



Australian Government

Department of Health

phn

An Australian Government Initiative

Updated Activity Work Plan 2016-2019: Primary Mental Health Care Funding

ACT PHN

1. (a) Strategic Vision

ACT PHN welcomes the opportunity for national mental health reform with a focus on ensuring regional needs are met. Through the reform process ACT PHN aims to commission integrated, more accessible and equitable primary mental health care services, to achieve improved outcomes for individuals and system wide reform across the ACT. To do this ACT PHN is undertaking an extensive commissioning process, including strong stakeholder engagement and collaboration.

Co-design

ACT PHN is continuing to undertake a co-design process with key stakeholders to develop a regional primary mental health stepped care model, while addressing the six key objectives of the PHN mental health care funding. The co-design process is based on a collective impact framework, with buy-in from key stakeholders to drive successful and long term change.

Governance

A Primary Mental Health Strategic Reform Group has been formed to work with ACT PHN to lead this reform process in the ACT, with oversight of the commissioning process. The Primary Mental Health Strategic Reform Group consists of key stakeholders in the ACT with the ability to influence or bring about change. The group has been meeting on a monthly basis with an external facilitator engaged by ACT PHN. Membership consists of representatives from the following organisations or affiliations:

- National Disability Insurance Agency
- ACT Health Directorate – Mental Health Justice Health Alcohol and Drug Services, clinical and policy teams
- ACT Education and Training Directorate
- ACT Council of Social Services
- Mental Health Community Coalition
- Alcohol Tobacco and Other Drug Association
- ACT Community Services Directorate – Housing, Youth and Family
- Winnunga Nimmityjah Aboriginal Health Service
- Carer Representatives
- Consumer Representatives
- GP representatives
- Capital Health Network.

In addition to the Primary Mental Health Strategic Reform Group, sub-working groups are formed as required to bring expertise, knowledge and capacity to specific activities, for example:

- reviewing the evidence base to address the six priority areas in a stepped care model
- ensuring services are culturally appropriate for Aboriginal and Torres Strait Islander People
- developing a performance framework
- developing workforce requirements.

Stepped Care

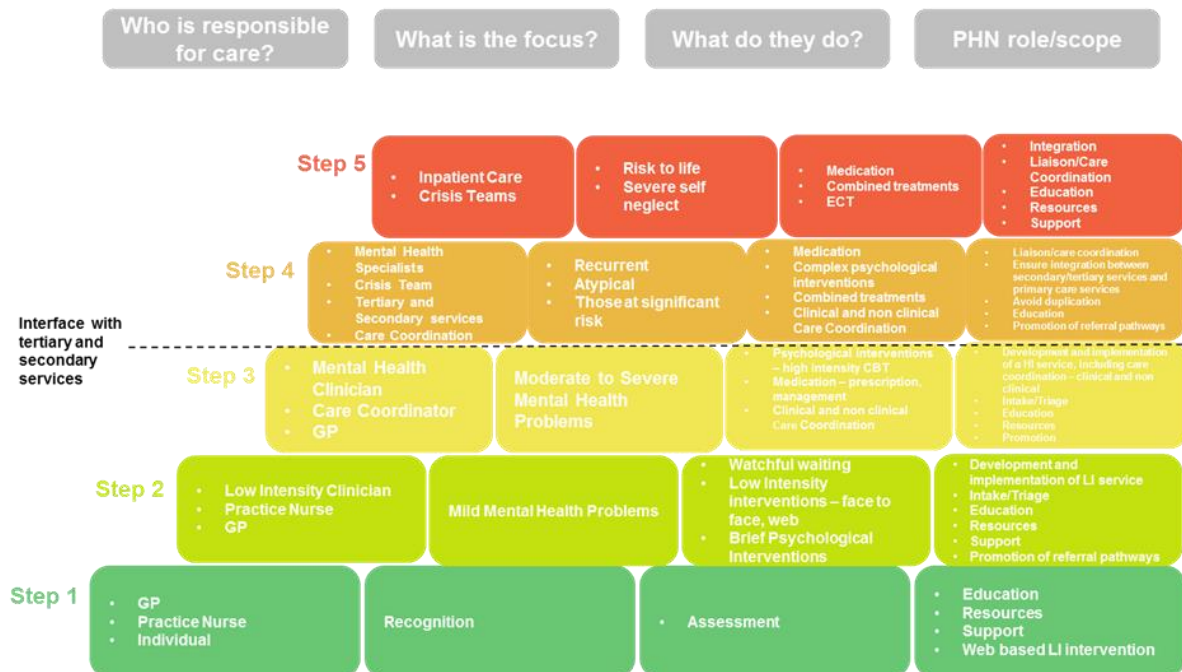
In collaboration with key stakeholders, ACT PHN has implemented an integrated primary mental health stepped care model. This model takes into consideration successful international stepped care models and the key elements required to ensure effective service level and individual outcomes.

