

Eastern Melbourne - Primary Mental Health Care

2023/24 - 2027/28

Activity Summary View



MH - 1 - Youth Severe/ Youth Enhanced Services (YES) Program (July 2025)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1

Activity Title *

Youth Severe/ Youth Enhanced Services (YES) Program (July 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 2: Child and youth mental health services

Other Program Key Priority Area Description**Aim of Activity ***

- Provide evidence-informed and tailored mental health services for children and young people
- Improve care pathways and service integration for young people and their families
- Align existing child and youth services to the mental health stepped care model, ensuring a continuum of service delivery options for this population cohort
- Improve physical health needs by connecting consumers with their General Practitioner and other professionals as part of their care team to address and monitor physical health and wellbeing
- Undertake planning and collaborate with local youth service providers and other stakeholders
- Identify service gaps and barriers to access, targeting underserviced areas of the catchment and hard to reach target groups and

support service responses and solutions to address these identified needs

Description of Activity *

EMPHN will:

- Execute the continuation of current commissioned Youth Enhanced services to FY25-26.
- Continue to work with local service providers, including GP's and local youth services to improve access to service.
- Continue to work with Service Provider of commissioned Youth Enhanced Services to improve performance.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
MH and SP - Build the capability and capacity of the dedicated suicide prevention lived experience workforce and deploy a suicide prevention lens in AOD and mental health care	139
MH and SP - Access to community-based specialist mental health care for at-risk cohorts to provide early intervention and management and reduce need for hospital care for high-prevalence episodes.	139



Activity Demographics

Target Population Cohort

Young people aged 12-25 who are experiencing sub-clinical forms of serious mental illness, or who are experiencing symptoms which place them at ultra-high risk of developing such an illness.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



Activity Milestone Details/Duration

Activity Start Date

14/06/2016

Activity End Date

29/06/2027

Service Delivery Start Date

06/2017

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 28.05.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

Yes



MH-H2H - 1 - Head to Health: Intake and Assessment Phone Service (July 2025)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-H2H

Activity Number *

1

Activity Title *

Head to Health: Intake and Assessment Phone Service (July 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Other Program Key Priority Area Description**Aim of Activity ***

- Improved health outcomes and experience for consumers and their families seeking to access mental health support
- Improvement in the health care system: Improved system efficiency, through improved access, integrated and collaborative care, and seeking to improved consumer experience.
- Improved referral pathways and consumer journeys, and through the use of the Intake Assessment & Referral – Decision & Support tool (IAR-DST) as an evidenced based, standardised tool.

Description of Activity *

The 'HeadtoHelp' Service was launched in Victoria in September 2020 at a time when Victoria was particularly impacted by the COVID-19 pandemic. In readiness for a national roll out- the Service was rebranded as Head to Health.

EMPHN continues to provide an in-house phone service via a centralised free call (1800 595 212) to all Victorians.

The service provides:

A telephone service to assist in the support, navigation and understanding of the service system for consumers, carers, General Practitioners and broader referrers in the community. The service also acts as a centralised point of intake to EMPHN's

commissioned MH & AOD services.

The service is staffed with mental health clinicians and practitioners who are knowledgeable about the local service system and can support navigating consumers to appropriate pathways based on their specific needs. The service is enabled by established referral pathways with partner agencies to ensure a streamlined process.

The introduction of the Head to Health service has allowed PHN's to deliver on the Commonwealth's aim of the adoption of the Initial Assessment and Referral- Decision Support Tool (IAR-DST) which will assesses a person's need across 8 domains, leading to a level of care (1-5) that they would be most appropriate for, factoring in type of support needs, acuity, risk and preferences.

EMPHN utilises the Primary Mental Healthcare Information Management System (PMHSIS) for the collection and recording of data. EMPHN has a data sharing agreement with NWMPHN, who provide this data to the Dept on behalf of EMPHN.

EMPHN have completed the process of being accredited against the 'Standards for a Digital Mental Health Service' and have met this accreditation with no recommendations and are now awaiting to be awarded with the outcome.

