth reference groups and youth engagement and participation activities incorporated as part of their service delivery models to ensure a diversity of youth voices contribute to and inform the provision of youth friendly and appropriate services. Adelaide PHN works closely with commissioned providers to obtain information and insight into youth specific needs. In addition, Adelaide PHN maintains a Child and Youth priority area within the Health Priority Network which informs Adelaide PHN’s strategic planning, design and commissioning of child and youth friendly services.</li> <li>• Adelaide PHN is consulting with child and youth commissioned services (e.g. Developing Minds) to make sure services and experiences are more appropriate for child and youth services.</li> </ul>
Collaboration	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.</p> <ul style="list-style-type: none"> <li>• IPU Youth steering committees exist in each of the regions and involve the appropriate representation from commissioned youth services, APHN and community mental health teams to guide the development and implementation of the program. This steering committee was responsible for the model of care development; including assisting in defining the client groups and types of services offered; and the development of cross sector relationships. The Northern IPU has evolved beyond a steering committee to have an Operational Governance Group with multiple representatives from the State Based Local Health Network.</li> <li>• The metropolitan Adelaide Mental Health and Suicide Prevention Plan (with representation as described above) will detail integration</li> </ul>

	<p>activities across the primary and tertiary sectors that relate specifically to improving care for young people with complex needs. There are 2 specific activities related to Youth as part of the Integrated plan- Step Up Step Down pathways and a Feasibility of a Single point of Entry. This will ensure that all relevant stakeholders remain engaged and focused on these potential areas for improvement.</p> <ul style="list-style-type: none"> <li>• Workshops and partnerships are being undertaken and developed to identify practical solutions to integrated care pathways focusing on shared care and transfer of care opportunities for youth.</li> <li>• All commissioned complex youth/IPU services are aligned with a headspace primary platform ensuring step-up step-down services and integration with consortium partners and services.</li> </ul>
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates <b>(including the planning and procurement cycle)</b>:                  Activity start date: 1/07/2019                  Activity end date: 30/06/2022</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates <b>(excluding the planning and procurement cycle)</b>:                  Service delivery start date: Month. Year.                  Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not yet known</li> <li><input checked="" type="checkbox"/> Continuing service provider / contract extension</li> <li><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</li> <li><input type="checkbox"/> Open tender</li> <li><input type="checkbox"/> Expression of Interest (EOI)</li> <li><input type="checkbox"/> Other approach (please provide details)</li> </ul> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No (drop-down menu)</p>

	1b. If yes, provide a description of the proposed decommissioning process and any potential implications.
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset?  Yes

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Indicate the mental health priority area this activity falls under.  Priority area 2: Child and youth mental health services
ACTIVITY TITLE	<b><i>Provide a title for the activity, with the prefix "MH".</i></b>  <b><i>MH4. Commission and enhance headspace Youth Early Psychosis Program (hYEPP) services of early and intervention and recovery focused treatment and care for young people who are at ultra-high risk of, or experiencing, a first episode psychosis.</i></b>
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity.  Modified Activity  If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.  <i>Title change and previously referenced as MH9 and MH10</i>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	As identified in the Priorities, Options and Opportunities Section of your Needs Assessment, provide the number, title and page reference for the priority that this activity is addressing. If this activity is a "possible option" in the Needs Assessment, provide details.  PMH5. Difficulty in identifying and accessing appropriate mental health treatment services (page 87).  PMH7. Increase awareness of appropriate mental health services to health professionals and community and carers through the provision of information and resources (page 87).  *PMH-PSM3. Increase the health workforce capacity to provide appropriate care to people with severe mental health conditions (page 87).
Aim of Activity	Describe what this activity will aim to achieve, and how it will address the identified need (500 word limit).  This activity aims to ensure timely access to Primary Mental Health Care Services headspace Youth Early Psychosis Program (hYEPP) to provide early intervention and recovery focused specialist treatment and care for young people aged 12-25 years who are at Ultra High Risk (UHR) of, or experiencing, a first episode of psychosis.
Description of Activity	Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered.  <b>For activities under Priorities 3 and 4, please also outline how continuity of care will be assured.</b>

	<p>The services will support early detection of young people at UHR of, or experiencing first episode psychosis, including:</p> <ul style="list-style-type: none"> <li>• (a) coordinated, integrated early intervention, specialist treatment and psychosocial recovery services and supports, (b) accessible, youth-friendly services across a stepped care continuum, with suitable linkages and partnerships in place to ensure young people receive holistic, coordinated and tailored care to meet their individual needs, (c) complementary services to the headspace Centre primary platform. (d) targeted for young people presenting with predictive criteria whereby the individual has an increased chance of developing a psychotic illness, or (e) are experiencing a first episode psychosis, (f) increase early detection of, and associated reduction in the duration of, untreated psychosis resulting in better health and wellbeing outcomes for young people their carers / families. (g) acute/crisis services and/or address significant mental health service engagement issues or access barriers experienced by the young person. (h) specialised model of care addressing early intervention in psychosis using an assertive care management approach and functional recovery focus</li> <li>• The hYEPP has its main office within the Adelaide CBD which is close to 2 major hospitals including the WCH and the RAH. hYEPP is an assertive outreach model and services are provided to young people and their families where they need it including in the home. Additionally, arrangements and provisions are in place for services to be provided within all (or in close proximity to) the primary platform headspace centres ensuring services are available in the right place for the young people.</li> </ul>
<p>Target population cohort</p>	<p>Describe the cohort that this activity will target.</p> <p>These activities will target young people and families throughout the Adelaide PHN region, with a focus on:</p> <ul style="list-style-type: none"> <li>• young people aged between 12-25 years with, or at risk of, a first episode psychosis</li> </ul>
<p>Indigenous specific</p>	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
<p>Coverage</p>	<p>Select if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p> <p>Adelaide PHN region</p>
<p>Consultation</p>	<p>Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity.</p> <ul style="list-style-type: none"> <li>• The hYEPP commissioned provider has a formalised youth reference group and youth engagement and participation activities incorporated as part of the service delivery model to ensure a diversity of youth voices contribute to and inform the provision of youth friendly and appropriate services.</li> <li>• Adelaide PHN works closely with its commissioned provider to obtain information and insight into youth specific needs, this occurs through</li> </ul>

	<p>capacity building meetings, reporting and integration activities. In addition, Adelaide PHN maintains a Child and Youth priority area within the Health Priority Network which informs Adelaide PHN’s strategic planning, design and commissioning of child and youth friendly services.</p> <ul style="list-style-type: none"> <li>• Adelaide PHN consults regularly with Orygen and headspace National regarding model and branding requirements as well as for resources, workforce capacity building and networking opportunities.</li> </ul>
<p>Collaboration</p>	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.</p> <ul style="list-style-type: none"> <li>• The Adelaide PHN will continue to collaborate closely with State-funded mental health services (specifically the Child and Adolescent Mental Health Services, State-based acute and community health mental services and youth specific services), as well as the hYEPP’s lead agency across the region to minimise duplication and ensure the seamless and appropriate support and continuity of care for young people.</li> <li>• Orygen have been tasked in the Adelaide PHN region to improve integration and partnerships within the required LHNs, CMHTs, General Practice and across a variety of community and social settings with a focus on community development and case detection.</li> <li>• Orygen work closely with the commissioned service provider of the hYEPP and the Adelaide PHN to ensure services are delivered aligned with the EPICC model.</li> <li>• General Practitioner and private providers provide MBS services to clients of the hYEPP ensure a whole of person treatment is provided to increase the management of general health and metabolic issues.</li> <li>• National Evaluation for hYEPP is being undertaken by EY (consultants) and a number of other partners.</li> </ul>
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (<b>including</b> the planning and procurement cycle):          Activity start date: 1/07/2020          Activity end date: 30/06/2021</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):          Service delivery start date: Month. Year.          Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not yet known</li> <li><input checked="" type="checkbox"/> Continuing service provider / contract extension</li> <li><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</li> <li><input type="checkbox"/> Open tender</li> </ul>

	<input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)  2a. Is this activity being co-designed? No  2b. Is this activity this result of a previous co-design process? No  3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No  3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No (drop-down menu)  1b. If yes, provide a description of the proposed decommissioning process and any potential implications.
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset?  No

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	<p>Indicate the mental health priority area this activity falls under.</p> <p>Priority area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups</p>
ACTIVITY TITLE	<p><i>Provide a <b>title for the activity</b>, with the prefix "MH".</i></p> <p><b><i>MH5. Commission primary mental health care services for persons residing in Residential Aged Care Facilities (RACFs) that are at risk of, or experiencing, mental health conditions</i></b></p>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>Modified Activity</p> <p>If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.</p> <p><i>Title change and previously referenced as MH2</i></p>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>As identified in the Priorities, Options and Opportunities Section of your Needs Assessment, provide the number, title and page reference for the priority that this activity is addressing.</p> <p>If this activity is a "possible option" in the Needs Assessment, provide details.</p> <p>PMH1. High prevalence of mental health/behavioural issues and psychological distress in selected areas across the region (page 87).</p> <p>PMH2. Provision of psychological services comparatively low in areas of highest need (page 87).</p> <p>PMH3. Comparatively high numbers of people attempting to access psychological services in areas with minimal psychological service provision (page 87).</p> <p>PMH5. Difficulty in identifying and accessing appropriate mental health treatment services (page 87).</p>
Aim of Activity	<p>Describe what this activity will aim to achieve, and how it will address the identified need (500 word limit).</p> <p>Improved mental health and wellbeing experiences and outcomes for RACF residents at risk of, or experiencing, mild to moderate mental health conditions or with severe mental health conditions that are episodic in nature. In addition, to improve mental health literacy and competency for RACF staff, RACF residents and their families/carers.</p>
Description of Activity	Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered.

