



Australian Government

Department of Health



An Australian Government Initiative

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

This Activity Work Plan template has the following parts:

1. The Primary Mental Health Care Activity Work Plan for the financial years 2019-20, 2020-2021 and 2021-2022. Please complete the table of planned activities funded under the following:
 - Primary Mental Health Care Schedule - Primary Mental Health and Suicide Prevention - Flexible Funding
 - Primary Mental Health Care Schedule - Indigenous Mental Health - Flexible Funding
 - Primary Mental Health Care Schedule - Per- and Poly- Fluoroalkyl Substances (PFAS) – Flexible Funding

Adelaide PHN

This Activity Work Plan has been endorsed by the CEO.

Resubmitted on 10 September 2019

Overview

This Primary Mental Health Care Activity Work Plan covers the period from **1 July 2019 to 30 June 2022**. The below are the latest Adelaide PHN priorities for Primary Mental Health Care (including Suicide Prevention) Needs from the Needs Assessment process. Proposed activities in this document will have priorities reference title(s) (e.g. MH1) referenced against proposed activities.

Table 1 APHN Priorities for Primary Mental Health Care (including Suicide Prevention) Needs

| APHN Priorities for Primary Mental Health Care (including Suicide Prevention) Needs (note: priorities will have reference title: PMH, e.g. PMH1.) |
|--|
| PMH1. High prevalence of mental health/behavioural issues and psychological distress in selected areas across the region. |
| PMH2. Provision of psychological services comparatively low in areas of highest need. |
| PMH3. Comparatively high numbers of people attempting to access psychological services in areas with minimal psychological service provision. |
| PMH4. Disproportionate quantities of mental health related medicines prescribed in women, disadvantaged areas and population groups such as people aged 75 and over. |
| PMH5. Difficulty in identifying and accessing appropriate mental health treatment services. |
| PMH6. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes. |
| PMH7. Increase awareness of appropriate mental health services to health professionals and community and carers through the provision of information and resources. |

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

- Primary Mental Health and Suicide Prevention Funding
- Indigenous Mental Health Funding
- Response to PFAS Funding

APHN priorities for Primary Mental Health Care (including Suicide Prevention) Needs are listed in the Table on page 2. Proposed activities in this document will have priorities reference title(s) (e.g. MH1) referenced against proposed activities.

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

| Proposed Activities – MH1 to MH6 | |
|-------------------------------------|--|
| Mental Health Priority Area | Indicate the mental health priority area this activity falls under. Priority area 1: Low intensity mental health services |
| ACTIVITY TITLE | <p>MH1. Commission low intensity mental health services, as a prevention approach for the ‘well population’, people with or at risk of mild mental health conditions</p> <p>MH2. Commission low intensity mental health services for people with or at risk of mild-moderate mental health conditions residing in Residential Aged Care Facilities (RACFs)</p> <p>MH3. Establish and enhance referral pathways and ‘joined-up’ processes between commissioned low intensity services and other appropriate mental health services, along the stepped-care continuum of primary mental health services</p> <p>MH4. Support referrers, particularly General Practice, in assessing individual’s suitability for low intensity mental health services and monitoring outcomes of selected interventions for further care planning</p> <p>MH5. Promote the availability and where appropriate, utilisation of established Commonwealth funded online, and telephone based mental health intervention services for people at risk of mild mental health conditions</p> <p>MH6. Maintain and enhance consistent data collection and reporting systems across all commissioned services</p> |
| Existing, Modified, or New Activity | <p>Modified Activity</p> <p><i>MH1 previously referenced as A1.1 (minor modification of activity title and description)</i></p> <p><i>MH2 new activity</i></p> <p><i>MH3 previously referenced as A1.2 (minor modification to activity title and description)</i></p> <p><i>MH4 previously referenced as A1.3</i></p> <p><i>MH5 previously referenced as A1.4</i></p> <p><i>MH6 previously referenced as A1.5</i></p> |

| PHN Program Key Priority Area | Mental Health |
|-------------------------------|---|
| Needs Assessment Priority | <p>MH1. The activity addresses identified needs assessment priority PMH1, PMH3 and PMH5</p> <p>MH2. The activity addresses identified needs assessment priority PMH1, PMH2, PMH5 and PMH6</p> <p>MH3. The activity addresses identified needs assessment priority PMH1, PMH2, PMH5 and PMH6</p> <p>MH4. The activity addresses identified needs assessment priority PMH5, PMH6 and PMH7</p> <p>MH5. The activity addresses identified needs assessment priority PMH1, PMH2, PMH3, PMH5 and PMH7</p> <p>MH6. The activity addresses identified needs assessment priority PMH5 and PMH6</p> |
| Aim of Activity | <p>Describe what this activity will aim to achieve, and how it will address the identified need (300-word limit).</p> <p>MH1: To improve mental health experiences and outcomes for people at risk of or experiencing mild mental health conditions and their families/carers through the provision of low intensity mental health services.</p> <p>MH2: To improve mental health experiences and outcomes for residents of aged care who are at risk of or diagnosed with mild to moderate mental health conditions through the provision of early intervention and low intensity mental health services.</p> <p>MH3: To increase access to primary mental health care services for people at risk of or experiencing mild mental health conditions through centralised referral pathways and enhanced service and clinical integration.</p> <p>MH4: To improve the capability of the primary health care sector to identify and facilitate coordinated support for people at risk of or experiencing mild mental health conditions.</p> <p>MH5: To increase community awareness of Commonwealth online and telephone based low intensity mental health interventions and promote self-help seeking behaviour for people at risk of experiencing mild mental health conditions.</p> <p>MH6: To improve data and reporting to inform continuous quality improvement and service planning in primary mental health care.</p> |
| Description of Activity | <p>MH1. Commissioned providers will provide low intensity mental health services for people at risk of, or experiencing mild mental health conditions, 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.</p> |

MH2. This activity will commission low intensity mental health services for people living in residential aged care who are at risk of or diagnosed with mild to moderate mental health conditions. The Adelaide PHN has undertaken six months of codesign with residential aged care organisations and will conduct a staged implementation of the activity commencing with a 6-month trial at three aged care sites from July-December 2019. Learnings from the trial will inform Adelaide PHN’s approach to commissioning and implementing a stepped care model of mental health treatment services for residents of aged care. Commissioned service providers will be required to provide early detection and intervention services; initiate escalation protocols where required and utilise evidence based low intensity mental health approaches and strategies suitable for residents of aged care.

MH3. Commissioned service providers will be required to use Adelaide PHN supported digital platforms, MasterCare and the Central Referral Unit, to improve pathways to low intensity primary mental health services and enhance service and clinical integration between mental health and/or primary health care providers. MasterCare is a comprehensive client records management system and the Central Referral Unit provides centralised clinical triage and referral allocation to ensure timely, equitable and appropriate primary mental health care service access. 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.

MH4. This activity will provide support to referrers, particularly General Practice, to identify people appropriate for referral to low intensity mental health interventions. The activity includes the provision of skills training and promotion for service availability for referrers as well as embed processes to jointly monitor outcomes and care decisions for people seeking and receiving treatment. This will increase awareness of low intensity mental health services amongst referrers, service providers and/or organisations, complemented by referral systems support available through the Central Referral Unit and HealthPathways.