Figure 1 depicts the steps of a stepped care model including: the cohort of people each step is targeted at; the types of interventions that could be provided and the workforce who could deliver services. The ACT PHN primary mental health stepped care model focuses on capacity building,

workforce development and support for general practice in step one; commissioning of services in steps two and three; and integration with tertiary and secondary services in steps four and five to ensure smooth transition between primary care and the hospital system.

Services within steps two and three address the six key objectives of the PHN mental health care funding and the priority areas identified in the ACT PHN Baseline Mental Health Needs Assessment.

Figure 1: Stepped Care Model



Regional Planning

To ensure that the primary mental health stepped care model is well integrated and forms part of an integrated mental health system that meets the needs of the ACT region, ACT PHN is working collaboratively with ACT Health to develop a joint regional mental health plan. This plan will form a territory-wide performance framework, including the key priority areas for the region and how they will be addressed through commissioning of services, workforce development and system integration work. ACT Health have committed resourcing to work in partnership with ACT PHN to complete the first version of the joint regional plan by December 2018.

Clinical Governance and Quality Assurance Arrangements

In addition to existing internal clinical governance and quality assurance arrangements, ACTPHN requires contracted service providers to have established clinical governance and quality assurance arrangements, consistent with the National Standards for Mental Health and the National Practice Standards for the Mental Health Workforce. As part of ACTPHNs overarching clinical governance and quality assurance arrangements, we are accredited against the National Standards for Mental Health. The Lead Agency and partner organisation for the psychological interventions service model is currently undergoing accreditation under the National Mental Health Standards. As part of the service provider clinical governance and quality assurance arrangements, consumer feedback procedures, including complaint handling procedures, have been incorporated.

Data Collection and Reporting Systems

One single client information management system has been established for the stepped care service model. This will allow for collection of data relevant to the Minimum Data Set, as well as additional data to assist in performance monitoring and evaluation.

Systems to support sharing of consumer clinical information between service providers and consumers

A number of activities are being undertaken to support the sharing of consumer clinical information between service providers and consumers, with appropriate consumer consent. These activities include:

- The implementation of one single client information system to be used across all aspects of the stepped care model, meaning a client can be stepped up or down within the service, with their information going with them between steps to the treating clinician. This will mean that within the stepped care model, clients do not need to tell their story multiple times
- Integration of the client information management system with myHealth Record and Secure Messaging to ensure that encrypted information can be shared with all relevant health professionals and the consumer

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

Proposed Activities	
Priority Area 1 – Low Intensity Mental Health Services	<p>Priority Area 1: Low intensity mental health services</p> <p>BNA Areas:</p> <p>Early intervention in life, in illness, and in episode</p> <ul style="list-style-type: none"> - <i>Integration of low intensity psychological interventions model into primary mental health stepped care model</i> <p>Vulnerable populations</p> <ul style="list-style-type: none"> - <i>Continued and extended provision of primary mental health services for people with financial barriers to gaining treatment</i> <p><i>Development and integration of culturally appropriate psychological interventions, for Aboriginal and Torres Strait Islander people, into the primary mental health stepped care model</i></p>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	Activity 1 – Evidence Based Low Intensity Service Model
Description of Activity	<p>The aim of this activity is to increase access to low intensity mental health services. Through the implementation of this activity it is anticipated that the following outcomes will be achieved:</p> <ul style="list-style-type: none"> • Increased access to services early in illness and episode • Improved clinical outcomes early in illness and episode • Increased access to services for men • Reduced wait times for high intensity services/services for moderate to severe presentations • Increased access to low intensity services for young people, aged 12 to 18 <p><i>Service Model</i></p> <p>An evidence based low intensity service model is in place. The model is targeted at providing services to people with mild to moderate symptoms of depression and anxiety. Low intensity interventions are cognitive behavioural therapy based, with a strong focus on guided self-help, with social prescribing undertaken to link clients in with other services they may require. Structured interventions are delivered over the phone and face to face by a trained non-clinical workforce, who receive intensive ongoing clinical supervision. The workforce are trained to ensure that services that are delivered are appropriate for Aboriginal and Torres Strait Islander people and Culturally and Linguistically Diverse groups.</p> <p><i>Rationale</i></p>