Currently there are no KPI's, set out by DHDA for the phone service, noting that any relevant MDS data is collected, and reported on by NWMPHN on behalf of EMPHN

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Mental Health (MH) and Suicide Prevention (SP)	139



Activity Demographics

Target Population Cohort

People of all ages who reside, work or study in the Catchment, who require support to access services for their mental health, or other community services that impact on improved mental health, such as housing or financial support.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

EMPHN continues to regularly collaborate with other PHNs as the delivery network for the Medicare Mental Health phone system to ensure consistency in the model of care, key messaging, and branding. This is particularly key within the Victorian PHNs.



Activity Milestone Details/Duration

Activity Start Date

30/07/2020

Activity End Date

29/06/2026

Service Delivery Start Date

09/2020

Service Delivery End Date

30/06/2026

Other Relevant Milestones

EMPHN has met the standard standards for being an 'Accredited Digital Mental Health service' and currently awaiting the official notification.

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

Yes

Decommissioning details?

EMPHN, as a part of the Victorian PHNs (VPHNA) is considering commissioning a statewide model for June 26 and beyond. The continuation and duration of any model will depend on future funding.

Co-design or co-commissioning comments



MH - 1 - Headspace (July 2025)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1

Activity Title *

Headspace (July 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 2: Child and youth mental health services

Other Program Key Priority Area Description**Aim of Activity ***

The aim of this activity is to provide early identification and intervention and holistic care for young people aged 12 to 25 years, including improving care pathways and service integration for young people and their families.

Description of Activity *

The headspace model provides holistic care in four core streams – mental health; related physical health; alcohol and other drug use; and social and vocational support

1. Provision of brief intervention, holistic support to young people across the region out of service centres in Box Hill, Greensborough, Knox, Hawthorn, and Syndal, with satellites in Plenty Valley and Lilydale. In addition, outreach and collaborative arrangements (with local services) are provided to hard-to-reach areas of the catchment.

2. Therapeutic support is offered through a range of tailored service offerings including single session, family therapy, group work, peer work and up to 20 individual sessions of psychological intervention. Face to face and online/telehealth options are available.

3. Service delivery occurs within an integrated care team approach with co-located allied health, secondary and tertiary services, stepped care and youth hubs.

4. headspace specific PMHC data is reported directly through to DHDA.

5. Box Hill headspace centre has been operating since the end of 2023.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
MH and SP - Build the capability and capacity of the dedicated suicide prevention lived experience workforce and deploy a suicide prevention lens in AOD and mental health care	139
MH and SP - Access to community-based specialist mental health care for at-risk cohorts to provide early intervention and management and reduce need for hospital care for high-prevalence episodes.	139



Activity Demographics

Target Population Cohort

Young people aged 12-25 experiencing sub-clinical forms of serious mental illness, or who experience symptoms which place them at risk of developing such an illness, requiring early intervention, short-medium term support.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the

goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

EMPHN actively consults with the consortia for each headspace centre on a quarterly basis. This involves attending consortia meetings, which include LGA funded youth mental health providers.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

EMPHN collaborates with headspace National on a regular basis to share information regarding health needs assessments, service evaluations and funding plans



Activity Milestone Details/Duration

Activity Start Date

13/06/2016

Activity End Date

29/06/2028

Service Delivery Start Date

01/07/2016

Service Delivery End Date

30/06/2028

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 28.05.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 28.05.2028 Activity Work Plan
- 30.09.2028 12 Month Performance Report
- 30.09.2028 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

No



MH - 3 - Suicide Prevention (July 2025)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3

Activity Title *

Suicide Prevention (July 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

Other Program Key Priority Area Description**Aim of Activity ***

A coordinated region wide approach to suicide prevention and postvention with the aim of reducing system fragmentation through improved integration between Commonwealth and State-funded services that address gaps across the service sector and at the community level.

Description of Activity *

Suicide Bereavement Services

To address an identified gap in suicide postvention, EMPHN has commissioned services for specialist bereavement therapeutic support for people recently impacted by suicide. Postvention bereavement support also functions as a preventative measure in that it focuses on reducing the distress and trauma of those bereaved by suicide who are recognised as being at a higher risk of suicide than the general population.

Services are delivered across the lifespan including specialist support to children, young people and families impacted by suicide. This includes both individual and group support that is delivered from a trauma and grief informed lens and nuanced according to the therapeutic, practical, and psychosocial needs of individuals and families. Services are provided by an established long-term workforce with lived experience capability and can provide nuanced support to diverse groups and communities.