	<p><b>For activities under Priorities 3 and 4</b>, please also outline how continuity of care will be assured.</p> <p>Provide clinical low intensity services (individual and group) and psychological therapies (individual and group) for eligible RACF residents throughout the Adelaide metropolitan region. Working collaboratively with RACFs to promote and facilitate RACF resident access to primary mental health care services, including through the provision and support to assist RACF staff to recognise and respond to resident mental health conditions and provide effective clinical management; support linkages and partnerships within a stepped care model to enable integrated mental health care treatment and management for RACF residents. The activity aims to support people living in RACFs that meet the following eligibility criteria: (i) are at 'risk' of mild to moderate mental illness (defined as experiencing early symptoms of a common mental illness; or (ii) have a diagnosed mental illness, with mild to moderate symptoms of a common mental illness, or (iii) with severe mental health conditions that are episodic in nature, and (iv) are residing in a RACF that has completed the Adelaide PHN registration process to access Project services. Ensuring that RACF residents with the following conditions and/or presentations are excluded from Project services (i) dementia with severe cognitive features; (ii) delirium; or (iii) severe, persistent and complex mental illness. There is lack of access to primary mental health care services on-site at RACFs. The services provided are intended to enable residents with mental illness access to primary mental health care services similar to those available in the community. New primary mental health care service will be commissioned across residential aged care settings. The services will increase access by being provided on-site where the resident resides. There are four (4) Aged Care Planning Regions (ACPRs) within the Adelaide PHN boundary: Metropolitan North, Metropolitan West, Metropolitan South and Metropolitan East. These four ACPRs comprise the service delivery catchment area. It should be noted that it is not mandatory for RACFs to participate in the project and certain RACFs may seek not to register for services. As at 31 December 2020, 34 of the 154 RACFs in metropolitan Adelaide are registered to receive services. To facilitate greater access, the registration process will be revised and simplified and a targeted recruitment strategy will be implemented to improve awareness of the program and registration of RACFs.</p>
<p>Target population cohort</p>	<p>Describe the cohort that this activity will target.</p> <p>Persons residing in residential aged care facilities (RACFs) who have registered to be part of the program across the entire Adelaide PHN region with a focus on:</p> <ul style="list-style-type: none"> <li>• older people at risk of, or experiencing mild to moderate mental health conditions</li> <li>• older people with a diagnosed mental health condition</li> <li>• newly arrived residents experiencing transition and adjustment issues</li> </ul>
<p>Indigenous specific</p>	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>

	If yes, briefly describe how this activity will engage with the Indigenous sector.
Coverage	Select if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference) Adelaide PHN region
Consultation	Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity. <ul style="list-style-type: none"> <li>Adelaide PHN has recently consulted with RACFs to inform the design and delivery of appropriate services for the Psychological Treatment Services for people with Mental Illness in Residential Aged Care measure. Continuing consultations with the broader RACF sector, peak bodies, mental health providers, consumers and carers will occur throughout implementation and embedding stages of the measure, consistent with Adelaide PHN's phased implementation approach.</li> </ul>
Collaboration	List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services. <ul style="list-style-type: none"> <li>Relationships Australia South Australia (commissioned service provider) are meeting with a range of relevant stakeholders (e.g. Dementia SA, Older Persons Mental Health Services) to ensure PMHCS in RACFs are implemented as part of the stepped care continuum and referral pathways are established.</li> <li>RACFs will be paramount in the delivery of this service, ensuring the commissioned service provider has referrals, appropriate access to site(s), facilitation of GP involvement and communication with residents.</li> </ul>
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates ( <b>including</b> the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022  <b>If applicable</b> , provide anticipated service delivery start and completion dates ( <b>excluding</b> the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year. Service delivery start date: July 2019 (RACF Trial) Service delivery end date: December 2019 (RACF Trial)  Service delivery start date: February 2020 (RACF Program) Service delivery end date: June 2022 (RACF Program)  Any other relevant milestones?
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <ul style="list-style-type: none"> <li><input type="checkbox"/> Not yet known</li> <li><input checked="" type="checkbox"/> Continuing service provider / contract extension</li> <li><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</li> <li><input type="checkbox"/> Open tender</li> </ul>

	<input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)  2a. Is this activity being co-designed? No  2b. Is this activity this result of a previous co-design process? Yes  3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No  3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No (drop-down menu)  1b. If yes, provide a description of the proposed decommissioning process and any potential implications.
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset?  Yes

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	<p>Indicate the mental health priority area this activity falls under.</p> <p>Priority area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups</p>
ACTIVITY TITLE	<p>Provide a <b>title for the activity</b>, with the prefix <b>"MH"</b>.</p> <p><b><i>MH6. Commission psychological therapeutic services in areas of need and for vulnerable population groups</i></b></p>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>Modified Activity</p> <p>If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.</p> <p><i>Title change and previously referenced as MH12, MH13, MH14 and MH16</i></p>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>As identified in the Priorities, Options and Opportunities Section of your Needs Assessment, provide the number, title and page reference for the priority that this activity is addressing.</p> <p>If this activity is a "possible option" in the Needs Assessment, provide details.</p> <p>PMH1. High prevalence of mental health/behavioural issues and psychological distress in selected areas across the region (page 87).</p> <p>PMH2. Provision of psychological services comparatively low in areas of highest need (page 87).</p> <p>PMH3. Comparatively high numbers of people attempting to access psychological services in areas with minimal psychological service provision (page 87).</p> <p>PMH5. Difficulty in identifying and accessing appropriate mental health treatment services (page 87).</p> <p>PMH7. Increase awareness of appropriate mental health services to health professionals and community and carers through the provision of information and resources (page 87).</p> <p>GPH 25. LGBTIQ+ communities can access safe, inclusive and appropriate mental health services and alcohol and other drugs treatment options</p>
Aim of Activity	<p>Describe what this activity will aim to achieve, and how it will address the identified need (500 word limit).</p> <p>This activity will commission psychological therapeutic services, targeted to under-serviced/hard to reach populations and in areas of high need (as identified in the needs assessment) and supports for children, young people</p>

	<p>and adults, their families/carers at risk of, or experiencing mental health conditions across the severity spectrum: mild, moderate and severe.</p>
<p>Description of Activity</p>	<p>Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered.</p> <p><b>For activities under Priorities 3 and 4</b>, please also outline how continuity of care will be assured.</p> <p>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 for Aboriginal and Torres Strait Islander people (including through 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. The Adelaide PHN will continue to fund existing commissioned service providers to deliver psychological therapies in under-served and/or hard to reach populations, maintaining seamless access to services and continuity of care. Continuing activities outlined in previous mental health Activity Work Plans, funding will be provided to existing and modified projects [listed below] for:</p> <ul style="list-style-type: none"> <li>• Provision of services targeting particular population groups and/or specific geographic areas according to need. This activity will be delivered in parallel and complement other approaches to treatment within a stepped-care model, depending on the complexity and severity of the individual’s presentation. The type and number of services are determined by the health professional and GP in consultation with the individual and based on need, severity of illness and treatment evidence base. This includes the provisions of culturally appropriate psychological therapies and Narrative therapy for child, young people, adults and families for the Aboriginal and Torres Strait Islander population who have access to commissioned services through the ACCHO aligned with the moderate step of care.</li> <li>• Provision of (i) psychological therapies (individual and group) and supports for children aged 4 - 12 years at risk of or experiencing mental, emotional and/or behavioural conditions, (ii) family groups for children aged 7-12 years experiencing externalising symptoms of anxiety; and (iii) school-based parent groups addressing behaviour management and attachment issues relating to children. This activity will address improved mental health and wellbeing outcomes, and improved confidence and capacity in managing challenging behaviour, for parents/carers; improved access; improved mental health literacy and increased community awareness and understanding of child mental health conditions.;. Structured psychological therapies will be accessible on referral (including direct parental referral) and for those experiencing significant barriers to accessing treatment services due to financial hardship.</li> <li>• Provision of primary mental health care services, psychological therapies and supports for young people (aged 12 and over) and adults who identify as (i) Gender diverse, or (ii) Transgender and (ii) are at risk</li> </ul>

