



## Mental Health Multidisciplinary Services (MH MDS) – Program Logic – 2025 - Department of Health, Disability and Ageing (DHDA)

**Problem Statement:** Primary care settings are not optimally supported to holistically service people with complex mental health needs.

**Program Goal:** To improve access, integration, and outcomes of mental health management in primary care settings by leveraging a multidisciplinary team-based services (MDS) approach.

**Program Objectives:** To ensure primary care settings are well supported to provide mental health support through holistic and patient-centred multidisciplinary services to people with complex mental health needs to achieve improved mental health outcomes.

Participants: People with complex mental health needs, general practices, ACCHOs, mental health professionals, PHNs and local health networks, local stakeholders.

**Assumptions:** Program costs and resourcing remain constant and are adequate to support program life; providers and PHNs have the capability, capacity to deliver on program requirements; PHNs and other key stakeholders remain engaged in the program; recruitment of mental health providers meets regional needs and providers are retained to support program outcomes; general practices and Aboriginal Community Controlled Health Organisations (ACCHOs) are willing to adopt and sustain the multidisciplinary team-based services (MDS) approach; participants engage with the services; participants consent have their data collected for project reporting requirements.

**External Factors:** Government priorities; rising cost of service delivery from broader economic settings in primary care-healthcare service settings; changes to internal PHN structures; external engagement on-individual model design; realised or unrealised service volume; referral pathways; patient activity; determinants of health; environmental factors; health workforce availability; operations of State or Territory governments; private industry.

FY 2025-2026

### ACTIVITIES What the program does

<p><b>DHDA:</b></p> <ul style="list-style-type: none"> <li>Design program including nationally consistent elements</li> <li>Support PHNs to implement key program activities.</li> <li>Gather and analyse data relating to program activities, outputs and outcomes.</li> <li>Monitor PHN and program performance.</li> </ul> <p><b>PHNs:</b></p> <ul style="list-style-type: none"> <li>Design and establish mental health MDS, that are culturally appropriate and tailored to the needs of their region, within primary care settings.</li> <li>Embed mental health workers in MDS models of primary health care.</li> <li>Referral pathways established and integration of MDS model within local setting.</li> <li>Collect, report and analyse output and outcome data.</li> <li>Ensure program nationally consistent elements are implemented.</li> </ul> <p><b>MH MDS:</b></p> <ul style="list-style-type: none"> <li>Deliver mental health multidisciplinary services in a primary care setting.</li> <li>Conduct joint care planning sessions between health professionals.</li> <li>Provide referrals for timely care delivery.</li> <li>Coordinate care transitions for participants as appropriate.</li> </ul> <p><b>Participants:</b></p> <ul style="list-style-type: none"> <li>People with complex mental health needs participate in, and engage with, mental health multidisciplinary services.</li> </ul>
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### OUTPUTS What the program delivers

<p><b>DHDA:</b></p> <ul style="list-style-type: none"> <li>PHNs are supported to establish mental health multidisciplinary services in their selected regions.</li> <li>Appropriate regional and national level data relating to the success of program activities, outputs and outcomes</li> </ul> <p><b>PHNs:</b></p> <ul style="list-style-type: none"> <li>Clinical and non-clinical mental health multidisciplinary services designed and established.</li> <li>Clinical and non-clinical mental health workers are commissioned and embedded in MDS models of primary care delivery.</li> <li>Regional data relating to the program activities, outputs and outcomes is gathered and analysed.</li> </ul> <p><b>MH MDS:</b></p> <ul style="list-style-type: none"> <li>Multidisciplinary services are provided within a primary care setting, allowing for the holistic and patient-centred care of participants including through effective referral processes and joint planning sessions between health professionals.</li> <li>Participants referred to appropriate services.</li> </ul> <p><b>Participants:</b></p> <ul style="list-style-type: none"> <li>People with complex mental health needs participate in/ receive mental health multidisciplinary services and supports.</li> <li>Effective participant journeys.</li> </ul>
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### SHORT-TERM OUTCOMES (1-2 years) Change expected in the short-term