	<p>The ACT PHN Baseline Mental Health Needs Assessment identified the need for increased access to low intensity interventions to improve outcomes early in illness and/or episode. ACT PHN was involved in the NewAccess pilot to trial a low intensity service, with the pilot ending on 30 October 2016. NewAccess, based on the highly successful Improving Access to Psychological Therapies service in the UK, has been running in the ACT for over three years. The Ernst and Young evaluation of New Access completed across the three years of the pilot identified that the model demonstrates high economic value, with significant client outcomes being achieved across a four to six session basis. While the pilot was only accessible by adults, the model will be extended to provide services to 12-18 year olds, to ensure early intervention in illness.</p> <p>In addition to highlighting the need for low intensity interventions, the ACT PHN Baseline Mental Health Needs Assessment identified the need for services to be culturally appropriate for Aboriginal and Torres Strait Islander people and Culturally and Linguistically Diverse groups. The workforce providing low intensity interventions are required to complete a cultural safety competency as part of their mandatory training.</p>
Target population cohort	People with mild to moderate symptoms of depression and anxiety, over the age of 12. Clients are able to self-refer or access the service through traditional referral pathways, for example, general practitioners.
Consultation	Extensive consultation has been undertaken in the development of the psychological interventions component of the ACT primary mental health stepped care model, which includes low intensity interventions. Formal consultation has been held with consumers, carers, community sector service providers and primary care clinicians through each stage of the commissioning cycle. Ongoing engagement processes have been established to ensure that consumers, carers and service providers continue to have input and a mechanism to provide feedback in relation to stepped care services.
Collaboration	ACT PHN is working in collaboration with key stakeholders in the ACT to develop an integrated primary mental health stepped care model. ACT PHN has formed a group of key stakeholders to lead the mental health reform process in the ACT – the Primary Mental Health Strategic Reform Group. In addition to this ACT PHN is working collaboratively with ACT Health – policy and clinical services – to develop a joint regional mental health plan for the ACT. ACT PHN has a senior policy officer from ACT Health working on site to help progress regional planning.
Duration	July 2016 to June 2019
Coverage	ACT PHN region

Commissioning method (if relevant)	<p>To commission externally the low intensity service that was provided by Capital Health Network over the last 3 years, ACT PHN undertook an open approach to market process, consisting of an Expression of Interest. A suitable provider was identified as part of this process.</p> <p>Contracted services will be required to collect data to meet minimum data set requirements, report against the identified performance indicators and will participate in broader monitoring and impact evaluation activities as part of the evaluation of the integrated primary mental health stepped care model.</p>
Approach to market	ACT PHN undertook an open approach to market process, consisting of an Expression of Interest. A suitable provider was identified as part of this process
Performance Indicator	<p>Priority Area 1 - Mandatory performance indicators:</p> <ul style="list-style-type: none"> • Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services. • Average cost per PHN-commissioned mental health service – Low intensity services. • Clinical outcomes for people receiving PHN-commissioned low intensity mental health services.
Local Performance Indicator target (where possible)	<p>Indicator</p> <ul style="list-style-type: none"> • Proportion of clients completing treatment <p>Target</p> <ul style="list-style-type: none"> • Greater than 50%
Local Performance Indicator Data source	<ul style="list-style-type: none"> • Low Intensity service data (client information management system)

Proposed Activities	
Priority Area 2 – Child and Youth Mental Health Services	<p>Priority Area 2: Child and Youth mental health services</p> <p>BNA Areas:</p> <p>Early intervention in life, in illness, and in episode</p> <ul style="list-style-type: none"> - <i>Integration of low intensity psychological interventions model into primary mental health stepped care model</i>

	<p>Services for moderate to severe presentations</p> <ul style="list-style-type: none"> - <i>Development and integration of high intensity psychological interventions into primary mental health stepped care model</i> - <i>Integration of primary mental health stepped care model with tertiary and community services</i> <p>Vulnerable Populations</p> <ul style="list-style-type: none"> - <i>Development and integration of culturally appropriate psychological interventions, for Aboriginal and Torres Strait Islander people, into the primary mental health stepped care model</i>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>Activity 2 –Evidence based child and youth mental health services</p> <p>2.1 – headspace 2.2 – Commission new youth mental health services including services for children under 12 and services for youth at risk of, or who are experiencing, severe mental illness</p>
Description of Activity	<p>Activity 2.1</p> <p>This activity will focus on contracting the new headspace Lead Agency to deliver the headspace service in the ACT, as well as to re-locate to a new site. A new Lead Agency was identified through open procurement in the 2017/2018 financial year and will commence service delivery as the new Lead Agency on 1 July 2018.</p> <p>From 1 July 2018, ACT PHN will integrate headspace Intake with the existing ACT PHN stepped care centralised intake. ACT PHN will employ dedicated headspace Intake Officers as part of the ACT PHN centralised intake and co-located at the headspace site. This will ensure integration of headspace within the ACT stepped care model and improved access to appropriate service offerings for young people at the point of referral.</p> <p>ACT PHN will work closely with the new Lead Agency to refine the headspace Canberra service model and improve service offerings across the four core headspace streams.</p> <p><i>Rationale</i></p> <p>ACT PHN was required to contract headspace Services Limited as Lead Agency for ACT headspace for two years. During this time the headspace service was maintained at existing capacity at the existing site. This site is no longer suitable as it cannot accommodate service needs, and it is not centrally located so creates access issues for young people. In preparation for the 2018-19 financial year, ACT PHN has worked in partnership with Southern New South Wales PHN to commission a new Lead</p>