	<p>of, or experiencing mild to moderate mental health conditions. Improve mental health experiences and outcomes for young people and adults who are Transgender or Gender Diverse at risk of, or experiencing mild to moderate mental health conditions through the provision of gender sensitive, affirming and safe primary mental health care services and supports, including (a) early detection and intervention services, and (b) psychological therapies; escalation and de-escalation care coordination and referral services to support seamless transition of care responsive to change in individual need; service linkages, networks and formal service delivery partnerships to support holistic, integrated treatment and management of health and related care needs across the care continuum; mental health literacy services and supports.. Access to services is available across the Adelaide PHN metropolitan catchment area.</p> <ul style="list-style-type: none"> <li>•</li> </ul>
<p>Target population cohort</p>	<p>Describe the cohort that this activity will target.</p> <p>These activities will target children, young people, adults and families/carers throughout the Adelaide PHN region, with a focus on area of greatest need, including (but not limited to):</p> <ul style="list-style-type: none"> <li>• people on a low income</li> <li>• children under 12</li> <li>• Culturally and Linguistically Diverse people</li> <li>• Aboriginal and Torres Strait Islander peoples</li> <li>• Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI)</li> <li>• older people</li> <li>• socially isolated new and emerging populations</li> <li>• perinatal women</li> <li>• people with comorbid presentations</li> <li>• individuals who are at risk of suicide or self-harm</li> <li>• people with intellectual disability and co-occurring mental illness, for whom there are barriers to receiving appropriate mental health and treatment</li> </ul>
<p>Indigenous specific</p>	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>Yes</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p> <p>The Adelaide PHN directly commissions the ACCHO to deliver appropriate mental health services to the Aboriginal and Torres Strait Islander populations. This commissioned service sits alongside a range of other health related services delivered by the ACHHO and in partnership with a range of other Indigenous specific services and service providers.</p>
<p>Coverage</p>	<p>Select if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p> <p>Adelaide PHN region</p>

<p>Consultation</p>	<p>Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity.</p> <p>Adelaide PHN conducted consultations with Better Access Providers in 2020 sourced through peak bodies including the Australian Psychological Society, Australian Association of Social Workers, OT Australia and commissioned service providers delivering psychological therapies aimed at increasing the number of private providers available within the broader PMHC system. This resulted in a number of providers registering their interest to work with Adelaide PHN and commissioned services providers which will continue in 2021-22. This has been a helpful strategy to assist in managing increasing demand. The Adelaide PHN intends to undertake a more detailed EOI process the next financial year.</p>
<p>Collaboration</p>	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.</p> <ul style="list-style-type: none"> <li>• Adelaide PHN plans to support &amp; collaborate with commissioned PMHCS to develop a consistent approach to the management of waiting lists and waiting times</li> <li>• Adelaide PHN may run additional information sessions for Better Access providers with the aim of increasing the number of private providers available within the broader PMHC system created by the PHN.</li> <li>• A monthly program of Collaborative Practice Workshops designed to address common service delivery issues for commissioned service providers has been developed based on needs identified through working closely with commissioned services providers. The monthly program is developed at annual planning days. Whilst the program for 2020-21 has not been developed at the time of writing this AWP, examples of current topics which may be repeated in 2020-21 include:             <ul style="list-style-type: none"> <li>○ NDIS and your clients</li> <li>○ Suicide Prevention Services - Case Studies and Integrated Practice</li> <li>○ Wait List Management (including wait list tool development)</li> <li>○ Critical Incidents</li> <li>○ LGBTIQ Inclusive Practice</li> <li>○ Emerging Minds Tools and Resources</li> <li>○ Integration Practices</li> <li>○ Vulnerable Groups</li> <li>○ Better Access Information Session</li> </ul> </li> </ul>
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (<b>including</b> the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019              Activity end date: 30/06/2023</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):</p> <p>Service delivery start date: July 2019              Service delivery end date: June 2023</p>

	Any other relevant milestones?
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not yet known</li> <li><input checked="" type="checkbox"/> Continuing service provider / contract extension</li> <li><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</li> <li><input type="checkbox"/> Open tender</li> <li><input type="checkbox"/> Expression of Interest (EOI)</li> <li><input type="checkbox"/> Other approach (please provide details)</li> </ul> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No (drop-down menu)</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	<p>Indicate the mental health priority area this activity falls under.</p> <p>Priority area 4: Mental health services for people with severe and complex mental illness including care packages</p>
ACTIVITY TITLE	<p><i>Provide a <b>title for the activity</b>, with the prefix "MH".</i></p> <p><b><i>MH7. Commission evidence-based, integrated, recovery-orientated care for people with severe and complex mental health illness, in areas of need</i></b></p>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>Modified Activity</p> <p>If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.</p> <p><i>Title change and previously referenced as MH17 and MH18</i></p>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>As identified in the Priorities, Options and Opportunities Section of your Needs Assessment, provide the number, title and page reference for the priority that this activity is addressing.</p> <p>If this activity is a "possible option" in the Needs Assessment, provide details.</p> <p>PMH1. High prevalence of mental health/behavioural issues and psychological distress in selected areas across the region (page 87).</p> <p>PMH2. Provision of psychological services comparatively low in areas of highest need (page 87).</p> <p>PMH3. Comparatively high numbers of people attempting to access psychological services in areas with minimal psychological service provision (page 87).</p> <p>PMH5. Difficulty in identifying and accessing appropriate mental health treatment services (page 87).</p> <p>PMH6. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes (page 87).</p>
Aim of Activity	<p>Describe what this activity will aim to achieve, and how it will address the identified need (500 word limit).</p> <p>The aim of this activity is to improve mental health experiences and outcomes for people with severe and complex mental health conditions and their families and carers through the provision of wrap-around coordinated care, and enhanced service and clinical integration.</p>