Access to support is enhanced through established statewide stakeholder relationships and referral pathways in place including an

agreement with Victoria Police as the sole organisation to receive referrals from the Victorian Police E-Referral (VPeR) program for individuals bereaved by suicide. In addition, specific pathways to service for the LGBTQIA+ community have been established in partnership with an LGBTQIA+ lead organisation.

Suicide Risk Identification and Early Intervention

Examining how person level data, population level determinants and contextual factors interact to form an individual's suicidal risk is yet to be developed into predictive analysis that provides a clear point of intervention and support for those individuals. To date, research into suicide data surveillance seeks to identify population effects and describe them. Identifying the predictive factors and aligning services at these intervention points is the challenge for activities with a goal of suicide prevention.

This project will use (de-identified) linked person level data, inclusive of psycho-social factors, and regional context to develop a data surveillance tool that can identify the trajectory of those in suicidal distress in real time and guide where and how to implement programs and activities that can act preventatively.

Real time (de-identified) data of suspected suicides will also be analysed for linkage with suicide bereavement referrals and support services to determine if strategy, planning and service delivery is meeting the specific needs of local communities within the region.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
MH and SP - Increase access to community-based support for individuals in suicidal distress, including preventative care and early intervention.	139
MH and SP - Strengthen data collection efforts to gather specific socio-demographic data for underrepresented groups to increase understanding of mental health needs and suicide prevention activities.	139



Activity Demographics

Target Population Cohort

- Individuals, families and communities who are bereaved by or who have been impacted by suicide
- Cohorts to be identified through data surveillance mechanism in development

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Working with ACCOs and ACCHOs toward self-determination for Indigenous specific funding.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Suicide Bereavement Service

A regional Postvention Protocol Response Group was consulted about the most pressing needs associated with suicide prevention/postvention in the region and suicide bereavement services were identified. VTPHNA PHNs were consulted, identifying shared border discrepancies in service provision as a major challenge. Additionally, EMPHNs referral service Support Connect were consulted and identified limited options and long waiting periods for those seeking suicide bereavement support.

Suicide Risk Identification and Early Intervention

EMPHN have consulted with a range of experts in data analysis and suicide prevention including University of Melbourne School of Population and Global Health, Suicide Prevention Australia Data and Impact, Spectrum Research Centre and AIHW Suicide and Self-harm Monitoring Unit on all aspects of the project.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

Suicide Risk Identification and Early Intervention

It is planned that both the Spectrum Research Centre and AIHW Suicide and Self-harm Monitoring Unit will be key collaborators moving forward both in design and implementation.



Activity Milestone Details/Duration

Activity Start Date

14/06/2016

Activity End Date

29/06/2027

Service Delivery Start Date

01/08/2018

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 28.05.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

Yes

Decommissioning

Yes

Decommissioning details?

LifeConnect Program A full decommissioning plan was implemented with oversight from a steering committee. Service delivery came to an end in the previous financial year. A commissioned program evaluation was also received which has informed lived experience future initiatives.

Co-design or co-commissioning comments

Suicide Risk Identification and Early Intervention activity: Yes

It is planned that both the Spectrum Research Centre and AIHW Suicide and Self-harm Monitoring Unit will be co-designers in the

activity.

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

Yes

APPROVED BY DHDA



MH - 4 - Indigenous Mental Health (July 2025)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

4

Activity Title *

Indigenous Mental Health (July 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 6: Aboriginal and Torres Strait Islander mental health services

Other Program Key Priority Area Description**Aim of Activity ***

Delivery of integrated Aboriginal social and emotional health and wellbeing services, in partnership with Aboriginal communities.

Description of Activity *

Includes activities such as:

1. Delivery of a commissioned 'wrap around' services that provide culturally responsive integrated mental health, AOD and other wellbeing supports within a holistic model of care. These services accept consumers and then work with them to understand their mental health and other needs, linking with ITC services to provide physical health and other assessments, AOD supports where required, and connection to other cultural services (e.g. gathering spaces, support groups and others).
2. 'Wrap around' services also enable social prescribing and connection with other services as needed by consumers, including linkage to other parts of the system, including justice, education, housing and others.
3. These programs provide support for Aboriginal and/or Torres Strait Islander people via community controlled and mainstream services.
4. Service providers are encouraged and supported by the PHN to build their capability and linkages to health and other services.