Agency for the Canberra and Queanbeyan headspace sites. The new Lead Agency will relocate headspace Canberra to a new site and commence operations on 1 July 2018.

Activity 2.2

The aim of this activity is to commission additional child and youth services for children under the age of 12 and for youth at risk of, or who are experiencing, severe mental illness.

Children Under 12

ACT PHN will continue to commission evidence based mental health services for children under 12 and their families in a stepped care approach. Low intensity interventions will be provided in the form of structured group programs, including Cool Kids and Cool Little Kids, and individual psychological interventions will be provided to children and their families.

Low Intensity services for Young People

Building off the existing low intensity service, Improving Access to Psychological Interventions (IAPT) low intensity services will commence for 12 to 18 year olds during 2018-17.

Youth at risk of, or who are experiencing, severe mental illness

CHN will continue to commission specialist youth mental health services for young people at risk of or who are experiencing severe mental illness. This will include individual IAPT based high intensity psychological interventions, as well as service navigation, with a focus on vocational support, and the provision of linkages with other key clinicians as required.

The workforce delivering services to children under 12 and youth will receive training in regards to delivering culturally appropriate services to Aboriginal and Torres Strait Islander people and Culturally and Linguistically Diverse groups.

Rationale

Early intervention in life, in illness and episode was identified in the ACT PHN Baseline Mental Health Needs Assessment as a priority area. Evidence suggests that that by intervening early when a child or adolescent is starting to experience behavioural issues or symptoms of a mental illness the trajectory of the mental illness can be stopped or the severity can be reduced.

Services for moderate to severe presentations were identified as a priority area in the ACT PHN Baseline Mental Health Needs Assessment. Additional resources need to be invested in the

	<p>development, implementation and delivery of high intensity psychological interventions and care coordination for people with moderate to severe mental illness, particularly youth.</p> <p>Psychological intervention services for children under 12 were identified as a priority area in the 2017-2018 ACT PHN Needs Assessment.</p>
Target population cohort	Children and youth with, or who are at risk, of mild to severe mental health conditions.
Consultation	Extensive consultation has been undertaken in the development of the psychological interventions component of the ACT primary mental health stepped care model, which includes youth specific interventions. Formal consultation has been held with consumers, carers, community sector service providers and primary care clinicians through each stage of the commissioning cycle. A working group consisting of key stakeholders was established to contribute to the development of the youth specific model. Ongoing engagement processes have been established to ensure that consumers, carers and service providers continue to have input and a mechanism to provide feedback in relation to stepped care services.
Collaboration	<p>ACT PHN is working in collaboration with key stakeholders in the ACT to develop an integrated primary mental health stepped care model. ACT PHN has formed a group of key stakeholders to lead in the mental health reform process in the ACT – the Primary Mental Health Strategic Reform Group. In addition to this ACT PHN is working collaboratively with ACT Health – policy and clinical services – to develop a joint regional mental health plan for the ACT. ACT PHN has a senior policy officer from ACT Health working on site to help progress regional planning.</p> <p>In addition to this ACT PHN will work to ensure the headspace model is integrated within services that are developed within a stepped care model. Linkages with general practice and drug and alcohol services will also be made with headspace to ensure that clients are receiving holistic wrap around services to address both their mental health and physical health needs.</p>
Duration	<p>headspace – July 2016 – June 2018 Lead Agency – headspace Services Limited</p> <p>July 2018 - June 2019 Lead Agency – to be confirmed, service agreement not yet signed Child and youth services will continue to be commissioned from July 2018 to June 2019.</p>
Coverage	ACT PHN Region