<p>Description of Activity</p>	<p>Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered.</p> <p><b>For activities under Priorities 3 and 4</b>, please also outline how continuity of care will be assured.</p> <p>The Adelaide PHN will continue to focus on enhancing the capacity and capability of the primary mental health care service system to improve client and treatment outcomes, and client experience by a) commissioning comprehensive severe and complex mental health services incorporating clinical care coordination and b) developing linkages with and between relevant non-clinical services. The Adelaide PHN will facilitate the use and integration of existing service infrastructure and workforce/provider mix in commissioning these services. The Adelaide PHN will continue to fund existing commissioned service providers to deliver services for people with severe and/or complex mental health conditions, maintaining seamless access to services and continuity of care, sector efficiency and improve care coordination at a local level, including:</p> <ul style="list-style-type: none"> <li>• Provision of primary mental health care services for people from culturally and linguistically diverse backgrounds experiencing chronic and complex mental health conditions (severe step of care) within the Adelaide metropolitan region. Commissioned to improve access to, integration and clinical care coordination of mental health care and related services, thereby improving mental health and wellbeing experiences and outcomes for people from culturally and linguistically diverse backgrounds. Further the development/coordination of person-centred treatment and recovery oriented plans, including augmentation of treatment for co-occurring conditions; escalation and de-escalation clinical care coordination and 'warm' referral services to support seamless transition of care responsive to change in individual need; service linkages, networks and formal service delivery partnerships to support holistic, integrated treatment and management of mental health and related care needs across the care continuum; and mental health literacy services and supports for people from culturally and linguistically diverse backgrounds experiencing chronic and complex mental health conditions, and their families/carers. Ensuring that services are delivered to persons in the Adelaide metropolitan regions within a culturally and linguistically appropriate framework that facilitates both access to culturally sensitive and safe services and supports, and translation and interpretation services as required to meet individual needs.</li> <li>• Provision of primary mental health care services and supports for people who are homeless/at risk of homelessness and experiencing chronic and complex mental health conditions, including; psychological therapies and clinical care coordination for people who are homeless/at risk of homelessness and experiencing chronic and complex mental health conditions in the Adelaide metropolitan regions. Services will include comprehensive mental health assessment, psychological therapies and clinical care coordination facilitation and integration of mental health treatment, crisis and re-engagement care and support, physical health care and multi-morbidity care referral and engagement with other health and non</li> </ul>
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	<p>health related service providers at primary, secondary and acute levels that are integral to an individual's recovery-oriented care and outcomes.</p> <ul style="list-style-type: none"> <li>• Structured group based therapeutic services for persons in vulnerable groups with severe and complex mental health presentation and/or history of trauma or abuse. Group programs supplement individual support and educate group members regarding a range of new skills including; new ways of handling distressing thoughts and feelings related to trauma (CPT); improve emotional regulation, interpersonal effectiveness and parenting skills (MI-DBT). The groups are held across the city, southern and northern locations. Delivery of groups is provided by commissioned providers in partnership with health and education services.</li> <li>• Telephone-based mental health clinical care coordination and advocacy for women and their families in the perinatal period at risk of, or experiencing moderate to severe mental health conditions and their families. This service contributes to improving mental health and wellbeing outcomes as well as improved coordination of care with other health professionals. The perinatal period for the purpose of this service commences from pregnancy until the child is 2 years old. Project services and supports are made available via telephone and provided by perinatal mental health clinicians and clinical care coordinators. Referral, engagement and partnerships with other health and non-health related service providers at primary, secondary and acute levels that are integral to an individual's recovery-oriented care and outcomes and to facilitate access to project services and supports.</li> <li>• Commissioned services will a) provide comprehensive severe and complex mental health services incorporating psychological therapies, clinical care coordination, complementing and enhancing existing GP, Psychiatrist and allied mental health services, and b) develop linkages with and between relevant clinical and non-clinical services. This may target specific hard to reach groups including Aboriginal and Torres Strait Islander populations. The Adelaide PHN will facilitate the use and integration of existing service infrastructure and workforce/provider mix in commissioning these services. The Adelaide PHN will continue to fund existing commissioned service providers to deliver services for people with severe and/or complex mental health conditions, maintaining seamless access to services and continuity of care.</li> </ul>
<p>Target population cohort</p>	<p>Describe the cohort that this activity will target.</p> <p>These activities will target young people, adults and families/carers throughout the Adelaide PHN region, with a focus on area of greatest need, including (but not limited to):</p> <ul style="list-style-type: none"> <li>• women living with borderline personality disorder in the perinatal period</li> <li>• adult (female &amp; male) survivors of sexual abuse</li> <li>• domestic violence survivors</li> <li>• survivors of crime, physical or criminal assault</li> <li>• survivors of war trauma, torture, natural disasters and cults</li> <li>• survivors of accidents and motor vehicle accidents</li> <li>• people from culturally and linguistically diverse backgrounds experiencing chronic and complex mental health conditions</li> <li>• people who are homeless/at risk of homelessness</li> </ul>

	<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander young people (aged 12-25 years) and adults at risk of, or experiencing moderate, severe and/or complex mental health conditions</li> </ul>
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	<p>Select if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p> <p>Adelaide PHN region</p>
Consultation	<p>Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity.</p> <p>In the development of the Adelaide metropolitan regional mental health and Suicide Prevention Plan the Adelaide PHN has consulted with all metropolitan LHNs, SA Health and the SA Mental Health Commission. This has resulted in a thematic analysis of all of the mental health plans (including the SA mental health plan, the clinical services plan and all LHN community reform plans to identify opportunities for integration with Local Health Networks (LHNs) to support coordinated referral pathways for people with severe and complex across the acute, secondary and primary health sectors.</p>
Collaboration	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.</p> <ul style="list-style-type: none"> <li>Collaboration between Helen Mayo House (WCHN), DHS, DFE, service providers (Sonder and LtW) and the Adelaide PHN with the aim of continuing to deliver regional access to MiDBT groups in primary care for mothers with personality disorders.</li> <li>Collaboration as part of the regional mental health and suicide prevention plan between the Central LHN and Northern LHN and PHN funded Clinical Care Coordinators in commissioned services to deliver packages of care (based on the evidence provided in the NMHSPF).</li> </ul>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (<b>including</b> the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year.</p> <p>Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
Commissioning method and	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p>

<p>approach to market</p>	<p> <input type="checkbox"/> Not yet known  <input checked="" type="checkbox"/> Continuing service provider / contract extension  <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.  <input type="checkbox"/> Open tender  <input type="checkbox"/> Expression of Interest (EOI)  <input type="checkbox"/> Other approach (please provide details)         </p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No (drop-down menu)</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Indicate the mental health priority area this activity falls under.  Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	<i>Provide a <b>title for the activity</b>, with the prefix "MH".</i>  <b>MH8. Support region specific, cross-sectoral suicide prevention services for people who are at risk of suicide and/ or who have recently attempted suicide in areas of highest need</b>
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity.  Modified Activity  If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.  <i>Title change and previously referenced as MH21, MH22 and MH23</i>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	As identified in the Priorities, Options and Opportunities Section of your Needs Assessment, provide the number, title and page reference for the priority that this activity is addressing. If this activity is a "possible option" in the Needs Assessment, provide details.  PMH1. High prevalence of mental health/behavioural issues and psychological distress in selected areas across the region (page 87).  PMH2. Provision of psychological services comparatively low in areas of highest need (page 87).  PMH3. Comparatively high numbers of people attempting to access psychological services in areas with minimal psychological service provision (page 87).  PMH5. Difficulty in identifying and accessing appropriate mental health treatment services (page 87).  PMH6. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes (page 87).  PHM7: Increase awareness of appropriate mental health services to health professionals and community and carers through the provision of information and resources (page 87).
Aim of Activity	Describe what this activity will aim to achieve, and how it will address the identified need (500 word limit).

	<p>This activity aims to deliver both non clinical and clinical therapeutic suicide prevention interventions and 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. In addition, this activity aims to support commissioned service providers and other identified organisations/individuals 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 best-practice suicide prevention/post-vention knowledge and practices for mental health services.</p>
<p>Description of Activity</p>	<p>Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered.</p> <p><b>For activities under Priorities 3 and 4</b>, please also outline how continuity of care will be assured.</p> <p>Suicide prevention activities as part of a stepped-care model of service delivery contains two main components; (i) community-based suicide prevention activities in line with needs assessments and planning processes to support better targeting of people at risk, specifically Aboriginal and Torres Strait Islander (ATSI) peoples; (ii) evidence-based, short-term psychological interventions to people who have attempted, or are at risk of, suicide or self-harm where access to other services is not appropriate. The APHN will continue to fund a number of commissioned service providers to deliver SPS and Community-Based Suicide Prevention Activities across the APHN region. Adelaide PHN commissioned providers of SPS in particular provide a complementary service to other primary mental health care service providers and General Practice.</p> <ul style="list-style-type: none"> <li>• Provide evidence-based therapy, de-escalation and safety planning for people experiencing suicidal thoughts and feelings; reducing stigma and shame associated with suicidal thoughts/ feelings/ actions that are appropriate to be managed in a primary care setting. Services are targeted for individuals following a suicide attempt and/or self-harm incident or who are at risk of suicide or self-harm. The Suicide Prevention Service (SPS) program is designed to provide immediate short-term clinical intervention for people at risk of suicide or self-harm. While there is no limit to the number of sessions an individual can access, the focus should remain on risk assessment, management and stabilisation, skills development and short solution focused therapy. Delivered by commissioned service providers, people can access clinical SPS through a variety of ways, including general practice, commissioned provider, self-referral or presentation, referral from state mental health or emergency departments.</li> <li>• Provide primary mental health care services and supports for people who are bereaved by suicide via the Living Beyond Suicide program and short-term non-clinical case management support for people post suicide attempt and their families. Anyone in the community who is bereaved by suicide can access support. Services are provided through home visits and telephone support with clinical risk managed by an alternative service.</li> <li>• Provide clinical suicide prevention activities, with regard to cultural appropriateness and cultural safety for the Adelaide PHN Aboriginal</li> </ul>