MH5. This activity aims to promote 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.

MH6. This activity aims to maintain and enhance 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 continue to support commissioned providers with appropriate software

| | |
|--------------------------|--|
| | such as Mastercare (for clinical client management) and Mentegram (to support patient reported outcome 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. |
| Target population cohort | These activities will target the general population most in need (including people living in RACFs for MH2 across the Adelaide PHN region. The Adelaide PHN will also target children and their families, as well as young people through joint initiatives with headspace and youth orientated organisations. |
| 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 | Entire Adelaide PHN region with focus in areas of highest identified geographic need. |
| Consultation | <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. This consultation occurs through a range of formal and informal methods including Adelaide PHN membership activities with, Community Advisory Councils, Clinical Councils and the Health Priority Network 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. 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>Consultation occurs 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>Adelaide PHN has recently commenced consultation with existing commissioned RACFs to inform in the design and delivery of appropriate services for the Psychological Treatment Services for people with Mental Illness in Residential Aged Care (RACF) measure. Broader consultations will take place throughout the phased implementation of the measure. Continuing consultations with the broader RACF sector, peak bodies, mental health providers, consumers and carers will occur throughout key implementation and embedding phases of the Psychological Treatment Services for People with Mental Illness living in Residential Aged Care Facilities initiative.</p> |
| Collaboration | <ul style="list-style-type: none"> • The Adelaide PHN collaborates with Country SA PHN to ensure cross-boundary coverage, and where appropriate consistency, for similar commissioned activities in South Australia. • The Adelaide PHN will collaborate with commissioned service providers (including RACFs), relevant peak bodies, stakeholders and State and Commonwealth agencies for this activity. |

| | |
|--|---|
| | <ul style="list-style-type: none"> • The Adelaide PHN will collaborate with commissioned service providers to target General Practice and other referrers, to primary mental health services for this activity. The Adelaide PHN will collaborate with organisations specialised in the delivery of training in General Practice and low-intensity interventions. • The Adelaide PHN is partnering with GlobalHealth (software developer) to collect and measure of Patient Reported Outcome/Experience Measures (PREMS/PROMS) and parallel therapeutic support tools/resources. |
| <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: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: July 2019 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> <p><input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension (Primary Mental Health Care Services) <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input checked="" type="checkbox"/> Open tender (RACF Measure) <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? 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> |

| | |
|-----------------|--|
| Data collection | Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes |
|-----------------|--|

| Proposed Activities – MH7 to MH11 | |
|--|--|
| 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 | <p>MH7. Formalise referral arrangements and care pathways between youth mental health services, commissioned headspace centres, and referrers in areas of need</p> <p>MH8. Commission mental health services for Youth with Severe/Complex Needs under a formalised integrated practice model in collaboration and partnership with Local Health Networks, commissioned mental health service providers.</p> <p>MH9. Commission mental health services for Youth with First Episode Psychosis or Ultra High Risk in line with the EPPIC model in collaboration and partnership with headspace centres and Youth with Severe/Complex Needs services.</p> <p>MH10. Facilitate agreement and care pathways between child and youth primary mental health services, State-funded child and youth mental health services and the existing headspace Youth Early Psychosis Program (HYEPP)</p> <p>MH11. Support the promotion and availability of youth mental health services, including online and telephone-based services, through established youth mental health service providers, specifically established Headspace centres</p> |
| Existing, Modified, or New Activity | <p>Existing Activity</p> <p><i>MH7 previously referenced as A2.1</i> <i>MH8 previously referenced as A2.2</i> <i>MH9 previously referenced as A2.2</i> <i>MH10 previously referenced as A2.3</i> <i>MH11 previously referenced as A2.4</i></p> |
| PHN Program Key Priority Area | Mental Health |
| Needs Assessment Priority | <p>MH7. The activity addresses identified needs assessment priority PMH1, PMH5 and PMH7.</p> <p>MH8. The activity addresses identified needs assessment priority PMH1, PMH2, PMH3 and PMH5</p> <p>MH9. The activity addresses identified needs assessment priority PMH1, PMH2, PMH3 and PMH5</p> <p>MH10. The activity addresses identified needs assessment priority PMH1, PMH3, PMH5 and PMH7</p> <p>MH11. The activity addresses identified needs assessment priority PMH1, PMH2, PMH3, PMH5 and PMH7</p> |
| Aim of Activity | Describe what this activity will aim to achieve, and how it will address the identified need (300-word limit). |

| | |
|--------------------------------|--|
| | <p>MH7: Provide a central referral pathway for General practice wanting to refer or enquire about access to youth services, ensuring consistent and timely access to information and services. Enable young people to access services in a location close to them along the stepped care continuum and move seamlessly through the services as appropriate and based on complexity.</p> <p>MH8: To increase access to holistic, integrated mental health care and coordination services for young people aged 12-25 years at risk of or experiencing severe and/or complex mental health conditions within an integrated practice service delivery framework.</p> <p>MH9: To increase access and improve mental health and wellbeing experiences for Young people at UHR of, or experiencing FEP, through focusing on increasing early detection and reduction in the duration of untreated psychosis for young people at UHR/FEP.</p> <p>MH10: To ensure seamless referral pathways between primary, secondary and acute services, with clear expectations regarding responsibility and shared care arrangements resulting in young people and their families having access to care when and where they need it.</p> <p>MH11: Increased access to and understanding of low intensity services for young people contributing to improved mental health literacy for your people and their families, careers and friend and increased community awareness and understanding of youth mental health conditions.</p> |
| <p>Description of Activity</p> | <p>MH7. This activity aims to formalise and enhance referral and care pathways between child and youth mental health services, specifically the 4 Primary Platform headspace centres, and other Adelaide PHN commissioned and Non-commissioned child and youth services and referrers to these services in areas of need. Formal referrals will be managed through the APHN Central Referral Unit which will factor in step of care required and match to the most appropriate level of intervention in their area. Headspace services have been commissioned in Port Adelaide, Adelaide, Edinburgh North, Onkaparinga and will soon be established in Marion. These centres ensure services are available in the main areas of metropolitan Adelaide. The activity will seek to maximise the opportunity for families and young people seeking mental health support to connect with the appropriate level of intervention in their area. The Adelaide PHN will formalise referral and care pathway arrangements between headspace centres, commissioned and established psychological therapeutic support services for children and youth and referrers to these services, specifically General Practice.</p> <p>MH8. This activity aims to work in collaboration and partnership with Local Health Networks, established headspace Centres and other relevant stakeholders to continue to develop and enhance existing commissioned services and commission complementary services for youth with severe/complex needs through a formalised integrated practice framework. The activity incorporates engagement of consumer/client expertise and input to ensure services are designed and delivered to meet the needs of young people presenting with severe/complex mental illness. Complementary services will support the provision of multi-disciplinary, multi-agency teams</p> |

under a person-centred integrated acute, secondary and primary care model. Specifically, services are being provided in identified areas of need in the Adelaide region predominately in the Northern and Southern regions, with smaller complementary services being provided in the West and Centre regions of Adelaide. Services commissioned include; Care Coordination, functional recovery, peer work and/or family and carer services for young people aged 12-25yrs with severe and complex (severe anx/dpn, severe eating disorders, bipolar, psychosis, personality disorders and complex trauma) mental health problems or emerging severe and complex mental health problems.