Equally, non-Aboriginal focused mainstream services are made aware of the availability of 'wrap around' services for referral where appropriate.

5. As part of the above, the EMPHN Referral, Access and Navigation Team will be continued.

This activity links with Integrated Team Care and Alcohol and Other Drug (AOD) activities to ensure that funded services are able to deliver cohesively to objectives across physical and mental health and substance use.

Where applicable (e.g. provision of stepped care), activities are in scope for PMHC-MDS collection.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
AOD - Improve awareness, access to culturally appropriate community-based MH, social support services to prevent mental ill health and AOD use, manage early symptoms in multicultural and First Nations	137
Mental Health (MH) and Suicide Prevention (SP)	139



Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The programs at Bubup Wilam and Oonah have been developed out of community driven initiatives developed by community-controlled organisations. These programs engage directly with the Aboriginal Communities in their regions with outreach and in-reach models of support and receive referrals directly from the community. Programs implement a holistic model engaging children, adolescents, carers and their families in activities provided in a culturally safe environment. The program at Banyule Community Health is integrated into an Aboriginal specific team within their organisation, and engages directly with Aboriginal Communities, local healthcare providers and councils to provide place-based services and support. Relationships are maintained through ongoing engagement with trusted Aboriginal and Torres Strait Islander staff developed over time and strengthened through participation in community activities, collaborating with other Aboriginal programs and networking across the region. These activities closely align with the ITC program.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical and Practice Council and Consumer and Community Committee, and through other groups and mechanisms as appropriate. In addition, EMPHN has established an Aboriginal Consultative Council (ACC), made up of representatives of Aboriginal Community Controlled services in the EMPHN catchment who provide strategic advice, direction and leadership. EMPHN also consults with mainstream service providers who are commissioned to Aboriginal and Torres Strait Islander mental health services at a local level.

Collaboration

EMPHN has established the ACC to provide an ongoing perspective of Aboriginal and Torres Strait Islander health and advice to the EMPHN Board. EMPHN also works with key stakeholders including existing service providers and the ACC based on the IAP2 framework for stakeholder participation.

Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



Activity Milestone Details/Duration

Activity Start Date

31/05/2017

Activity End Date

29/06/2027

Service Delivery Start Date

13/05/2017

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current

- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 28.05.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

No



MH - 5 - Mental Health Stepped Care Approach (July 2025)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5

Activity Title *

Mental Health Stepped Care Approach (July 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Other Program Key Priority Area Description**Aim of Activity ***

The aim of this activity is to provide a continuum of services to improve mental health outcomes and experience for consumers and their families by:

- Providing, evidence-informed, integrated and collaborative care
- Improving mental health care system integration, referral pathways and consumer journeys
- Providing evidence-informed services delivered with cost effective use of resources
- Improving practitioner experience

Description of Activity *

5.1. Mental Health Stepped Care

EMPHN commissions a Mental Health Stepped Care Model (MHSCM) across the whole of the EMPHN catchment with the vision of delivering a service which people experiencing mental health issues can seamlessly step-up and step-down between the right mental health services they need to support their journey towards better health and wellbeing. EMPHNs MHSCM services connect people to the most appropriate care to best support their journey towards better health and wellbeing.

The Mental health stepped care model is a whole of life model that supports people of all ages, with a focus on those who are vulnerable, and experience isolation and disadvantage. To be eligible for a service delivered through the Service Model, a

consumer must:

- Require support to manage mental health concerns,
- Reside in, work or study in, or have strong links to, the EMPHN catchment on a case-by-case basis) as assessed by the provider against catchment maps provided by EMPHN, or as directed by EMPHN from time to time and
- Be assessed as 'unable to afford or access similar services' based on assessment methodologies at intake.

Being unable to afford/ accessing similar services may include:

- Avoiding the duplication of services already accessed by the consumer
- A consumer's inability to access support on the basis of location or alternate service availability
- A consumer indicates the requirement to pay a fee would be a barrier to accessing care
- A consumer's being able to access support via other funding schemes available to them (such as state funded services, hospital-based services, NDIS, work cover, EAP, etc.)
- Availability of other services if a person's need to access support is more acute based on risk/ complexity.