Commissioning method (if relevant)	<p>Two commissioning methods are being utilised –</p> <ul style="list-style-type: none"> Contracted service provider/s to deliver psychological interventions In house pilot for care coordination/service navigation activities
Approach to market	<ul style="list-style-type: none"> An open approach to market was undertaken to identify the new headspace Lead Agency A select approach to market was undertaken for youth high intensity psychological intervention services An open approach to market was undertaken for additional child under 12 services
Performance Indicator	<p>Priority Area 2 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> support region-specific, cross sectoral approaches to early intervention for children and young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.
Local Performance Indicator target (where possible)	<p>Indicator</p> <ul style="list-style-type: none"> Proportion of young people over the age of 15 years who demonstrate clinically significant improvement <p>Target</p> <ul style="list-style-type: none"> Greater than 50%
Local Performance Indicator Data source	<ul style="list-style-type: none"> Low and high intensity service client data (client information management system)

Proposed Activities	
Priority Area	<p>Priority Area 5: Community based suicide prevention activities</p> <p>BNA Area – Suicide Prevention <i>Development and implementation of suicide prevention service, for youth and adults, with open referral pathways (including culturally appropriate services for Aboriginal and Torres Strait Islander people)</i></p>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>Activity 5 – Community based suicide prevention services that fit within a system based approach to suicide prevention</p>
Description of Activity	<p>The aim of this activity is to commission appropriate, evidence based community based suicide prevention services. A general practice screening pilot will be implemented in the ACT utilising the Black Dog Institute StepCare model, to identify people in general practice experiencing suicidal ideation, as well as symptoms of depression and anxiety. To support the uptake of this screening pilot, ACT PHN will also commission advanced suicide prevention training for GPs.</p> <p>ACT PHN will also work in partnership with ACT Health during 2018-19 to commission Black Dog Institute Lifespan related activities.</p> <p><i>Rationale</i></p> <p>The ACT PHN Baseline Needs Assessment identified community based suicide prevention services as a priority area. There is currently a significant service gap in the ACT for suicide prevention services. Stakeholders acknowledged the need for better identification of people experiencing suicidal ideation, an increased understanding of demand for services and clinical interventions following a suicide attempt and for people at high risk.</p>
Target population cohort	<p>The Lifespan model utilises a whole of population approach.</p> <p>The Step Care pilot will focus on adults accessing services through General Practice who are experiencing suicidal ideation, symptoms of depression and/or anxiety.</p>
Consultation	<p>As part of broader consultation regarding the ACT PHN needs assessment and psychological interventions service model, consultation has been undertaken regarding the need for suicide prevention services and the types of services needed. Ongoing consultation and engagement will be undertaken with consumers, carers and service providers as service models are developed and procured.</p>
Collaboration	<p>ACT PHN is working in collaboration with key stakeholders in the ACT to develop an integrated primary mental health stepped care model. ACT PHN has formed a group of key stakeholders to lead in the</p>

	mental health reform process in the ACT – the Primary Mental Health Strategic Reform Group. In addition to this ACT PHN is working collaboratively with ACT Health – policy and clinical services – to develop a joint regional mental health plan for the ACT.
Duration	July 2018 to June 2019
Coverage	ACT PHN Region
Commissioning method (if relevant)	Commissioning methods will vary dependent on the activity. The Step Care screening pilot will be implemented and monitored by ACT PHN. Agreements will be established with participating general practices.
Approach to market	An expression of interest process will be undertaken to recruit general practices to the pilot. Other approach to market methods will be determined based on the additional types of suicide prevention activities that are commissioned within the Lifespan model, but these will consist of open or select request for proposal processes dependent on the activity.
Performance Indicator	Priority Area 5 - Mandatory performance indicator: <ul style="list-style-type: none"> • Number of people who are followed up by PHN-commissioned services following a recent suicide attempt.
Local Performance Indicator target (where possible)	<ul style="list-style-type: none"> • Number of patients identified in general practice with suicidal ideation
Local Performance Indicator Data source	<ul style="list-style-type: none"> • Client information management system