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.

MH9. This activity aims to ensure timely access for young people ages 12-25yrs who are experiencing UHR of or FEP resulting in better mental health outcomes for these young people their families and careers. The Adelaide hYEPP service 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 service 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.

The APHN has a very close working relationship with the hYEPP in the region and is working in partnership Orygen to ensure services are delivered aligned with the EPICC model. APHN actively participates in all National meetings including activities related to the National evaluation. Maintaining model fidelity and aligning services to the EPICC model is part of contractual obligations and APHN ensure this is managed through its Capacity Building and Development functions.

MH10. This activity aims to facilitate agreement regarding referral and care pathway arrangements between child and youth primary mental health services and State funded child and youth mental health services. The activity will ensure children and young people a) are connected with the most appropriate level of care and treatment for their mental health conditions, b) can seamlessly transition between State funded mental health services, primary mental health services (including newly commissioned services) and the HYEPP. The Adelaide PHN will aim to establish and formalise the sharing of clinical information between services where appropriate, particularly for young people with severe/complex mental illness.

MH11. This activity aims to support the promotion and availability of youth mental health services, including online and telephone-based services, through established youth mental health service providers, specifically established headspace centres. This activity will align with activities under

| | |
|--------------------------|---|
| | <p>Priority Area 1-5: low intensity mental health services. The Adelaide PHN will work with headspace centres and their lead agencies, State funded child and youth mental health services and programs and other child/youth specific services to develop collaborative approaches to the promotion and availability of a) youth mental health services in areas of need, and b) youth specific self-help services, including online and telephone-based services.</p> |
| Target population cohort | <p>These activities will aim to target children, young people and their families.</p> |
| 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>Service provided across the severity spectrum will be available throughout the Adelaide PHN region, with a focus on area of greatest need.</p> |
| Consultation | <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. This consultation occurs through a range of formal and informal methods including Adelaide PHN membership activities with, Community Advisory Councils, Clinical Councils and the Health Priority Network 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, service design, commissioning and continuous improvement. Our commissioning framework enables elements of formal and informal co-design with stakeholders, ensuring community voice and insight is incorporated into commissioned and non-commissioned activities.</p> <p>Consultation occurs specifically with Aboriginal and Torres Strait Islander communities, including the through the 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>Headspace, hYEPP and integrated practice 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 special interest area within the Health Priority Network which informs Adelaide PHN’s strategic planning, design and commissioning of child and youth friendly services.</p> |

| | |
|--|--|
| <p>Collaboration</p> | <ul style="list-style-type: none"> • The Adelaide PHN collaborates with headspace centre lead agencies and primary child mental health services in the region to carry out this activity. Adelaide PHN facilitates and supports a joint approach to this activity between key headspace centre representatives and their lead agencies (including HYEPP). In addition, Adelaide PHN has established and maintains formal relationships with State-funded mental health services, including the South Australian Child and Adolescent Mental Health Service (CAMHS), • The Adelaide PHN works closely with headspace centres and their lead agencies (including HYEPP), State funded child and youth mental health services, and other child/youth specific services to develop collaborative approaches to the promotion and availability of a) youth mental health services in areas of need, and b) youth specific self-help services, including online and telephone-based services. Where appropriate, the Adelaide PHN engages commissioned providers to take a lead role in this activity within their local community. • The Adelaide PHN works closely with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support culturally appropriate services for Aboriginal and Torres Strait Islander people. Aboriginal Elders have indicated the need to engage young Aboriginal leaders with this work and Adelaide PHN is continuing to develop this strategy |
| <p>Activity milestone details/ Duration</p> | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 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"> <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>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> |
| 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 – MH12 to MH16 | |
|--|--|
| Mental Health Priority Area | Indicate the mental health priority area this activity falls under. Priority area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups |
| ACTIVITY TITLE | <p>MH12. Commission psychological therapeutic services in areas of need and to under-serviced, hard to reach populations, including Aboriginal and Torres Strait Islander people.</p> <p>MH13. Maintain and support the continual improvement of clinical governance and workforce credentialing standards, appropriate for commissioned psychological therapeutic services</p> <p>MH14. Establish and enhance referral pathways and ‘joined-up’ processes between commissioned psychological therapeutic services and other appropriate mental health services, along the stepped-care continuum of primary mental health services</p> <p>MH15. Maintain and enhance consistent data collection and reporting systems across all commissioned services</p> <p>MH16. Support referrers, where appropriate, to build linkages and pathways to psychological therapeutic services in areas where there is established service infrastructure and workforce</p> |
| Existing, Modified, or New Activity | <p>Modified Activity</p> <p><i>MH12 previously referenced as A3.1 (minor modification of activity title and description)</i></p> <p><i>MH13 previously referenced as A3.2 (minor modification of activity title and description)</i></p> <p><i>MH14 previously referenced as A3.3 (minor modification of activity title and description)</i></p> <p><i>MH15 previously referenced as A3.4 (minor modification of activity title and description)</i></p> <p><i>MH16 previously referenced as A3.5</i></p> |
| PHN Program Key Priority Area | Mental Health |
| Needs Assessment Priority | <p>MH12. The activity addresses identified needs assessment priority PMH1, PMH2, PMH3, and PMH5.</p> <p>MH13. The activity addresses identified needs assessment priority PMH1, PMH2, PMH3, PMH5, PMH6 and PMH7.</p> <p>MH14. The activity addresses identified needs assessment priority PMH1, PMH2, PMH3, PMH5 and PMH6</p> <p>MH15. The activity addresses identified needs assessment priority PMH 5 and PMH 6</p> <p>MH16. The activity addresses identified needs assessment priority PMH1, PMH2, PMH3, PMH5 and PMH7.</p> |
| Aim of Activity | Describe what this activity will aim to achieve, and how it will address the identified need (300 word limit). |