	<p>and Torres Strait Islander population and the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy recommendations. The Adelaide PHN will collaborate with appropriate Aboriginal and Torres Strait Islander health services, established primary mental health treatment services, advisory and membership groups to ensure the appropriateness and effectiveness of commissioned activities. The Adelaide PHN will ensure commissioned suicide prevention activities are aligned with need and reflect current best-practiced evidence-based approaches as outlined in the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Report (ATSIPPEP) and other related sources. Provide a specialised Aboriginal and Torres Strait Islander suicide prevention service providing a clinical referral pathway for people who are accessing The Way Back and other psychosocial and clinical suicide prevention services.</p>
<p>Target population cohort</p>	<p>Describe the cohort that this activity will target.</p> <p>People identified in populations at risk of suicide, people who have recently attempted suicide and young people (16+), including (but not limited to):</p> <ul style="list-style-type: none"> <li>• people already engaged in APHN commissioned Primary Mental Health Care Services (PMHCS)</li> <li>• people referred by their GP specifically for therapeutic suicide prevention support</li> <li>• people who have presented to GP after an incident of self-harm or who have expressed suicidal ideation</li> <li>• directly contacting a provider of suicide prevention services and are assessed as eligible</li> <li>• are considered at increased risk in the aftermath of a suicide</li> <li>• Aboriginal and Torres Strait Islander peoples</li> </ul>
<p>Indigenous specific</p>	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>Yes</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p> <p>As above</p> <p>Adelaide PHN consults specifically with Aboriginal and Torres Strait Islander peoples and communities, including through the Adelaide PHN Aboriginal Community Advisory Council, ACCHO, and specific reference groups, to support culturally appropriate services for Aboriginal and Torres Strait Islander people. These consultations provide strategic input into the activity planning process, forming an important collaborative role with the Adelaide PHN.</p> <p>The Adelaide PHN continues to work with Aboriginal and Torres Strait Islander people on effective methods for ongoing engagement and communication, ensuring there are a range of ways for individuals to understand and contribute the provision of high quality, culturally responsive services.</p>
<p>Coverage</p>	<p>Select if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p>

	<p>Entire Adelaide region</p>
<p>Consultation</p>	<p>Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity.</p> <ul style="list-style-type: none"> <li>• Adelaide PHN representatives participate in regular State Government department advisory and membership group meetings, suicide prevention network(s) and other peak body workshops regarding current trends in suicide, best-practice approaches and community-based suicide prevention activity across the region.</li> <li>• Adelaide PHN is consulting with CBPATSISP to identify, translate and promote evidence-based positive practice in preventing suicide among Indigenous people accessing mainstream suicide prevention services.</li> <li>• In addition, Adelaide PHN consultation has occurred through:             <ul style="list-style-type: none"> <li>○ Suicide Prevention Forum</li> <li>○ CALHN Youth and Suicide Prevention workshops/integration</li> <li>○ consultation between APHN and the Office of the Chief Psychiatrist and Beyond Blue on the ongoing implementation for The Way Back Support Service</li> <li>○ Consultation with headspace services to inform innovative ideas, initiatives and activities for wait time and demand management</li> </ul> </li> <li>• Adelaide PHN and the Central Adelaide Local Health Network have collaborated with mental health and suicide prevention service providers in the Central Adelaide region to improve integration between primary and tertiary care. Further workshops are planned to identify practical solutions to integrated partnerships and care pathways focusing on shared care and transfer of care opportunities for youth and suicide.</li> </ul>
<p>Collaboration</p>	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.</p> <ul style="list-style-type: none"> <li>• A key focus of the partnership between all metropolitan LHNs, the APHN and the Office for the Chief Psychiatrist will be implementing integrated approaches to suicide prevention including; working on a towards zero approach across primary and tertiary services; implementing The Way Back Support Service in the Central Adelaide region; continuing to train the primary and tertiary mental health providers in the Connecting with People approach; working together to implement the Urgent Mental Health Centre which will be led by SA Health.</li> <li>• State-funded services delivering first-response interventions post-suicide attempts in schools and other settings.</li> <li>• The activities will be jointly implemented with commissioned providers to provide (culturally) appropriate suicide prevention services (including to Aboriginal and Torres Strait Islander people). The Adelaide PHN will collaborate with Country SA PHN to ensure cross-boundary coverage for similar commissioned activities in South Australia.</li> <li>• Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support culturally appropriate services for Aboriginal and Torres Strait Islander people.</li> </ul>

	<ul style="list-style-type: none"> <li>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. In addition, the Adelaide PHN will support commissioned service providers to join up services between tertiary, secondary and primary care sectors.</li> <li>Suicide Prevention Forum and collaborative practice workshop with Adelaide PHN CSPs aimed at increasing sector understanding of available services, referral pathways and roles and responsibilities of each type of service; challenges and barriers to referrals are identified and solutions identified; common language is identified across services (e.g., Connecting with People).</li> </ul>
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (<b>including</b> the planning and procurement cycle):                      Activity start date: 1/07/2019                      Activity end date: 30/06/2023</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):                      Service delivery start date: July 2019                      Service delivery end date: June 2023</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known  <input checked="" type="checkbox"/> Continuing service provider / contract extension  <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.  <input type="checkbox"/> Open tender  <input type="checkbox"/> Expression of Interest (EOI)  <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No</p>

	1b. If yes, provide a description of the proposed decommissioning process and any potential implications.
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset?  Yes

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Indicate the mental health priority area this activity falls under.  Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	Provide a <b>title for the activity</b> , with the prefix <b>"MH"</b> .  <b>MH9. The Way Back Support Service</b>
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity.  New Activity  If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	As identified in the Priorities, Options and Opportunities Section of your Needs Assessment, provide the number, title and page reference for the priority that this activity is addressing. If this activity is a "possible option" in the Needs Assessment, provide details.  PMH1. High prevalence of mental health/behavioural issues and psychological distress in selected areas across the region (page 87).  PMH2. Provision of psychological services comparatively low in areas of highest need (page 87).  PMH3. Comparatively high numbers of people attempting to access psychological services in areas with minimal psychological service provision (page 87).  PMH5. Difficulty in identifying and accessing appropriate mental health treatment services (page 87).  PHM7: Increase awareness of appropriate mental health services to health professionals and community and carers through the provision of information and resources (page 87).
Aim of Activity	Describe what this activity will aim to achieve, and how it will address the identified need (500 word limit).  The aims of The Way Back support service are to: <ul style="list-style-type: none"> <li>• Improve access to high-quality aftercare to support at risk individuals to stay safe</li> <li>• Build the capacity of individuals to self-manage distress and improve mental wellbeing</li> <li>• Improve links with clinical and community-based services to meet individuals needs and circumstances</li> </ul>

	<ul style="list-style-type: none"> <li>• Increase social connectedness and links to supportive networks (families, friends, peers and carers), and</li> <li>• Improve the capacity and capability of the Way Back workforce to support at risk individuals.</li> </ul> <p>Ultimately, the above aims are intended to contribute to reducing the risk of suicide (re)attempts for individuals experiencing a suicidal crisis or who have made a suicide attempt.</p>
<p>Description of Activity</p>	<p>Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered.</p> <p>Beyond Blue is a national, independent, not-for-profit organisation working to increase awareness and understanding of depression, anxiety and suicide prevention in Australia and reduce associated stigma. Beyond Blue has developed a service delivery model, known as The Way Back Support Service, a non-clinical support service focused on providing practical psychosocial support to people experiencing suicidal crisis or who have attempted suicide. Beyond Blue and the PHN have agreed to partner to implement The Way Back Support Service within the Adelaide PHN Region.</p> <p>The service is delivered through assertive outreach by trained Support Coordinators under the supervision of a mental health clinician for a period of three months. Support Coordinators link clients to existing clinical and community-based services, to ensure they are safe and accessing the community-based support that is available.</p> <p>A person will be eligible for the program if they meet the primary criteria, or depending on the capacity of the Service, the secondary criteria outlined below:</p> <ul style="list-style-type: none"> <li>• <i>Primary Criteria</i> – when a person is referred to The Way Back after presenting to the hospital emergency department following a suicide attempt. Where service capability permits, referrals for the Primary Criteria may also be made by community mental health teams and General Practitioners.</li> <li>• <i>Secondary Criteria</i> – the secondary criteria are met when a person presents to a hospital emergency department in suicidal crisis, with imminent risk of suicide. A suicidal crisis may or may not result in hospital admission, therefore where service capacity permits, referrals for the Secondary Criteria may also be made by community mental health teams.</li> </ul> <p>To be delivered by a commissioned service provider, The Way Back support service will predominately be accessed by clients presenting to hospital emergency departments (as outlined in the eligibility criteria).</p>
<p>Target population cohort</p>	<p>Describe the cohort that this activity will target.</p> <p>The Way Back targets individuals following a suicide attempt or those identified as experiencing a suicidal crisis.</p>
<p>Indigenous specific</p>	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p>