Providers are responsible for facilitating access to low-, moderate- and high-intensity services for consumers that are members of vulnerable populations and must address service gaps in the provision of treatment and support for people in rural and remote areas and other underserved populations. Vulnerable populations are considered those who are:

- From LQBTIQA+ communities,
- People from Culturally and Linguistically Diverse (CALD) backgrounds,
- Asylum seeker / Humanitarian entrants,
- People experiencing socioeconomic disadvantage,
- Aboriginal and/or Torres Strait Islander people,
- People with co-occurring disabilities or diagnosis,
- From rural or remote locations (outer regional postcodes as per ABS classification).

Objectives

- Consumers have access to interim support (in the form of brief interventions and self-help support options) should they need to wait to access a specific type of support
- Consumers are "stepped up and down" through different levels of care within the service, guided by their needs and preferences
- Consumers have access to evidence informed treatment that matches their needs and preferences
- Consumers are supported to receive an integrated, place-based, comprehensive/holistic service offering through a coordinated care team
- All consumers receive safe and inclusive care regardless of their background (Eg culture, religion, sexual preference, gender identity)

Types of services

Services will be delivered according to the needs of presenting consumers

IAR-DST Level 2:

These services are designed to be accessed quickly and easily through a range of modalities and typically involve few or short sessions

- Referral to digital support and self-help options
- Social prescribing
- Peer support
- Single session therapy and brief face-to-face sessions
- Access to group sessions
- Texts and regular phone calls

IAR-DST Level 3:

These services generally provide structured, reasonably frequent and intensive interventions

- Service types will include but are not limited to a mix of level 2 services plus
- Evidence based psychological intervention
- Facilitation of treatment plan and treatment plan review
- Care coordination

IAR-DST Level 4:

These services are typically face to face and involve specialist mental healthcare with a range of professionals

- Service types may include but are not limited to a mix of level 2 & 3 services plus

- Mental health assessment
- Care coordination and linkage to tertiary services as required
- Involvement of a mental health nurse
- Community based psychiatric care
- Active GP management

5.2 Telepsychology phone line service

In order to support the management of waitlists and wait for service in PHN funded programs, EMPHN has co-commissioned (with Murray PHN) a telepsychology program which supports stepped care providers to allow access for clients with the appropriate level of need, to relatively immediate psychology sessions.

Stepped care model providers can link consumers with the Telepsychology services as an interim support when in the waitlist and presenting as IAR-DST level 2 or 3.

5.3 Implementation of System Integration and Capacity Building Strategies

EMPHN brings together providers periodically in order to collaborate on changing aspects of the program. Most recently this was the discontinuation of FIXUS. EMPHN is currently reviewing the stepped care model program logic and will work with providers through 2025 in order to ensure alignment of the model and KPIs and the PMHC-MDS.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
AOD - Improve accessibility and awareness of AOD services and support for people with mental health conditions to minimise negative health outcomes.	137
MH and SP - Increase community-based and lived experience workforce capacity and availability to provide equitable early assessment and ongoing management of mental health	139
MH and SP - Access to community-based specialist mental health care for at-risk cohorts to provide early intervention and management and reduce need for hospital care for high-prevalence episodes.	139
MH and SP - Strengthen data collection efforts to gather specific socio-demographic data for underrepresented groups to increase understanding of mental health needs and suicide prevention activities.	139



Activity Demographics

Target Population Cohort

Older people living in Residential Aged Care Homes are the priority cohort. A focus on promotion and support for hard-to-reach

populations and those experiencing complex needs.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

EMPHN continues to actively engage with providers to enhance the program and particularly how the program can best demonstrate the outcomes it is achieving.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



Activity Milestone Details/Duration

Activity Start Date

29/12/2017

Activity End Date

29/06/2027

Service Delivery Start Date

30/12/2017

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 28.05.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

No

APPROVED BY DHDA



MH - 6 - Residential Aged Care: Healthy Ageing (July 2025)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

6

Activity Title *

Residential Aged Care: Healthy Ageing (July 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups

Other Program Key Priority Area Description**Aim of Activity ***

The Healthy Ageing Service (HAS) from St Vincents Hospital aims to address the holistic needs of older people aged 65 and above and Aboriginal and Torres Strait Islander peoples aged 55 and above. Many individuals over the age of 65 struggle with limited access to mental health services, and those residing in residential aged care facilities face even greater challenges. The prevalence of mental illness among residents in such facilities is significantly higher than in the general community. HAS aims to address these disparities and provide much-needed support.