Proposed Activities	
Priority Area	Priority Area 6: Aboriginal and Torres Strait Islander mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	Activity 6 - Culturally appropriate mental health services for Aboriginal and Torres Strait Islander People
Description of Activity	<p>The ACT PHN Needs Assessment identified the need for additional, evidence based, culturally appropriate and accessible services for Aboriginal and Torres Strait Islander People. In particular, stakeholders identified the need for additional services to target youth.</p> <p>Culturally appropriate, evidence based services within a stepped care model approach will be commissioned with a focus on one or both of the following service types:</p> <ul style="list-style-type: none"> • Suicide prevention activities, with a focus on young people • Mental health services for young people <p>All staff delivering Aboriginal and Torres Strait Islander specific mental health services will be required to complete cultural competency training.</p>
Target population cohort	<p>The ACT Aboriginal and Torres Strait Islander community, with a specific focus on:</p> <ul style="list-style-type: none"> • Youth
Consultation	ACT PHN have undertaken consultation with the ACCHO, the ACT and the Aboriginal and Torres Strait Islander Youth service and the broader mental health sector to identify areas of need and potential service models as part of the annual needs assessment process.
Collaboration	ACT PHN is working in collaboration with key stakeholders in the ACT to develop an integrated primary mental health stepped care model. ACT PHN has formed a group of key stakeholders to lead in the mental health reform process in the ACT – the Primary Mental Health Strategic Reform Group.
Duration	Feb 2018 to June 2019 (commencement has been delayed due to discussions with the ACCHO regarding Primary Mental Health Minimum Data Set reporting. The ACCHO subsequently advised they did not wish to accept the funding and in November 2017 the Department notified ACT PHN that a procurement approach to mainstream service providers could be undertaken.)
Coverage	ACT PHN region
Commissioning method (if relevant)	Services will be commissioned through external service provider organisations
Approach to market	An open request for proposal was undertaken.

Performance Indicator	Priority Area 6 - Mandatory performance indicator: Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate.
Local Performance Indicator target (where possible)	Proportion of clients reporting improvement as a result of service delivery
Local Performance Indicator Data source	Client self reporting data provided by the service provider

Proposed Activities

Priority Area 7: Stepped care approach	This activity is covered as part of the Strategic Vision to this work plan (see pages 3 and 4).
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Proposed Activities	
Priority Area	Priority Area 8: Regional mental health and suicide prevention plan
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	Joint ACT Health Directorate and ACT PHN Regional Mental Health and Suicide Prevention Plan
Description of Activity	<p>ACT PHN is working in collaboration with the ACT Health Directorate to develop a joint regional mental health and suicide prevention plan. This plan is an iterative process that will continue to be developed each year, the first plan will include a joint outcomes framework, key performance indicators and potential joint commissioning activities to work towards.</p> <p>ACT PHN and ACT Health have established a joint working group to progress the development of the regional plan. To date the group have identified the areas that will be included in the regional plan and are continuing to work collaboratively to progress the development of the key areas, including sharing of data, best practice models and discussions regarding consultation and consumer involvement.</p>
Target population cohort	ACT Community
Consultation	Extensive consultation will be undertaken with consumers, carers and service providers in the development of the joint regional plan. This will include initial consultation to identify inclusions in the plan, as well as exposure to and consultation regarding the draft plan.
Collaboration	ACT PHN is collaborating with the ACT Health Directorate to develop the regional plan. Other key stakeholders will be engaged in the development of the plan, including the Primary Mental Health Strategic Reform Group, the Mental Health Consumer Network, Carers ACT, the Mental Health Community Coalition, The ACT Aboriginal and Torres Strait Islander Community Elected Body and other ACT Government Directorates, including the Education and Training Directorate and the Community Services Directorate.
Duration	December 2016 to June 2019
Coverage	ACT PHN region
Commissioning method (if relevant)	n/a
Approach to market	n/a
Performance Indicator	<p>Priority Area 8 - Mandatory performance indicators:</p> <p>Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.</p>

Local Performance Indicator target (where possible)	n/a
Local Performance Indicator Data source	n/a

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

Proposed Activities	
Priority Area	<p>Priority Area 3: Psychological therapies for rural and remote, underserved and/or hard to reach groups</p> <p>BNA Areas –</p> <p>Services for Moderate to Severe Presentations</p> <ul style="list-style-type: none"> - <i>Development and integration of high intensity psychological interventions into our primary mental health stepped care model</i> - <i>Integration of primary mental health stepped care model with tertiary and community services</i> <p>Vulnerable Populations</p> <ul style="list-style-type: none"> - <i>Facilitation of training in working with Aboriginal and Torres Strait Islander people for primary mental health stepped care service workforce</i> - <i>Development and integration of culturally appropriate psychological interventions, for Aboriginal and Torres Strait Islander people, into the primary mental health stepped care model</i> - <i>Facilitation of training in working with Culturally and Linguistically Diverse Groups for primary mental health stepped care service workforce</i> - <i>Continued and extended provision of primary mental health services for people with financial barriers to gaining treatment</i>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>Activity 3 – Psychological therapies for underserved groups</p> <p>3.1 – Commissioning of new models of care for underserved groups</p>
Description of Activity	<p>New evidence based high intensity treatments were commissioned during 2016/17. This will ensure that services are better targeted to the needs of the individual, while maintaining overall value. Evidence suggests that underserved and hard to reach groups often experience more severe symptoms of a mental illness, therefore this new model of care will provide both low intensity and high intensity interventions, with access to service navigation. In addition, ACT PHN will ensure that these services are well integrated with tertiary and secondary services to ensure that duplication is avoided and that individuals or groups of people are not missed.</p> <p>Promotional activities will be undertaken to ensure that underserved groups are targeted and that referral pathways are made as accessible as possible, both through traditional referrers and through the ability to provisionally refer.</p>