| | |
|--------------------------------|---|
| | <p>MH 12: To improve health experiences and outcomes for people at risk of or experiencing moderate to severe mental health conditions, including at risk of self-harm or suicide and their families/carers through the provision of structured psychological therapies</p> <p>MH13: To ensure commissioned service providers maintain appropriate service and clinical governance, accreditation and workforce credentialing to support the provision of high quality, responsive structured psychological therapies</p> <p>MH14: To increase access to structured psychological therapies for people at risk of or experiencing moderate to severe mental health conditions, including at risk of self-harm or suicide through centralised referral pathways and enhanced service and clinical integration</p> <p>MH15: To improve data and reporting to inform continuous quality improvement and service planning in primary mental health care</p> <p>MH16: To improve the capability of the primary health care sector to identify and facilitate the most appropriate services for people at risk of, or experiencing moderate to severe mental health conditions, or at risk of self-harm or suicide (structured psychological therapies and low intensity supports)</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>MH12. This activity will commission psychological therapeutic services, targeted to under-served/hard to reach populations and in areas of high need (as identified in the needs assessment). Commissioned providers will a) target population groups with high prevalence of mental health/behavioural issues and psychological distress in identified areas across the region, b) provide therapeutic psychological services to people who are not able to access Medicare funded psychological therapeutic services, c) ensure psychological therapeutic services are targeted and appropriate 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, maintaining seamless access to services and continuity of care.</p> <p>MH13. This activity aims to maintain appropriate clinical governance and workforce credentialing standards, appropriate to commissioned psychological therapeutic services and consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce. The Adelaide PHN provides Mental Health accreditation grants to commissioned providers, ensuring best-practice quality assurance standards are met. The activity will ensure commissioned providers are supported in delivering high-quality, effective services that maximise the outcome(s) for people requiring psychological therapeutic intervention.</p> <p>MH14. Commissioned service providers will be required to use Adelaide PHN supported digital platforms, MasterCare and the Central Referral Unit to</p> |

| | |
|---------------------------------|--|
| | <p>improve pathways to structured psychological therapies (individual, group and family) and enhance service and clinical integration between mental health and/or primary/acute health care providers. The Adelaide PHN will work with commissioned services to ensure they are ‘joined-up’, and both Adelaide PHN and commissioned providers will work with referrers to ensure pathways in to psychological therapeutic services are seamless, meet individual needs and provide support to referrers. 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 services providers will be required to maintain and enhance service linkages, networks and formal service delivery partnerships to support holistic, integrated treatment and management across the stepped care continuum.</p> <p>MH15. This activity aims to maintain and enhance 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 outcome 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.</p> <p>MH16. This activity aims to support referrers to utilise, where they exist, established psychological therapeutic services in their area. Additionally, the activity aims to mobilise where appropriate, existing resources, in particular Commonwealth funded online and telephone based mental health services along with established psychological services funded through the Medicare Benefits Schedule (MBS). The activity will ensure optimal use of the available service infrastructure and workforce as well as equip referrers, particularly General Practice, with knowledge of psychological services appropriate for individuals seeking mental health treatment. The activity will target areas within the Adelaide PHN region identified in the needs assessment, however may focus on populations/hard to reach groups referred from sources other than General Practice.</p> |
| <p>Target population cohort</p> | <p>People currently in populations that are under-serviced and/or hard to reach and in need of psychological therapies (as identified in the needs assessment).</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. Please refer to MH22-24 which detail supports for people from Aboriginal and Torres Strait Islander backgrounds.</p> |

| | |
|----------------------|--|
| <p>Coverage</p> | <p>Entire Adelaide PHN region with a particular focus on the following Local Government Areas (LGAs) with high prevalence of need and people who are not able to access Medicare funded mental health services: Playford, Salisbury, Port Adelaide-Enfield and Onkaparinga.</p> |
| <p>Consultation</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. This consultation occurs through a range of formal and informal methods including Adelaide PHN membership activities with, Community Advisory Councils, Clinical Councils and the Health Priority Network 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, service design, commissioning and continuous improvement. Our commissioning framework enables elements of formal and informal co-design with stakeholders, ensuring community voice and insight is incorporated into commissioned and non-commissioned activities.</p> <p>Consultation occurs specifically with Aboriginal and Torres Strait Islander communities, including the through the 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>Adelaide PHN has recently consulted with existing commissioned RACFs to inform in 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 key implementation and imbedding stages of the measure, consistent with Adelaide PHN’s phased approach.</p> <p>Adelaide PHN commissions psychological therapies specifically designed to support people who identify as Gender Diverse, and ensure their voice and insight contributes to continuous quality improvement in the provision of these services.</p> |
| <p>Collaboration</p> | <ul style="list-style-type: none"> • The Adelaide PHN collaborates with Country SA PHN to ensure cross-boundary coverage psychological therapies in South Australia. • The Adelaide PHN works closely with commissioned service providers to develop appropriate clinical governance and workforce credentialing standards for psychological therapeutic services as detailed in the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce. • The Adelaide PHN works in partnership with GlobalHealth to provide appropriate and tailored ICT systems for commissioned service providers to ensure consistent data collection and reporting system across commissioned services. • The Adelaide PHN continues to work closely with the SA Mental Health Directorate, SA Mental Health Commission, membership groups, relevant Aboriginal and Torres Strait Islander health services, stakeholders/providers and the community, specifically consumers/carers. |

| | |
|--|---|
| | <p>These groups provide strategic input and guidance into service planning. The Adelaide PHN has formal arrangements regarding referral pathways with State funded mental health services as part of these activities. Adelaide PHN continues to promote the establishment of clinical information sharing protocols with State Mental Health services to achieve greater clinical/service integration and continuity of care.</p> <ul style="list-style-type: none"> • The Adelaide PHN is partnering with GlobalHealth (software developer) to collect and measure of Patient Reported Outcome/Experience Measures (PREMS/PROMS) and parallel therapeutic support tools/resources. |
| <p>Activity milestone details/ Duration</p> | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 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"> <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>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> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p> |

| | |
|-----------------|--|
| Data collection | Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes |
|-----------------|--|

| Proposed Activities – MH17 to MH20 | |
|---|---|
| Mental Health Priority Area | Indicate the mental health priority area this activity falls under. Priority area 4: Mental health services for people with severe and complex mental illness including care packages |
| ACTIVITY TITLE | <p>MH17. Commission primary mental health care services for people with severe and complex mental illness, in areas of need</p> <p>MH18. Maintain and enhance clinical governance and workforce credentialing standards, appropriate for commissioned primary mental health services for people with severe and complex mental illness</p> <p>MH19. Maintain and enhance referral pathways and ‘joined-up’ processes between commissioned services and other appropriate services, along the stepped-care continuum of primary mental health services, particularly with State funded treatment services</p> <p>MH20. Maintain and enhance consistent data collection and reporting systems across all commissioned services</p> |
| Existing, Modified, or New Activity | <p>Modified Activity</p> <p><i>MH17 previously referenced as A4.1 (minor modification of activity title and description)</i></p> <p><i>MH18 previously referenced as A4.2 (minor modification of activity title and description)</i></p> <p><i>MH19 previously referenced as A4.3 (minor modification of activity title and description)</i></p> <p><i>MH20 previously referenced as A4.4 (minor modification of activity title and description)</i></p> |
| PHN Program Key Priority Area | Mental Health |
| Needs Assessment Priority | <p>MH17. The activity addresses identified needs assessment priority PMH1, PMH2, PMH5, PMH6 and PMH7</p> <p>MH18. The activity addresses identified needs assessment priority PMH1, PMH2, PMH3, PMH5, and PMH7</p> <p>MH19. The activity addresses identified needs assessment priority y PMH1, PMH2, PMH3, PMH5 and PMH6</p> <p>MH20. The activity addresses identified needs assessment priority PMH5 and PMH6</p> |
| Aim of Activity | <p>Describe what this activity will aim to achieve, and how it will address the identified need (300 word limit).</p> <p>MH17: 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.</p> <p>MH18: To ensure commissioned service providers maintain appropriate service and clinical governance, accreditation and workforce credentialing to support the provision of high quality, responsive primary mental health care services.</p> <p>MH19: To increase access to wrap around, coordinated services for people with severe and complex mental health conditions through the provision of centralised referral pathways and enhanced service and clinical integration, particularly with State funded treatment services.</p> |