<p><b>PHNs:</b></p> <ul style="list-style-type: none"> <li>Improved capacity and capability to commission services to support people with complex mental health needs in primary care settings.</li> <li>Integration of processes and models of the mental health multidisciplinary approach with primary care (general practices, ACCHOs and other primary care settings).</li> <li>Increased regional specific knowledge of mental health services and support (what works well and what doesn't).</li> </ul> <p><b>MH MDS:</b></p> <ul style="list-style-type: none"> <li>Increased coordination of care between primary care and mental health multidisciplinary services.</li> <li>Strengthened ability of general practices and ACCHOs to ensure ongoing support and continuity of care via multidisciplinary mental health services</li> <li>Increased integration of mental health multidisciplinary service care in routine primary care workflows.</li> <li>Increase in number of multidisciplinary mental health workers available to provide services in a timely manner</li> </ul> <p><b>Participants:</b></p> <ul style="list-style-type: none"> <li>MH MDS Program participants have improved and timely access to holistic and patient-centred mental health services through primary care.</li> <li>Mental health multidisciplinary services are provided in the areas of greatest need in participating PHNs.</li> <li>Fewer service disengagements</li> <li>Improved mental health outcomes for people with complex mental health needs.</li> </ul>
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### MEDIUM-TERM OUTCOMES (2-5 years) Change expected in the medium-term

<p><b>DHDA:</b></p> <ul style="list-style-type: none"> <li>Increased insights (on participant and provider behaviours, characteristics of successful models) to inform evidence-based policy relating to mental health multidisciplinary services</li> </ul> <p><b>PHNs:</b></p> <ul style="list-style-type: none"> <li>Improved capacity of PHNs to deliver mental health multidisciplinary services.</li> <li>Improved coordination of and support for mental health multidisciplinary models or care/services within primary health care.</li> <li>Increased provision of multidisciplinary mental health care in primary health care settings, in PHN regions of high need.</li> </ul> <p><b>MH MDS:</b></p> <ul style="list-style-type: none"> <li>Improved quality of mental health multidisciplinary services (due to increased understanding of participant behaviours), how to tailor advice and referral behaviour to suit unique circumstances, further supporting participant outcomes.</li> <li>Enhanced collaboration between multidisciplinary services workers in primary care and mental health.</li> </ul> <p><b>Participants:</b></p> <ul style="list-style-type: none"> <li>People with complex health mental health needs receive holistic and patient-centred care, resulting in a closer alignment between primary and mental health care</li> <li>Fewer hospital admissions and emergency department presentations</li> <li>Improved mental health outcomes for people with complex mental health needs.</li> </ul>
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### LONG-TERM OUTCOMES

<p><b>DHDA:</b></p> <ul style="list-style-type: none"> <li>Sustainable, integrated, evidence-based MDS models.</li> </ul> <p><b>PHNs:</b></p> <ul style="list-style-type: none"> <li>Effective and place-based mental health MDS services routinely available across primary care settings.</li> </ul> <p><b>MH MDS:</b></p> <ul style="list-style-type: none"> <li>Reduction in overall healthcare costs through integrated preventative care, as informed through the MDS program.</li> </ul> <p><b>Participants:</b></p> <ul style="list-style-type: none"> <li>Improved mental health outcomes for people with complex mental health needs</li> </ul> <p><b>Broader Healthcare System:</b></p> <ul style="list-style-type: none"> <li>Sustainable, integrated evidence-based multidisciplinary mental health care models for persons with complex mental health challenges</li> <li>Reduction in overall healthcare costs (resulting from fewer hospital admissions and emergency department presentations).</li> </ul> <p><b>Australian People:</b></p> <ul style="list-style-type: none"> <li>Improved mental health outcomes and care for people with complex mental health needs.</li> </ul>
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FY 2026-2032