	<p>To ensure holistic, person centred care, those who are provisionally referred into services will be linked in with their GP within two weeks of being referred. If the individual does not have a GP, they will be supported to find one.</p> <p>In addition to commissioning a new model of care, the workforce providing these interventions will receive training to ensure that services are culturally appropriate for specific underserved groups including Aboriginal and Torres Strait Islander people and people from Culturally and Linguistically Diverse backgrounds. The workforce will also receive training around working with LGBTIQ populations.</p> <p><i>Rationale</i></p> <p>The ACT PHN Baseline Mental Health Needs Assessment identified early intervention in life, in illness and in episode as a priority area. This forms an important aspect of the new model of care for underserved and hard to reach groups, to ensure that these populations are receiving the right care at the right time.</p> <p>The ACT PHN Baseline Mental Health Needs Assessment identified vulnerable populations as a priority area. Services will be developed, implemented and delivered with these populations in mind, to ensure that they are receiving timely and appropriate care.</p> <p>The ACT PHN Baseline Mental Health Needs Assessment identified services for moderate to severe presentations as a priority area. Historically there has been a lack of primary care based psychological intervention services for moderate to severe presentations. This is a key consideration in the development, implementation and delivery of this new model of care.</p>
Target population cohort	Underserved/hard to reach groups as identified in the Department of Health guidance. In addition, these services will be targeted at other vulnerable groups identified in the ACT PHN Mental Health Needs Assessment (2017/18).
Consultation	Extensive consultation has been undertaken in the development of the psychological interventions component of the ACT primary mental health stepped care model, which includes services for severe and complex presentations. Formal consultation has been held with consumers, carers, community sector service providers and primary care clinicians through each stage of the commissioning cycle. A working group consisting of key stakeholders was established to contribute to the development of the youth specific model. Ongoing engagement processes have been established to ensure that consumers, carers and service providers continue to have input and a mechanism to provide feedback in relation to stepped care services.

Collaboration	ACT PHN is working in collaboration with key stakeholders in the ACT to develop an integrated primary mental health stepped care model. ACT PHN has formed a group of key stakeholders to lead in the mental health reform process in the ACT – the Primary Mental Health Strategic Reform Group. In addition to this ACT PHN is working collaboratively with ACT Health – policy and clinical services – to develop a joint regional mental health plan for the ACT.
Duration	1 July 2018 to 30 June 2019
Coverage	ACT PHN region
Continuity of care	Continuity of care will be ensured through formal shared care arrangement with ACT Health. As part of the primary mental health stepped care model, clients will be supported to step up to tertiary services or back down to primary care services without having to navigate the system.
Commissioning method (if relevant)	Psychological interventions services will be provided through contracted service providers in the Community. An in house employment model will be utilised to pilot the service navigation component of the stepped care model.
Approach to market	An open approach to market was undertaken
Performance Indicator	<p>Priority Area 3 - mandatory performance indicators:</p> <ul style="list-style-type: none"> • Proportion of regional population receiving PHN-commissioned mental health services – psychological therapies delivered by mental health professionals. • Average cost per PHN-commissioned mental health service – psychological therapies delivered by mental health professionals. • Clinical outcomes for people receiving PHN-commissioned psychological therapies delivered by mental health professionals.
Local Performance Indicator target (where possible)	<ul style="list-style-type: none"> • Proportion of clients who complete treatment (>50%)
Local Performance Indicator Data source	<ul style="list-style-type: none"> • Client service data (client information management system)