The program employs a comprehensive “whole of person” approach to mental health care. It recognizes that mental well-being is intertwined with various other support needs, including alcohol and drug treatment, suicide prevention, psychosocial support, housing, and physical health. HAS aims to proactively identify individuals in residential aged care who are at risk of mental illness, ensuring early intervention and support. They also offer support to general practitioners, practice staff, and residential aged care facility staff to facilitate collaborative team-based care and increase identification

Description of Activity *

The Healthy Ageing Service Response provides access to mental health services for individuals aged over 65 who have (or are at risk of developing) mild to moderate mental health issues.

The service delivers primary consultations or brief interventions for older people residing in RACHs and the community addressing the mental health needs of the client, as well as broader health and social needs.

The service is delivered as part of a coordinated care team approach with General Practitioners (GPs), general practice staff and/or RACH staff. GPs, general practice staff and RACH staff have access to telephone/telehealth-based advice and referral and navigation support, and capacity building activities, such as education and training, to enable them to better support the older people they work with. The service also offers a secondary consultation service which is available to GPs and RACHs across the catchment.

The Healthy Ageing program was developed as a continuation of Older Persons Community and Residential Aged Care Service (RACFs) and Capacity Building Strategy. This program underwent comprehensive co-design. Learnings from previous pilots/trials have informed this program of a catchment-wide model providing support to GPs and RACH staff and older adults living in the community and in RACFs.

The Healthy Ageing program has recently undergone an external evaluation and followed by an internal redesign

The key recommendations and the focus of the redesign were:

1. Review balance between primary and secondary consultation targets - This evaluation and previous workshop outcomes suggest the balance between primary and secondary consultations should be reviewed to align with program goal and purpose of each component. In reviewing the targets, consideration should be given to patient outcome measures; value for money; provider and funder preferences.
2. Review purpose, audience and indicators for capacity building component – Aligned and more specific indicators will focus data collection efforts and increase visibility of capacity building sessions outcomes.
3. Revise and strengthen required consumer outcome measures - Greater specificity of targets and diversity of consumer outcome measures will enable future evaluations to showcase the program value and provide an opportunity for comparison with other programs. The current contract includes a single consumer outcome measure KPI (100% of consumers to complete a K10), however there are no current targets for improvement. Consider other relevant outcome measures (e.g. SOFAS or HoNOS) that will strengthen outcome reporting
4. Formalise collection of equity data for primary consultations

The commissioned provider has now incorporated the findings of the evaluation and redesign by agreeing to altered KPIs and renewed focus on consumers in RACH.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Aged Care - Improve workforce competency among nurses and case workers for complex aged care.	136
MH and SP - Access to community-based specialist mental health care for at-risk cohorts to provide early intervention and management and reduce need for hospital care for high-prevalence episodes.	139



Activity Demographics

Target Population Cohort

Older people residing in the community and RACFs

In Scope AOD Treatment Type ***Indigenous Specific ***

No

Indigenous Specific Comments**Coverage****Whole Region**

Yes

**Activity Consultation and Collaboration****Consultation**

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

EMPHN has consulted and collaborated with the existing provider throughout the redesign process of the Healthy Ageing program. They continue to be actively involved in the implementation of the findings of the evaluation and their prioritisation in the redesigned program roll out.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

EMPHN has consulted and collaborated with the existing provider throughout the redesign process of the Healthy Ageing program. They continue to be actively involved in the implementation of the findings of the evaluation and their prioritisation in the redesigned program roll out.

**Activity Milestone Details/Duration**

Activity Start Date

29/06/2020

Activity End Date

29/06/2027

Service Delivery Start Date

07/09/2020

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 28.05.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

**Activity Commissioning****Please identify your intended procurement approach for commissioning services under this activity:****Not Yet Known:** No**Continuing Service Provider / Contract Extension:** Yes**Direct Engagement:** No**Open Tender:** No**Expression Of Interest (EOI):** No**Other Approach (please provide details):** No**Is this activity being co-designed?**

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

Yes



MH - 7 - Initial Assessment and Referral – Training Support Officer (IAR-TSO) - July 2025



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

7

Activity Title *

Initial Assessment and Referral – Training Support Officer (IAR-TSO) - July 2025

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Other Program Key Priority Area Description**Aim of Activity ***

Within a stepped care model a person presenting to the health system will be matched to the least intensive level of care that most suits their current treatment need. The aim of this activity is to equip General Practitioners and other primary care providers with the knowledge and skills to be able to assess a consumer's needs using a standardised tool to determine the most appropriate level of care for their needs.