	<p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
<p>Coverage</p>	<p>Select if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p> <p>Entire APHN region</p>
<p>Consultation</p>	<p>Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity.</p> <ul style="list-style-type: none"> <li>• The Office of the Chief Psychiatrist (SA Health) was consulted to determine which LHN would be most suitable to engage. Consultation proceeded to broad meetings with the LHNs to understand their capacity and priority to implement The Way Back.</li> <li>• Adelaide PHN consulted local data on self-harm rates, hospital admissions for self-harm/suicide attempts and crude death rates to establish areas of greatest needs.</li> <li>• Consultation continues with the Office of the Chief Psychiatrist to announce the LHN to be engaged in the activity.</li> </ul>
<p>Collaboration</p>	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.</p> <ul style="list-style-type: none"> <li>• SA Health as the co-commissioner and co-funding organisation for The Way Back Service</li> <li>• Office of the Chief Psychiatrist – involved in the joint selection of the LHN region where services be located and will also be involved in the market approach and selection of the service provider.</li> <li>• Local Health Network – one LHN will be selected to engage in the service with referrals from the emergency departments of the hospital(s) in the LHN region.</li> <li>• Community mental health teams – LHN community mental health teams may become involved in the service where capacity and scope permit the service to open to receiving referrals from community mental health</li> <li>• General practitioners – where service capacity permits, general practitioners may be involved in the referring clients who satisfy the primary criteria**</li> </ul> <p>** This will only occur once the service has been established and operational and review deems there is capacity to open additional referral pathways.</p>
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/01/2020</p> <p>Activity end date: 30/06/2023</p>

	<p><b>If applicable</b>, provide anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):                  Service delivery start date: December 2020                  Service delivery end date: June 2022</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not yet known</li> <li><input type="checkbox"/> Continuing service provider / contract extension</li> <li><input checked="" type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</li> <li><input type="checkbox"/> Open tender</li> <li><input type="checkbox"/> Expression of Interest (EOI)</li> <li><input checked="" type="checkbox"/> Other approach (please provide details)</li> </ul> <p>An existing commissioned service provider that was delivering the only similar service was directly approached to deliver the Way Back Support Service with support from Beyond Blue and the Office of the Chief Psychiatrist.</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes <i>Co-commissioning arrangement – Office of the Chief Psychiatrist (SA Health) and Adelaide PHN</i></p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	<p>Indicate the mental health priority area this activity falls under.</p> <p>Priority area 6: Aboriginal and Torres Strait Islander mental health services</p>
ACTIVITY TITLE	<p>Provide a <b>title for the activity</b>, with the prefix <b>"MH"</b>.</p> <p><b><i>MH10. Commission culturally appropriate, primary mental health care services, that are sensitive and safe services for Aboriginal and Torres Strait Islander peoples</i></b></p>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>Modified Activity</p> <p>If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.</p> <p><i>Title change and previously reference as MH24 and MH25</i></p>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>As identified in the Priorities, Options and Opportunities Section of your Needs Assessment, provide the number, title and page reference for the priority that this activity is addressing.</p> <p>If this activity is a "possible option" in the Needs Assessment, provide details.</p> <p>PMH2. Provision of psychological services comparatively low in areas of highest need (page 87).</p> <p>PMH3. Comparatively high numbers of people attempting to access psychological services in areas with minimal psychological service provision (page 87).</p> <p>PMH5. Difficulty in identifying and accessing appropriate mental health treatment services (page 87).</p> <p>PMH6. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes (page 87).</p> <p>PMH7. Increase awareness of appropriate mental health services to health professionals and community and carers through the provision of information and resources (page 87).</p> <p>IH-PMH1. Greater prevalence of intentional self-harm and suicide in selected areas and specific population groups across the region including Aboriginal and Torres Strait Islander people (page 92).</p>
Aim of Activity	Describe what this activity will aim to achieve, and how it will address the identified need (500 word limit).

	<p>The aim is to improve mental health experiences, access and outcomes for Aboriginal and Torres Strait Islander people through the provision of culturally appropriate, sensitive and safe suicide prevention and primary mental health care services through centralised referral pathways and enhanced service and clinical integration between Aboriginal and Torres Strait Islander organisations/mainstream services, including alcohol and drug and social service providers. In addition, to enhance the capacity of the primary mental health care workforce to provide culturally appropriate, sensitive and safe suicide prevention and primary mental health care services, including through supporting Aboriginal and Torres Strait Islander specific workforce engagements.</p>
<p>Description of Activity</p>	<p>Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered.</p> <p><b>For activities under Priorities 3 and 4</b>, please also outline how continuity of care will be assured.</p> <p>This activity aims to commission culturally appropriate, flexible, evidence based mental health services for Aboriginal and Torres Strait Islander people. Commissioned providers will ensure primary mental health services are culturally safe, sensitive and appropriate to meet the needs of people seeking treatment and/or support for their mental health conditions. The Adelaide PHN will commission services that are flexible in their delivery and tailored to the individual needs of Aboriginal and Torres Strait Islander people.</p> <ul style="list-style-type: none"> <li>• Provision of culturally appropriate, sensitive and safe primary mental health care services and supports for Aboriginal and Torres Strait Islander children, young people and adults, and their families/carers: (i) at risk of, or experiencing mild, moderate to severe mental health conditions and presenting in the Adelaide metropolitan region. With a focus on improving mental health wellbeing experiences, access to culturally appropriate, sensitive and safe primary mental health services. In addition, improve care coordination and integration of mental health care services. Services provided include; Psychological therapies (individual, group, family); narrative therapies; brief solution focused therapy and counselling; and clinical care coordination; and referral services to support seamless transition of care that is responsive to change in individual need. Service linkages, networks and formal service delivery partnerships are facilitated to support holistic, integrated treatment and management of health and related health needs across the care continuum. Services and supports are for Aboriginal and Torres Islander people across the age span and diagnostic criteria that are residing in the Adelaide PHN region</li> <li>• Mental Health Treatment and Assessment Services partnered with Aboriginal Community Connect provides a Mental Health Assessment and Treatment service through the provision of Clinical/Registered Psychologists within the ACC service (non-APHN funded service). To improve mental health experiences and outcomes for Aboriginal and Torres Strait Islander adults at risk of, or experiencing moderate, severe and/or complex mental health conditions and their families/carers through the provision of culturally appropriate, sensitive and safe mental health services and supports, including</li> </ul>

	<p>through clinical mental health services - contribute to improving mental health outcomes for Aboriginal and Torres Strait Islander young people (aged 12-25 years) through better access to high quality clinical psychology services; psychological therapies (individual, group, family); and mindfulness and relapse prevention groups; and provide an integrated service and coordinated care to holistically address the needs of clients through the development of clinical service pathways with Adelaide PHN commissioned providers and other mental health providers. Services are provided across the Adelaide PHN region.</p>
Target population cohort	<p>Describe the cohort that this activity will target.</p> <p>Aboriginal and Torres Strait Islander people across the age spectrum</p>
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>Yes</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p> <p>This activity was codesigned with and will continue to be delivered by the ACCHO.</p> <p>The APHN will also continue to work with SAMHRI's Aboriginal Research Unit (Wardliparingga), the LHN Aboriginal directorates, AHCSA and Aboriginal-led education providers on the implementation of programs and initiatives for culturally appropriate best practice management. This includes incorporating the implementation of the six Aboriginal Health Actions within the National Safety Quality Health Standards (NSQHS) and how providers will align with the User Guide for Aboriginal and Torres Strait Islander Health. Specifically, the ACCHO is able to deliver APHN commissioned services alongside broader Aboriginal specific primary care services which are tailored to the needs of the community and individual.</p>
Coverage	<p>Select if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p> <p>Adelaide PHN region</p>
Consultation	<p>Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity.</p> <ul style="list-style-type: none"> <li>• The Adelaide PHN will continue to consult with established Aboriginal and Torres Strait Islander specific services, including AOD services, to more effectively connect individuals and families seeking assistance with treatment and support. The Adelaide PHN will continue to work with State-funded mental health and other providers to support integration of commissioned Aboriginal and Torres Strait Islander specific mental health services within the broader system. This activity interconnects with Priority Area 5 activities: Community based suicide prevention, regarding the formalised arrangement of follow-up and care for people who have self-harmed and/or attempted suicide.</li> <li>• Consultation occurs specifically with Aboriginal and Torres Strait Islander communities, including through the Aboriginal Community Advisory Council, Aboriginal Community Controlled Health</li> </ul>