| | |
|--------------------------------|--|
| | <p>MH20: To improve data and reporting to inform continuous quality improvement and service planning in primary mental health care.</p> |
| <p>Description of Activity</p> | <p>MH17. Commissioned service providers will:</p> <p>a) provide comprehensive severe and complex mental health services incorporating clinical care coordination (including the previous Mental Health Nurse Incentive Program) and complementing and enhancing existing GP, Psychiatrist and allied mental health services, and</p> <p>b) develop 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.</p> <p>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.</p> <p>MH18. This activity aims to maintain appropriate clinical governance and workforce credentialing standards, appropriate to commissioned services and consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce. The Adelaide PHN provides Mental Health accreditation grants to commissioned providers, ensuring best-practice quality assurance standards are met. The activity will ensure commissioned providers are supported to deliver high-quality, effective services that maximise the outcome(s) of people requiring severe and complex mental health services.</p> <p>MH19. 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 care services, including care coordination services; and to maintain and enhance service and clinical integration between acute/community/primary mental health care providers and/or acute/primary 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 will be required to maintain and enhance service linkages, networks and formal service delivery partnerships to support holistic, integrated treatment and management across the stepped care continuum.</p> <p>MH20. This activity aims to maintain and enhance 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</p> |

| | |
|--------------------------|--|
| | will support commissioned providers with appropriate systems software such as MasterCare (for clinical client management) and Mentegram (to support patient reported outcome 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. |
| Target population cohort | People with severe and complex mental illness appropriate for management in primary care |
| 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 | Entire Adelaide PHN region with focus on the following Local Government Areas (LGAs) with high prevalence of need and people who are not able to access Medicare funded mental health services: Playford, Salisbury, Port Adelaide-Enfield and Onkaparinga. |
| Consultation | <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. This consultation occurs through a range of formal and informal methods including Adelaide PHN membership activities with, Community Advisory Councils, Clinical Councils and the Health Priority Network 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, service design, commissioning and continuous improvement. Our commissioning framework enables elements of formal and informal co-design with stakeholders, ensuring community voice and insight is incorporated into commissioned and non-commissioned activities.</p> <p>Consultation occurs specifically with Aboriginal and Torres Strait Islander communities, including the through the 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> |
| Collaboration | <ul style="list-style-type: none"> • The activities will be jointly implemented with commissioned providers to provide appropriate services for people with severe and complex mental illness. The Adelaide PHN will collaborate with Country SA PHN to ensure cross-boundary coverage for similar commissioned activities in South Australia. • The Adelaide PHN will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support culturally appropriate services for Aboriginal and Torres Strait Islander people. |

| | |
|--|--|
| | <ul style="list-style-type: none"> • The Adelaide PHN works in partnership with GlobalHealth to provide appropriate and tailored ICT systems for commissioned service providers to ensure consistent data collection and reporting system across commissioned services. • The Adelaide PHN will collaborate with specific Local Health Networks (LHNs) to coordinate referral pathways of identified population groups presenting at Emergency and/or Outpatient Departments and discharge summaries (after hospitalisation) in target areas. In addition, the Adelaide PHN will support commissioned service providers to join up services between tertiary, secondary and primary care sectors |
| <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: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: July 2019 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> <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> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p> |

| | |
|-----------------|--|
| Data collection | Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes |
|-----------------|--|

| Proposed Activities – MH21 to MH23 | |
|-------------------------------------|---|
| Mental Health Priority Area | Indicate the mental health priority area this activity falls under. Priority area 5: Community based suicide prevention activities |
| ACTIVITY TITLE | <p>MH21. Formalise arrangements with relevant collaborators in the Adelaide PHN region, concerning care pathways, clinical responsibility and follow up support for people who are at risk of suicide and/or who have recently attempted suicide, specifically with State funded mental health services and services related to suicide prevention across the four Local Health Networks and other relevant State Government departments across the region</p> <p>MH22. Commissioning community-based suicide prevention activities, specifically for Aboriginal and Torres Strait Islander people</p> <p>MH23. Target and where appropriate, commission, the training and education of evidence-based, suicide prevention approaches (e.g. gate-keeper training) in collaboration with State-funded services, relevant APHN-commissioned services and other identified organisations/individuals</p> |
| Existing, Modified, or New Activity | <p>Existing Activity</p> <p><i>MH21 previously referenced as A5.1</i> <i>MH22 previously referenced as A5.2 minor modification to activity title and description)</i> <i>MH23 previously referenced as A5.3</i></p> |
| PHN Program Key Priority Area | Mental Health |
| Needs Assessment Priority | <p>MH21. The activity addresses identified needs assessment priority PMH1, PMH3, PMH5, PMH6 and PMH7.</p> <p>MH22. The activity addresses identified needs assessment priority PMH1, PMH2, PMH3, PMH5, PMH6 and PMH7.</p> <p>MH23. The activity addresses identified needs assessment priority PMH7.</p> |
| Aim of Activity | <p>Describe what this activity will aim to achieve, and how it will address the identified need (300 word limit).</p> <p>MH21: To establish and maintain formal arrangements with key service providers (Acute/Community/Primary) for the coordinated treatment and management of people at risk of, or who have recently attempted suicide</p> <p>MH22: To increase community awareness and mental health literacy through the provision of community-based suicide prevention activities for Aboriginal and Torres Strait Islander people</p> <p>MH23: To improve the capacity of the primary mental health care sector to identify and facilitate the most appropriate services for people at risk of, or who have recently attempted suicide</p> |

| | |
|---------------------------------|--|
| <p>Description of Activity</p> | <p>MH21. This activity aims to formalise arrangements between State-funded mental health services and primary mental health services concerning the care pathways, clinical responsibility and follow-up support for people who are at risk of suicide and/or who have recently attempted suicide. The Adelaide PHN is continuing to collaborate with State-funded mental health services to develop clear referral and care pathways into the most appropriate services for people at risk and/or who have recently attempted suicide across the region. The Adelaide PHN will interface commissioned primary mental health services appropriate for this level of support with State-funded mental health and emergency services. In addition, the Adelaide PHN will seek to collaborate with General Practice as part of this activity, to establish clinical information sharing and other appropriate mechanisms regarding clinical decisions for people seeking support at risk and/or who have recently attempted suicide. In addition, the Adelaide PHN will seek to collaborate and formalise arrangements with other State-funded services delivering first-response interventions post-suicide attempts in schools and other settings.</p> <p>MH22. The Adelaide PHN will commission appropriate providers to deliver community-based suicide prevention activities, with regard to cultural appropriateness and cultural safety for the Adelaide PHN Aboriginal 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 community-based suicide prevention activities are aligned with need and reflect current best-practiced evidence-based approaches as outlined in the <i>Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Report (ATSIPeP)</i> and other related sources.</p> <p>MH23. 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>Target population cohort</p> | <p>People identified in populations at risk of suicide, people who have recently attempted suicide and young people.</p> |
| <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>Consultation occurs specifically with Aboriginal and Torres Strait Islander communities and individuals, including via the Aboriginal Community Advisory Council, ACCHO and specific reference groups.</p> |