Proposed Activities	
Priority Area	<p>Priority Area 4: Mental health services for people with severe and complex mental illness including care packages</p> <p>BNA Areas –</p> <p>Services for Moderate to Severe Presentations</p> <ul style="list-style-type: none"> - <i>Development and integration of high intensity psychological interventions into primary mental health stepped care model</i> - <i>Integration of primary mental health stepped care model with tertiary and community services</i> - <i>Integration of care coordination/service navigation into primary mental health stepped care model</i> <p>Vulnerable Populations</p> <ul style="list-style-type: none"> - <i>culturally appropriate psychological interventions, for Aboriginal and Torres Strait Islander people, into the primary mental health stepped care model</i>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>Activity 4 – Mental Health services for people with severe and complex mental illness</p> <p>4.1 - Commissioning of high intensity intervention based services, including psychological interventions and service navigation.</p> <p>4.2 – Integration with Secondary and Tertiary Services</p>
Description of Activity	<p>Activity 4.1</p> <p>The aim of this activity is to commission high intensity intervention based services, including psychological interventions and clinical and non-clinical care coordination/service navigation. There is currently a lack of effective evidence based primary mental health treatment services for people with severe and complex mental illness. A new model of care focusing on the provision of high intensity cognitive behavioural interventions will be developed, and implemented in phases, with phase one commencing early in 2017.</p> <p>In addition to service gaps in regards to psychological interventions, people with severe and complex mental illness often experience difficulty in managing their medication, have poor physical health outcomes, and experience barriers to gaining employment, housing and education. Therefore service navigation will be integrated into the model of care for people with severe and complex mental illness provided these services do not duplicate services provided through the National Disability Insurance Scheme (NDIS). While care packages are not yet available in the ACT, the infrastructure will be built to support the coordination of these activities. In the short term, these service navigation roles will support individuals in managing their areas of unmet need, related to physical health, mental health or other issues across the social determinants of health. Activity 4.2</p>

	<p>The aim of this activity is to ensure that primary mental health care services for people with severe and complex mental illness are well integrated with secondary and tertiary services and avoid duplication. Clients with severe and complex mental illness may at times receive treatment services through the hospital system or through Adult Community Mental Health, thus strong integration with primary mental health services needs to occur to avoid duplication of service delivery and ensure the best outcomes for shared clients. This will be achieved through joint regional planning with ACT Health and communication between primary mental health care centralised intake and ACT Health services.</p> <p><i>Rationale</i></p> <p>The ACT PHN Baseline Mental Health Needs Assessment identified early intervention in life, in illness and in episode as a key priority area. For those with severe and complex mental illness, evidence suggests that gaining access to clinical and care coordination services early in episode results in shorter episodes with a reduction in clinical severity of symptoms, and overall improved clinical outcomes. The ACT PHN Baseline Mental Health Needs Assessment identified services for moderate to severe presentations, including the need for clinical and non-clinical care coordination, as a priority area. Clinical care-coordination provided by Mental Health Nurses will be a core aspect of the new model of care. Building on this, non-clinical care coordination will enhance the quality of services provided and the individual's trajectory towards recovery.</p>
Target population cohort	Adults with severe and complex mental illness who are not receiving (and are not eligible for) clinical care coordination through ACT Health services.
Consultation	Extensive consultation has been undertaken in the development of the psychological interventions component of the ACT primary mental health stepped care model. Formal consultation has been held with consumers, carers, community sector service providers and primary care clinicians through each stage of the commissioning cycle. A working group consisting of key stakeholders was established to contribute to the development of the youth specific model. Ongoing engagement processes have been established to ensure that consumers, carers and service providers continue to have input and a mechanism to provide feedback in relation to stepped care services.
Collaboration	ACT PHN is working in collaboration with key stakeholders in the ACT to develop an integrated primary mental health stepped care model. ACT PHN has formed a group of key stakeholders to lead in the mental health reform process in the ACT – the Primary Mental Health Strategic Reform Group. In addition to this ACT PHN is working collaboratively with ACT Health – policy and clinical services – to develop a joint regional mental health plan for the ACT. ACT PHN has a senior policy officer from ACT Health working on site to help progress regional planning.

	In addition to this ACT PHN will work to ensure the headspace model is integrated within services that are developed within a stepped care model. Linkages with general practice and drug and alcohol services will also be made with headspace to ensure that clients are receiving holistic wrap around services to address both their mental health and physical health needs.
Duration	1 July 2018 to 30 June 2019
Coverage	ACT PHN region
Continuity of care	Continuity of care will be ensured through formal shared care arrangement with ACT Health. As part of the primary mental health stepped care model, clients will be supported to step up to tertiary services or back down to primary care services without having to navigate the system themselves.
Commissioning method (if relevant)	High intensity psychological intervention services have been contracted out to a community sector organisation. Service navigation is being piloted in house and will be outsourced following proof of concept.
Approach to market	An open approach to market was taken for high intensity psychological intervention services.
Performance Indicator	<p>Priority Area 4 - mandatory performance indicators:</p> <ul style="list-style-type: none"> • Proportion of regional population receiving PHN-commissioned mental health services – clinical care coordination for people with severe and complex mental illness (including clinical care coordination by mental health nurses). • Average cost per PHN-commissioned mental health service – Clinical care coordination for people with severe and complex mental illness.
Local Performance Indicator target (where possible)	<ul style="list-style-type: none"> • Proportion of clients connected with psychosocial based services and supports outside of the psychological interventions model