	<p>Organisations (ACCHO), specific reference groups and other key Aboriginal and Torres Strait Islander people and organisations, to support the provision of culturally, sensitive and safe services. Adelaide PHN will continue to consult with a range of Aboriginal Torres Strait Islander people and organisations to ensure a diversity of community voices heard. These consultations provide strategic input into the activity planning process, forming an important collaborative role with the Adelaide PHN.</p> <ul style="list-style-type: none"> <li>• The Adelaide PHN continues to work with Aboriginal and Torres Strait Islander people on effective methods for ongoing engagement and communication, ensuring there are a range of ways for individuals to understand and contribute the provision of high quality, culturally responsive services.</li> <li>• The Adelaide PHN consulted with community members and commissioned service providers on the development of PREMS for clients who are Aboriginal or Torres Strait Islander. Workshops were held to ensure a measure was developed that was culturally appropriate. This has been implemented and will be reviewed for quality improvement purposes.</li> </ul>
<p>Collaboration</p>	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.</p> <ul style="list-style-type: none"> <li>• The activities will continue to be jointly implemented with commissioned providers for the provision of culturally appropriate, sensitive and safe services for Aboriginal and Torres Strait Islander people. The Adelaide PHN will continue to collaborate with Country SA PHN to ensure cross-boundary coverage for similar commissioned activities in South Australia.</li> <li>• AHCSA and our ACCHO and continues to work closely with APHN and all commissioned mental health service providers to support culturally appropriate services and choice for Aboriginal and Torres Strait Islander people.</li> <li>• As part of the Adelaide metropolitan mental health and suicide prevention plan Local Health Networks (LHNs), the SA mental health commission, SA Health and the PHN have agreed to work together to develop an Aboriginal and Torres Strait Islander specific mental health plan by June 2022.</li> <li>• The Adelaide PHN collaborates with providers and representative bodies for the Aboriginal and Torres Strait Islander population across the region for strategic input and guidance regarding workforce development and capacity building. Specifically, the Adelaide PHN will utilise existing advisory functions and reference groups across the region, where appropriate, in collaboration with State Government structures and ACCHOs.</li> </ul>
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (<b>including</b> the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2023</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):</p>

	<p>Service delivery start date: Month. Year.                  Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not yet known</li> <li><input checked="" type="checkbox"/> Continuing service provider / contract extension</li> <li><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</li> <li><input type="checkbox"/> Open tender</li> <li><input type="checkbox"/> Expression of Interest (EOI)</li> <li><input type="checkbox"/> Other approach (please provide details)</li> </ul> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
<p>Decommissioning</p>	<p>1a. Does this activity include any decommissioning of services? No (drop-down menu)</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
<p>Data collection</p>	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Indicate the mental health priority area this activity falls under.  Priority area 7: Stepped care approach
ACTIVITY TITLE	<i>Provide a <b>title for the activity</b>, with the prefix "MH".</i>  <b>MH11. Enhance service and clinical integration across all primary health care providers through a supported referral management system, consistent data collection and reporting systems</b>
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity.  Modified Activity  If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.  <i>Title change and previously reference as MH6, MH15, MH19, MH20, MH27 and MH28.</i>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	As identified in the Priorities, Options and Opportunities Section of your Needs Assessment, provide the number, title and page reference for the priority that this activity is addressing. If this activity is a "possible option" in the Needs Assessment, provide details.  PMH1. High prevalence of mental health/behavioural issues and psychological distress in selected areas across the region (page 87).  PMH2. Provision of psychological services comparatively low in areas of highest need (page 87).  PMH3. Comparatively high numbers of people attempting to access psychological services in areas with minimal psychological service provision (page 87).  PMH5. Difficulty in identifying and accessing appropriate mental health treatment services (page 87).  PMH6. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes (page 87).  PMH7. Increase awareness of appropriate mental health services to health professionals and community and carers through the provision of information and resources (page 87).
Aim of Activity	Describe what this activity will aim to achieve, and how it will address the identified need (500 word limit).

	<p>The aim of this activity is to improve sector efficiency to assess and appropriately refer people to the most appropriate level of intervention/care along the stepped care continuum at a local level, and to improve region-wide engagement and integration between mental health treatment services, broader health, primary care and associated service sectors. Adelaide PHN will provide commissioned treatment services with strategic and operational support to identify gaps and priorities for service integration, development of seamless referral pathways for clients at risk of, with mental health conditions, comorbid presentations, and/or complex needs.</p>
<p>Description of Activity</p>	<p>Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered.</p> <p><b>For activities under Priorities 3 and 4</b>, please also outline how continuity of care will be assured.</p> <p>This activity will ensure effective services are delivered, as required, across the continuum of care to meet the mental health and co-morbid needs of the regional population. This activity will commission service providers in the region to continue to develop and continuously improve the provision of mental health treatment services along the stepped-care continuum. Commissioned service providers will be required to use Adelaide PHN supported digital platforms, MasterCare and the Central Referral Unit, to improve pathways to primary mental health services and enhance service and clinical integration between mental health and/or primary health care providers. Services will a) target population groups with high prevalence of mental health/behavioural issues and psychological distress in areas of need b) deliver mental health treatment services along the stepped-care continuum of service delivery, c) 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. The activity identifies and addresses mental health sectoral issues, through the establishment of mechanisms that enhance communication, coordination and referral pathways, service capacity and wait list management, evidence-based treatment, workforce support and continuous quality improvement initiatives.</p> <ul style="list-style-type: none"> <li>• The primary focus of this activity is to utilise the Adelaide PHN capacity building approach to identify and support all region specific, cross-sectoral and integrated approaches to mental health treatments. With the aim of increasing coordination, and integration between AOD and mental health services and primary care providers, which will a) improve and complement existing GP, Psychiatrist and allied mental health services, and b) develop linkages with and between relevant clinical and non-clinical services. The Adelaide PHN will facilitate the use and integration of existing service infrastructure and workforce/provider mix in commissioning these services. Integration activities with commissioned service providers will include provision of collaborative practice workshops, education and training delivered to MH treatment services, and activities related to accreditation activities and quality improvement processes.</li> <li>• Commissioned service providers will be required to use Adelaide PHN Central Referral Unit for formal referrals to its Mental Health programs to improve pathways to primary mental health care services, including</li> </ul>

care coordination services; and to maintain and enhance service and clinical integration between acute/community/primary mental health or health care providers. The Adelaide PHN will work with commissioned services to ensure they are 'joined-up' and operating within a stepped-care continuum. Concurrently, the Adelaide PHN and commissioned providers will work with referrers to ensure pathways to step-up and step-down services are seamless, person-centred and provide support to referrers through clinical care coordination. Commissioned service providers will be required to ensure clinical care pathways and associated follow up are supported by clear escalation and de-escalation pathways as appropriate. The activity will apply to all commissioned service providers; however, pathways and processes may differ depending on the target population and/or area in which commissioned services are operating. Additionally, Commissioned service providers are required develop and maintain service linkages, networks and formal service delivery partnerships and protocols to support integrated treatment and management across the care continuum. The Central Referral Unit provides centralised clinical triage and referral allocation to ensure timely, equitable and appropriate primary mental health care service access across the Adelaide PHN region.

- Further enhancements supported by Adelaide PHN are to maintain 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 systems software such as MasterCare (for clinical client management) and Mentegram (to support patient reported experience measures activity). The activity will ensure commissioned services are appropriately monitored and service delivery arrangements are continually improved and adjusted to reflect changes in population needs. MasterCare will provide the clinical database used for reporting for the region and warehouse the data to accurately report baseline data and local indicators as well as providing for the PMHC MDS extraction.
- This activity will ensure primary mental health services in the region:
  - complement and enhance existing General Practice, Psychiatrist and allied mental health services;
  - 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;
  - 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);
  - coordinate with other health and support services for targeted group(s);
  - ensure a recovery focused approach is embedded within all commissioned service providers;
  - 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;

	<ul style="list-style-type: none"> <li>○ ensure the workforce is appropriately trained and qualified, including through the provision continuing professional development support;</li> <li>○ incorporate a multidisciplinary team approach to primary mental health care; and</li> <li>○ Adelaide PHN also utilises MasterCare to support effective performance, integration and coordination of commissioned primary mental health services across the Adelaide metropolitan region</li> </ul>
<p>Target population cohort</p>	<p>Describe the cohort that this activity will target.</p> <p>Targeting people at risk of and/or experiencing a mental health concern that would otherwise experience barriers to access for example:</p> <ul style="list-style-type: none"> <li>● People living in the South, West and North of Adelaide (where there are less services, more socio-economic disadvantage and higher rates of multimorbidity)</li> <li>● Aboriginal and Torres Strait Islander people</li> <li>● People from Culturally and Linguistically Diverse background</li> <li>● Children and young people</li> <li>● Transgender and gender diverse people</li> <li>● Women in the peri-natal period</li> <li>● People living in Residential Aged Care Facilities</li> <li>● other vulnerable population groups</li> </ul>
<p>Indigenous specific</p>	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
<p>Coverage</p>	<p>Select if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p> <p>Adelaide PHN region</p>
<p>Consultation</p>	<p>Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity.</p> <p>The Adelaide PHN continues to consult widely with stakeholders, representative bodies, professional and community organisations, providers (commissioned service providers, prospective service providers and general), membership groups, consumers and carers regarding primary mental health and alcohol and other drug services and needs.</p> <p>This consultation occurs through a range of formal and informal methods including Adelaide PHN membership activities with, Community Advisory Councils, Clinical Councils and the Network Leadership Group and, as appropriate Adelaide PHN representation on established provider forums and working groups. All outcomes from our consultations inform Adelaide PHN’s strategic mental health planning across the stepped-care spectrum, service design, commissioning and continuous improvement.</p>