| | |
|----------------------|--|
| <p>Coverage</p> | <p>Entire Adelaide PHN region with specific focus on Public Health Information Development Unit (PHIDU) Population Health Areas (based on ABS Statistical Area Level 2) with high suicide prevalence: Elizabeth East, Elizabeth/ Smithfield - Elizabeth North, Adelaide, Christie Downs/ Hackham West - Huntfield Heights and West Lakes.</p> |
| <p>Consultation</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. This consultation occurs through a range of formal and informal methods including Adelaide PHN membership activities with, Community Advisory Councils, Clinical Councils and the Health Priority Network 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, service design, commissioning and continuous improvement. Our commissioning framework enables elements of formal and informal co-design with stakeholders, ensuring community voice and insight is incorporated into commissioned and non-commissioned activities.</p> <p>Consultation occurs specifically with Aboriginal and Torres Strait Islander communities, including the through the 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>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.</p> |
| <p>Collaboration</p> | <p>The following collaborations will address activities MH19 – MH21:</p> <ul style="list-style-type: none"> • 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. • The Adelaide PHN will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support culturally appropriate services for Aboriginal and Torres Strait Islander people. • The Adelaide PHN will collaborate with specific Local Health Networks (LHNs) to coordinate referral pathways of identified population groups presenting at Emergency and/or Outpatient Departments and discharge summaries (after hospitalisation) in target areas. In addition, the Adelaide PHN will support |

| | |
|--|--|
| | <p>commissioned service providers to join up services between tertiary, secondary and primary care sectors.</p> <ul style="list-style-type: none"> • The Adelaide PHN will seek to collaborate with established organisations funded through Commonwealth and State Government initiatives where appropriate. • The Adelaide PHN continues to work towards 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>Activity milestone details/ Duration</p> | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 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"> <input checked="" type="checkbox"/> Not yet known <input 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>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> |

| | |
|-----------------|--|
| | |
| Data collection | Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes |

| Proposed Activities – MH24 to MH26 | |
|-------------------------------------|--|
| Mental Health Priority Area | Indicate the mental health priority area this activity falls under. Priority area 6: Aboriginal and Torres Strait Islander mental health services |
| ACTIVITY TITLE | MH24. Commission culturally appropriate, flexible, evidence based mental health services for Aboriginal and Torres Strait Islander people in areas of need MH25. Maintain and enhance referral pathways and ‘joined-up’ processes in to and between Aboriginal and Torres Strait Islander mental health and connected services, including Alcohol and Other Drug (AOD) and social services MH26. Identify and address workforce and capacity concerns specific for Aboriginal and Torres Strait Islander mental health services in areas of need |
| Existing, Modified, or New Activity | Modified Activity <i>MH24 previously referenced as A6.1 (minor modification of activity title)</i> <i>MH25 previously referenced as A6.2 (minor modification of activity title and description)</i> <i>MH26 previously referenced as A6.3 (minor modification of activity title)</i> |
| PHN Program Key Priority Area | Mental Health |
| Needs Assessment Priority | MH24. The activity addresses identified needs assessment priority PMH1, PMH2, PMH3, PMH5 and PMH6 MH25. The activity addresses identified needs assessment priority PMH2, PMH3, PMH5, PMH6 and PMH7 MH26. The activity addresses identified needs assessment priority PMH2, PMH3, PMH5 and PMH7 |
| Aim of Activity | Describe what this activity will aim to achieve, and how it will address the identified need (300 word limit). MH24: To improve mental health experiences and outcomes for Aboriginal and Torres Strait Islander people through the provision of culturally appropriate, sensitive and safe primary mental health care services. MH25: To increase access to culturally appropriate, sensitive and safe primary health care services for Aboriginal and Torres Strait Islander people 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. MH26: To enhance the capacity of the primary mental health care workforce to provide culturally appropriate, sensitive and safe primary mental health care services, including through supporting Aboriginal and Torres Strait Islander specific workforce engagements. |
| Description of Activity | MH24. 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 |

| | |
|---------------------------------|---|
| | <p>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> <p>MH25. The Adelaide PHN will continue to collaborate 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.</p> <p>MH26. This activity will aim to a) continue to identify workforce and capacity gaps in Aboriginal and Torres Strait Islander specific mental health services, and b) address these gaps through capacity building and workforce development. Adelaide PHN will continue to address the lack of Aboriginal specific mental health workers within the region (identified through previous consultations) in collaboration with key stakeholders, including with Aboriginal and Torres Strait Islander people and organisations, commissioned service providers and state-government entities. The Adelaide PHN will utilise a variety of strategies and partnerships to undertake this activity.</p> |
| <p>Target population cohort</p> | <p>Aboriginal and Torres Strait Islander people across the age spectrum</p> |
| <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. Refer consultation and collaboration sections below for further detail</p> |
| <p>Coverage</p> | <p>Entire Adelaide PHN region</p> |
| <p>Consultation</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. This consultation occurs through a range of formal and informal methods including Adelaide PHN membership activities with, Community Advisory Councils, Clinical Councils and the Health Priority Network 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, service design, commissioning and continuous improvement. Our commissioning framework enables elements of formal and informal co-design with stakeholders.</p> <p>Consultation occurs specifically with Aboriginal and Torres Strait Islander communities, including through the Aboriginal Community Advisory Council, Aboriginal Community Controlled Health 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</p> |

| | |
|--|--|
| | <p>community voices heard. 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>Collaboration</p> | <p>The following collaborations will address activities MH22 – MH24:</p> <ul style="list-style-type: none"> • 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. • The APHN has an established formal partnership in place with the SA ACCHO Peak body and continues to work closely to support cultural appropriate services for Aboriginal and Torres Strait Islander people. • The Adelaide PHN continues to work towards integration with Local Health Networks (LHNs) to support coordinated referral pathways for Aboriginal and Torres Strait Islander people across the acute and primary health sectors • 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. |
| <p>Activity milestone details/ Duration</p> | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: July 2019 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> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input checked="" type="checkbox"/> Open tender</p> <p><input checked="" type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes</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> |
| 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 – MH27 to MH28 | |
|-------------------------------------|---|
| Mental Health Priority Area | Indicate the mental health priority area this activity falls under. Priority area 7: Stepped care approach |
| ACTIVITY TITLE | These activities below will align with Priority Areas 1-6 above and their respective activities. MH27. Commission primary mental health treatment services in areas of need within a stepped-care approach MH28. Support referrers, particularly General Practice to assess and refer people to the most appropriate level of intervention/care along the stepped-care continuum of primary mental health services |
| Existing, Modified, or New Activity | Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity <i>MH27 previously referenced as A7.1 (minor modification to activity title)</i> <i>MH28 previously referenced as A7.2</i> |
| PHN Program Key Priority Area | Mental Health |
| Needs Assessment Priority | MH27. The activity addresses identified needs assessment priority PMH1, PMH2, PMH3, PMH5, PMH6 and PMH7 MH28. The activity addresses identified needs assessment priority PMH7 |
| Aim of Activity | Describe what this activity will aim to achieve, and how it will address the identified need (300 word limit). MH27: To facilitate the effective delivery of primary mental health care services within a stepped care model that complement and enhance the existing acute/community/primary services available within the Adelaide PHN region MH28: To improve the capability of the primary health care sector, particularly general practice, to identify and facilitate the most appropriate services for people at risk of, or experiencing mental health conditions across the severity spectrum |
| Description of Activity | MH27. 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 providers 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 will ensure primary mental health services in the region: <ul style="list-style-type: none"> • 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; |