This approach is intended to:

- enable consumers to access the right level of care, matched to their needs
- prevent over servicing, and
- reduce the pressure on the existing mental health system

Description of Activity *

Funding to recruit an Initial Assessment and Referral - Training and Support officer (IAR-TSO).

The training and support officer will attend training with the National Project Manager (NPM) to build capability and confidence in using the IAR in primary care settings in the catchment. They will facilitate training and support general practitioners to implement the IAR. The TSO will be connected to a network of peers across the country to share, learnings and problem solve any challenges.

The IAR-TSO will:

Provide training to general practitioners and other clinicians in Adult Mental Health Centres, General Practices, and Aboriginal Medical Services, and commissioned providers, and in the future Child Head to Health Centres, Residential Aged Care Facilities and Local Hospital Networks.

Offer training and ongoing support via multiple channels including online, telephone, videoconference and on-site as required to meet practitioner needs.

Work toward training the target number of general practitioners allocated by the Department for the PHN.

Maintain record of GP's and other providers trained in the IR, and working toward a Commonwealth set target of a % of GP's within the EMPHN catchment.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Mental Health (MH) and Suicide Prevention (SP)	139



Activity Demographics

Target Population Cohort

GP's within the EMPHN catchment

GP practice staff and other clinicians working within the EMPHN sector

Head to Health Centre staff

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



Activity Milestone Details/Duration

Activity Start Date

30/03/2022

Activity End Date

29/06/2025

Service Delivery Start Date

01/06/2022

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Milestones build into the project in line with department set targets for % of GP's trained within 2 year period.

There was an initial delay in the project due to needing to establish where this project sat within the organisation, competing demands, and staff turn over – however this should not impact the overall success of the project

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

No



MH - 8 - Targeted Regional Initiatives to Suicide Prevention (TRISP) (July 2025)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

8

Activity Title *

Targeted Regional Initiatives to Suicide Prevention (TRISP) (July 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

Other Program Key Priority Area Description**Aim of Activity ***

To adopt a community-led and systems-based approach to suicide prevention targeting populations identified at risk of suicide or suicidal distress.

Description of Activity *

8.1 Enhancing support for individuals with complex trauma histories experiencing suicidal distress. There is compelling evidence that individuals who have experienced complex trauma are at disproportionate risk of suicide. In a recent study, childhood maltreatment was found to account for 41 percent of suicide attempts in Australia, 35 percent for cases of self-harm and 21 percent for depression. Similarly, the AIHW recently reported that child abuse and neglect was consistently the leading behavioural risk factor contributing to the burden of suicide and self-inflicted injuries in both males and females between 2003 and 2019. People with complex trauma histories who are experiencing chronic suicidal distress frequently access emergency services where arguably, their needs are not adequately met. This pilot initiative takes a whole of systems approach to enhance the capability of the primary care sector to provide support in community-based settings, reducing the need for involvement of crisis services.

The objectives of this multisectoral work are to:

- Design, test and iterate interventions that will build system responsiveness for those experiencing suicidal distress who have complex trauma histories.
- Pilot a model that builds capability and confidence in the Primary Care sector to support people in the community, reducing the

need for emergency services responses.

- Identify opportunities to leverage service coordination to enhance service system integration and to build the capability of the primary care and community-based sector to support this group
- Address perceived medico-legal risk which can be associated with supporting people in suicidal distress.

EMPHN has commissioned a capability building training and support program to be delivered to staff of a community health setting. Those receiving the training/support include GPs, mental health and AOD clinicians, peer workers, GP practice staff and other customer facing administrative roles. The training and support will be delivered by Victoria's specialist service for Personality Disorders and Complex Trauma.

An external evaluation will also be undertaken.