	<p>Our commissioning framework enables elements of formal and informal co-design with key stakeholders, ensuring community voice and insight is incorporated into commissioned and non-commissioned activities.</p>
<p>Collaboration</p>	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.</p> <ul style="list-style-type: none"> <li>• Collaborations work undertaken by the Mental Health Network Professional Development Program between local health networks, primary health care providers, allied health practitioners and general practitioners to support health professionals understand how to work in collaboration and integrated mental health service environment.</li> <li>• The APHN membership group structure links health professionals, service providers and community members to develop partnerships and enable action in the local primary health care system.</li> <li>• AMPHEat – The Mental Health Network Professional Development Program runs education sessions across all LHNs, with prospective audience being – GPs, LHN mental health staff, mental health commissioned service providers and other mental health providers.</li> <li>• Collaboration practice workshop undertaken by CRU, including a series of workshops to increase knowledge of sector and promote development of referral pathways with commissioned and non-commissioned services.</li> </ul>
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates (<b>including</b> the planning and procurement cycle):                  Activity start date: 1/07/2019                  Activity end date: 30/06/2023</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):                  Service delivery start date: Month. Year.                  Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known  <input checked="" type="checkbox"/> Continuing service provider / contract extension  <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.  <input type="checkbox"/> Open tender  <input type="checkbox"/> Expression of Interest (EOI)  <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed?                  No</p> <p>2b. Is this activity this result of a previous co-design process?                  No</p>

	<p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No (drop-down menu)</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No</p>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	<p>Indicate the mental health priority area this activity falls under.</p> <p>Priority area 8: Regional mental health and suicide prevention plan</p>
ACTIVITY TITLE	<p><i>Provide a <b>title for the activity</b>, with the prefix "MH".</i></p> <p><b><i>MH12: Contribute to the implementation of the integrated suicide prevention service delivery and pathways as outlined in the Adelaide Metropolitan Region Mental Health and Suicide Prevention Integration Plan (AMMHIP) 2020-2025</i></b></p>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>Modified Activity</p> <p>If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.</p> <p><i>Title change and previously referenced as MH29, MH30 and MH31</i></p>
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>As identified in the Priorities, Options and Opportunities Section of your Needs Assessment, provide the number, title and page reference for the priority that this activity is addressing.</p> <p>If this activity is a "possible option" in the Needs Assessment, provide details.</p> <p>PMH1: High prevalence of mental health/behavioural issues and psychological distress in selected areas across the region (page 87).</p> <p>PMH2: Provision of psychological services comparatively low in areas of highest need (page 87).</p> <p>PMH3: Comparatively high numbers of people attempting to access psychological services in areas with minimal psychological service provision (page 87).</p> <p>PMH5: Difficulty in identifying and accessing appropriate mental health treatment services (page 87).</p> <p>PMH6: Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes (page 87).</p>
Aim of Activity	<p>Describe what this activity will aim to achieve, and how it will address the identified need (500 word limit).</p> <p>This activity aims to implement activities from the Adelaide Metropolitan Mental Health and Suicide Prevention Integration Plan 2020 - 2025 in collaboration with LHNs to develop solutions to ensure a more integrated and effective person-centred care and mental health system in metropolitan Adelaide. While working toward facilitating timely follow-up care for people who have attempted suicide or at risk of suicide, and safe and quality services to reduce the risk of suicide.</p>

<p>Description of Activity</p>	<p>Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered.</p> <p><b>For activities under Priorities 3 and 4</b>, please also outline how continuity of care will be assured.</p> <p>The Adelaide Metropolitan Region Mental Health and Suicide Prevention Integration Plan (AMMHIP) 2020-2025 addresses a need for improvement in the way South Australia's mental health system is planned and integrated to more adequately meet the needs of people and their carers. The Plan has provided an opportunity to build on the sector's strengths and find opportunities to establish new connections and pathways between services to foster a more person-centred approach to care. The outcome is the AMMHIP 2020 - 2025 and shared commitment of agencies to achieve the objectives of the plan outlined below:</p> <ul style="list-style-type: none"> <li>• Improve care provided to people and their carers across LHNs and APHN commissioned service providers through the implementation of Towards Zero Suicide approach to service delivery.</li> <li>• The Adelaide PHN and State to co-commission The Way Back Service to operate in one Local Health Network region.</li> <li>• Establish the viability of a Single Point of Entry for Youth to improve access to services in the region for young people aged between 12-24 years.</li> <li>• Build step-up and step-down pathways between LHN emergency departments, hospitals and community teams and APHN commissioned youth services, headspace and Integrated Practice Units.</li> <li>• Adelaide PHN and a Local Health Network to establish joined up services to provide NMHSPF defined Care Packages to people experiencing chronic and complex (severe) mental health within the defined LHN region.</li> <li>• Establish a State based Aboriginal and Torres Strait Islander Mental Health Suicide Prevention Plan through a State and Commonwealth interagency approach to guide service delivery and integration.</li> <li>• The Adelaide PHN, LHNs and the OCP to develop a consistent approach to the collection of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMS) by all partner organisations.</li> <li>• Develop a governance structure and strong leadership to oversee and coordinate the implementation of the AMMHIP.</li> <li>• Foster a shared vision, purpose and agenda for integration and collaboration among stakeholder organisations of the Plan.</li> </ul>
<p>Target population cohort</p>	<p>Describe the cohort that this activity will target.</p> <ul style="list-style-type: none"> <li>• Young people</li> <li>• People experiencing chronic and complex mental health conditions</li> <li>• People that have attempted or are at risk of suicide</li> <li>• Aboriginal and Torres Strait Islanders</li> <li>• People accessing primary mental health or tertiary mental health services</li> <li>• Older people</li> </ul>

<p>Indigenous specific</p>	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
<p>Coverage</p>	<p>Select if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p> <p>Adelaide PHN region</p>
<p>Consultation</p>	<p>Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity.</p> <p>The plan has been developed in consultation with the Adelaide metropolitan Local Health Networks, the Office of the Chief Psychiatrist, the SA Mental health Commission as well as a range of other organisations and community members including the Adelaide PHNs community advisory councils.</p> <p>Implementation group for the actioning of the Regional Plan includes representatives from LHNs/PHN/and lived experience/ carers.</p>
<p>Collaboration</p>	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.</p> <ul style="list-style-type: none"> <li>The plan is a joint collaboration between key agencies including the Adelaide PHN, LHNs, SA Mental Health Commission, SA Department of Health and Wellbeing and the Office of the Chief Psychiatrist. Each organisation shares responsibility as part of the Regional Mental Health and Suicide Prevention Steering Committee for oversight and planning to implement the shared objectives of the Plan.</li> </ul>
<p>Activity milestone details/ Duration</p>	<p>Provide the anticipated activity start and completion dates <b>(including the planning and procurement cycle)</b>:</p> <p>Activity start date: 1/07/2020 Activity end date: 30/06/2023</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates <b>(excluding the planning and procurement cycle)</b>:</p> <p>Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p>

	<p><input checked="" type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No (drop-down menu)</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	COVID 19- Emergency Mental Health Support
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>New Activity</p> <p>If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.</p>
PHN Program Key Priority Area	Mental Health
Description of Activity	<p>COVID 19- Emergency Mental Health Support</p> <p>Commission a range of services through a variety of service providers to support the mental health of socially isolated older people who have been impacted by COVID. Expand services provided to the Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse communities who have been impacted on through COVID.</p> <p>Activities will undertake the following:</p> <ol style="list-style-type: none"> <li>1) provide evidence based psychological therapies in the individuals home as appropriate across metropolitan Adelaide to older people</li> <li>2) provide care coordination service to older people residing in community who are recipients of aged care support.</li> <li>3) provide specialised psychological therapies to the Aboriginal and Torres Strait Islander communities</li> <li>4) build capacity of services providing a culturally and linguistically diverse mental health service, supported through access to interpreters for specialised clinical mental health interventions.</li> <li>5) specialised packages of support focusing on reconditioning and resilience for older people in the community who identify as being deconditioned due to COVID</li> <li>6) support older people impacted by COVID living in the community to connect and/or re-connect with social networks</li> <li>7) develop a podcast series which showcases older people and their stories about tackling social isolation during COVID</li> <li>8) host communities of practice focused on targeting service providers working with the community dwelling older population.</li> </ol>