| | |
|---------------------------------|---|
| | <ul style="list-style-type: none"> • 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; • 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; • ensure the workforce is appropriately trained and qualified, including through the provision continuing professional development support; and • incorporate a multidisciplinary team approach to primary mental health care. • Adelaide PHN also utilises MasterCare to support effective performance, integration and coordination of commissioned primary mental health services across the Adelaide metropolitan region <p>MH28. This activity will aim to ensure referrers at various access points to primary mental health services have the capacity and skills to assess and refer people to the most appropriate level of intervention/care along the stepped-care continuum. The activity will include facilitating appropriate linkages with State funded mental health services, particularly for people seeking treatment for low prevalence, complex mental illness. This activity is supported by the Adelaide PHN Central Referral Unit that enables a single point of entry for information, clinical triage, allocation and referral f to primary mental health care services across the Adelaide metropolitan region.</p> |
| <p>Target population cohort</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"> • People living in the South, West and North of Adelaide (where there are less services, more socio-economic disadvantage and higher rates of multimorbidity) • Aboriginal and Torres Strait Islander people • People from Culturally and Linguistically Diverse background • Children and young people • Transgender and gender diverse people • Women in the peri-natal period • People living in Residential Aged Care Facilities |
| <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. Please refer to MH22-24 which detail supports for people from Aboriginal and Torres Strait Islander backgrounds. 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>Entire Adelaide PHN region.</p> |

| | |
|----------------------|---|
| <p>Consultation</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. This consultation occurs through a range of formal and informal methods including Adelaide PHN membership activities with, Community Advisory Councils, Clinical Councils and the Health Priority Network 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, service design, commissioning and continuous improvement. Our commissioning framework enables elements of formal and informal co-design with stakeholders, ensuring community voice and insight is incorporated into commissioned and non-commissioned activities.</p> <p>Consultation occurs specifically with Aboriginal and Torres Strait Islander communities, including the through the 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>Adelaide PHN has recently consulted with existing commissioned RACFs to inform in the design and delivery of appropriate services for the Psychological Treatment Services for people with Mental Illness in Residential Aged Care (RACF) measure. Continuing consultations with the broader RACF sector, peak bodies, mental health providers, consumers and carers will occur throughout key implementation and imbedding stages of the measure, consistent with the planned phased approach.</p> |
| <p>Collaboration</p> | <p>The following collaborations will address activities A7.1 – 7.2:</p> <ul style="list-style-type: none"> • The activities will be jointly implemented with commissioned providers to provide appropriate services along the stepped-care continuum. The Adelaide PHN will collaborate with Country SA PHN to ensure cross-boundary coverage for similar commissioned activities in South Australia. • The APHN will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support cultural appropriate services for Aboriginal and Torres Strait Islander people. • The Adelaide PHN works in partnership with GlobalHealth to provide appropriate and tailored ICT systems for commissioned service providers to ensure consistent data collection and reporting system across commissioned services. • The Adelaide PHN will collaborate with organisations specialised in the delivery of education and training to General Practice. • The Adelaide PHN will collaborate with specific Local Health Networks (LHNs) to coordinate referral pathways of identified population groups presenting at Emergency and/or Outpatient Departments and discharge summaries (after hospitalisation) in target areas. The Adelaide PHN will collaborate with relevant State bodies in education, training and workforce development, specifically the SA Office of the Chief Psychiatrist, SA Mental Health Directorates and SA Department of Education and Child Development. |

| | |
|--|--|
| <p>Activity milestone details/ Duration</p> | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 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"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input checked="" type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <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> <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>Yes</p> |

| Proposed Activities – MH29 to MH31 | |
|-------------------------------------|---|
| Mental Health Priority Area | Indicate the mental health priority area this activity falls under. Priority area 8: Regional mental health and suicide prevention plan |
| ACTIVITY TITLE | <p>These activities below will align with Priority Areas 1-6 above and their respective activities. In reference to the mandatory indicator regarding the establishment of formalised partnerships with other regional service providers, the activities below will align with activities MH6, MH7, MH17, MH19 and MH23.</p> <p>MH29. Establish mechanisms to centralise, collate and analyse data regarding the prevalence of mental ill-health and illness, support seeking behaviour, treatment provision/outcomes and self-harm/suicide in the Adelaide Primary Health Network region.</p> <p>MH30. Engage and consult with relevant stakeholders, representative bodies, professional organisations, providers, Adelaide PHN Membership Groups, consumers and carers regarding need and service provision across the region.</p> <p>MH31. Participate in cross-sectoral collaborative networks and lead discussions concerning mental health and the incidence of suicide across the region.</p> |
| Existing, Modified, or New Activity | <p>Existing Activity</p> <p><i>MH29 previously referenced as A8.1</i> <i>MH30 previously referenced as A8.2</i> <i>MH31 previously referenced as A8.3</i></p> |
| PHN Program Key Priority Area | Mental Health |
| Needs Assessment Priority | <p>MH29. The activity addresses identified needs assessment priority PMH1, PMH2, PMH3, PMH4, PMH 5, PMH6 and PMH7</p> <p>MH30. The activity addresses identified needs assessment priority PMH1, PMH2, PMH3, PMH4, PMH 5, PMH6 and PMH7</p> <p>MH31. The activity addresses identified needs assessment priority PMH1, PMH2, PMH3, PMH4, PMH 5, PMH6 and PMH7</p> |
| Aim of Activity | <p>Describe what this activity will aim to achieve, and how it will address the identified need (300 word limit).</p> <p>MH29: To contribute to the development, implementation and operation of the Regional Mental Health and Suicide Prevention Plan</p> <p>MH30: To establish and maintain health and related service networks (acute/community/primary) across the Adelaide metropolitan region to inform mental health care continuous improvement, service modelling and service planning</p> <p>MH31: To establish and maintain mental health and suicide prevention networks across the Adelaide metropolitan region to inform primary mental health care continuous improvement, service modelling and service planning</p> |
| Description of Activity | MH29. This activity will aim to establish mechanisms to centralise the collation and analysis of data regarding the prevalence of mental ill-health and illness, support seeking behaviour, treatment provision/outcomes and self- |

| | |
|---------------------------------|---|
| | <p>harm/suicide in the Adelaide Primary Health Network region. The Adelaide PHN has commenced and will continue to prioritise the establishment of a centralised evidence base regarding mental ill-health, illness and suicidality that is region wide, to assist in discussion and collaboration with relevant stakeholders towards the creation of a regional mental health and suicide prevention plan. The Adelaide PHN will a) ensure existing and established reporting systems in commissioned services capture data regarding treatment provision/outcomes and support seeking behaviour to inform planning processes, b) utilise arrangements with State funded mental health and alcohol and other drug services to triangulate relevant data with primary sources, including the mapping of care and referral pathways, c) continue to gather and share qualitative data regarding needs and gaps from targeted consultation to inform planning processes across the region, d) participate, where appropriate, in established mental health/suicide prevention networks and/or State funded planning processes to increase understanding of the needs/gaps and concerns across the region, and e) utilise the National Mental Health Services Planning Framework to assist in service planning processes.</p> <p>MH30. This activity aims to strategically consult with relevant stakeholders, professional organisations, memberships groups, consumers and carers regarding mental health and suicide prevention across the region. The Adelaide PHN is committed to community engagement and values the strategic input and local level experience of our region’s people, groups, organisations and representative bodies. The Adelaide PHN has undertaken, to date, extensive and broad level consultation with these groups concerning mental health and AOD reform specifically in the region including Aboriginal and Torres Strait Islander groups; informing our initial needs-based assessments and operational activities. The Adelaide PHN is committed to developing a strategic approach to on-going consultation and communication with the abovementioned groups towards the development of a regional mental health and suicide prevention plan. The Adelaide PHN envisions this activity will lead to a more comprehensive understanding of needs, gaps and inefficiencies/concerns across the region to complement other data sources, parallel to MH27.</p> <p>MH31. This activity seeks to ensure the Adelaide PHN remains connected to established mental health and suicide prevention networks across the region. The Adelaide PHN, either directly and/or through commissioned providers, is engaging with these networks, particularly in areas of need and/or population groups at risk of suicide. These networks provide valuable input into the needs and ‘local’ experience of hard-to-reach population groups, as well as opportunity for the Adelaide PHN to promote existing and/or newly established services relevant to need; engaging and involving organisations and networks in the planning process and the outcomes of the plan. The intelligence gathered through these mechanisms will enhance understanding and inform the regional mental health and suicide prevention plan.</p> |
| <p>Target population cohort</p> | <p>People living in the Adelaide Metropolitan region experiencing mental health and at risk of suicide. See target population cohorts for Priority Areas 1-6 above.</p> |
| <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. Please see priority area 5 and 6 and Sections MH22-MH24 above.</p> |
| Coverage | <p>Entire Adelaide PHN region.</p> |
| Consultation | <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. This consultation occurs through a range of formal and informal methods including Adelaide PHN membership activities with, Community Advisory Councils, Clinical Councils and the Health Priority Network 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, service design, commissioning and continuous improvement. Our commissioning framework enables elements of formal and informal co-design with stakeholders, ensuring community voice and insight is incorporated into commissioned and non-commissioned activities.</p> <p>Consultation occurs specifically with Aboriginal and Torres Strait Islander communities, including the through the 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>Adelaide PHN has recently consulted with existing commissioned RACFs to inform in the design and delivery of appropriate services for the Psychological Treatment Services for people with Mental Illness in Residential Aged Care (RACF) measure. Continuing consultations with the broader RACF sector, peak bodies, mental health providers, consumers and carers will occur throughout key implementation and imbedding stages of the measure, consistent with the phased implementation approach.</p> |
| Collaboration | <p>The Adelaide PHN is actively building connections and partnerships at a strategic level regarding mental health, suicide prevention and alcohol and other drug services. The Adelaide PHN region contains four Local Health Networks (LHNs) and one ACCHO, specialising in the delivery of region and/or population specific health services. The Adelaide PHN has leveraged existing connections and partnerships with the LHNs, either directly and/or through commissioned providers, to strategically partner around primary mental health and alcohol and other drug reform in the region. Regular meetings and reciprocal communication pathways have now been established with high-level representatives in the South Australian State Government and newly established South Australian Mental Health Commission. The Adelaide PHN will leverage of collaborations and partnerships with local government, community organisations and broad stakeholders to broadly engage the community in this strategy.</p> <p>The Adelaide PHN is cognisant of existing and current South Australian Government strategies, plans and/or policies that inform LHNs and their respective activities, specifically:</p> <ul style="list-style-type: none"> - SA Mental Health and Wellbeing Policy 2010-2015, - SA Suicide Prevention Strategy 2012-2016, |

| | |
|---|---|
| | <ul style="list-style-type: none"> - Aboriginal and Torres Strait Islander specific policies, - Transforming Health: SA Health, - SA Strategic Plan – OUR HEALTH. <p>The Adelaide PHN has identified opportunities to align internal planning processes and activities with these strategies, plans and/or policies. The Adelaide PHN has developed formal partnerships with the LHNs (CALHN, SALHN, NALHN, WCHN) and other state stakeholders (SA Mental Health Commission, SA Health Commission, Office of Chief Psychiatrist) to jointly develop the Mental Health and Suicide Prevention Plan. With the development of the plan based on joint responsibility between the partners, a Steering Committee of partner representatives has been established to give direction to the plan. An Operational Group has also been formed to facilitate co-design of services between the partners. The committee and the group will participate in the joint development of the plan over the next 12 months.</p> <p>The Adelaide PHN will undertake activities described in MH27, MH28 and MH29 to enhance its role in the region as a repository of data regarding needs, gaps and services in primary mental health. The Adelaide PHN will utilise this knowledge to inform strategic connections and partnerships with representative organisations, professional bodies and Aboriginal and Torres Strait Islander specific health services. The Adelaide PHN, where necessary and relevant, will enable and facilitate the participation of these organisations in the planning processes. In addition, the Adelaide PHN will collaborate with relevant state government Mental Health directorates to utilise the National Mental Health Services Planning Framework in these processes.</p> <p>The Adelaide PHN will capitalise on its role as a commissioner of primary mental health and suicide prevention services to engage existing and newly engaged providers to participate in planning processes across the region. The Adelaide PHN will encourage commissioned providers to utilise, participate in and/or establish local networks, determined by areas and/or populations in need. The Adelaide PHN will establish processes through its Community Collaboration portfolio and broad level reporting/data systems, including consumer feedback, to strategically capture this local level information.</p> <p>The Adelaide PHN will seek to collaborate with Country SA PHN to ensure alignment of regional planning in mental health and suicide prevention across South Australia.</p> <p>It is anticipated that the Plan will be developed by mid-2020 and implemented by 2022.</p> |
| <p>Activity milestone details/ Duration</p> | <p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 1/07/2019</p> <p style="padding-left: 40px;">Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: Month. Year.</p> <p style="padding-left: 40px;">Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p> |
| <p>Commissioning method and</p> | <p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Not yet known</p> |

| | |
|---------------------------|--|
| <p>approach to market</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 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 Adelaide PHN intends to co-commission services with the LHN.</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? No</p> |