8.2 Postvention Protocol Response Group (PPRG's) Guidelines and Delphi Study

Deaths by suicide have profound ripple effects across the community, affecting loved ones, friends, families, colleagues and communities in varied and enduring ways. It is estimated that approximately 135 people are impacted for each life lost to suicide (Cerel et al. 2019) Regional suicide postvention protocols and response groups bring together relevant local agencies to enable a coordinated and effective response for those affected by suicide. With several response groups now at varying stages of operation in Victoria and a growing interest in suicide prevention protocols nationally, it is essential that key insights from this establishment process be harnessed, and a solid evidence base be established to guide their effective and sustainable future implementation. This project aims to develop the evidence base and establish consensus recommendations to guide the implementation of regional postvention protocols across the EMPHN catchment and more generally at a national level.

EMPHN has commissioned the Centre for Mental Health and Community Wellbeing (CMHCW) at The University of Melbourne to undertake a Delphi study that will inform an implementation guide. The Delphi study will provide a robust output that harnesses current practice-based evidence along with lived experience input. It will be purposefully designed to inform an Implementation Guide. An Implementation Guide provides high-level practical guidance and key considerations for how PPRG's can be implemented effectively in a variety of contexts and to enhance the establishment and uplift of PPRG's to a level of maturity and sustainability.

8.3 Lived Experience of Suicide Capability Building

The Lived Experience sector continues to emerge, with greater emphasis now placed on consultation related to service design and including those with lived experience as members of the peer workforce. The experience of those who are bereaved by suicide and those with living experience of suicide is crucial to informing the work of this emerging sector. Lived Experience workers have unique knowledge and attributes, bringing a collective shared experience lens to supporting those in suicidal distress.

Strengthening the suicide prevention peer workforce better meets the needs of those in suicidal distress who do not have a diagnosable mental illness and can also contribute to addressing the workforce shortages currently experienced across all sectors.

EMPHN seeks to build on and extend the existing lived Experience initiatives across the region by incorporating a targeted, specific focus on uplifting the voice, expertise and integration of lived experience of suicide. It is expected this work will commence within FY25 and extend through to FY26.

Identified objectives:

- build capacity and confidence of community members with lived experience of suicide to explore and follow their chosen path in suicide prevention.
- Provide people with lived experience of suicide more meaningful and ongoing opportunities to participate in EMPHNs implementation of regional suicide prevention planning and initiatives.
- Support the development of an emerging suicide prevention peer workforce.
- Upskill existing peer workforces across a range of disciplines to confidently apply a suicide lens within their roles
- Provide workplace training (for clinical spaces - MH AOD psychosocial) about supporting and supervising peer workforce.
- build capacity within organisations and services operating across suicide prevention, mental health, alcohol and other drugs, and other allied health areas, to bring a lived experience of suicide lens to their service design, implementation, operations and evaluation.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
HC - Build GP capability to manage complex, comorbid health conditions	138
Health Conditions (HC)	138
MH and SP - Increase community-based and lived experience workforce capacity and availability to provide equitable early assessment and ongoing management of mental health	139
MH and SP - Build the capability and capacity of the dedicated suicide prevention lived experience workforce and deploy a suicide prevention lens in AOD and mental health care	139
Mental Health (MH) and Suicide Prevention (SP)	139
MH and SP - Increase access to community-based support for individuals in suicidal distress, including preventative care and early intervention.	139
Primary health care (PHC)	140
PHC - Incentivise primary care for GPs, nursing, and allied health providers as a career, thereby increasing availability of the primary care workforce.	140
PHC - Improve collaborative partnerships and shared models of care between primary, community and acute care.	140



Activity Demographics

Target Population Cohort

8.1 Enhancing support for individuals with complex trauma histories experiencing suicidal distress:
Individuals in suicidal distress who have complex trauma backgrounds

8.2 Postvention Protocol Response Group (PPRG's) Guidelines and Delphi Study:
Individuals bereaved by suicide

8.3 Lived Experience of Suicide Capability Building:
Individuals with a lived experience of suicide

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

8.1 Enhancing support for individuals with complex trauma histories experiencing suicidal distress

Co-design workshops were undertaken with a range of stakeholders from the various sectors who support individuals with complex trauma. Stakeholders included Lived Experience representatives, Ambulance services, a Local Hospital Network, a complex trauma peak body, Community Health, General Practice and allied health practitioners. Workshops were run with both strategic and operational staff. The outcomes of these preliminary workshops provided:

- A deeper understanding of the needs of the population group and identification of opportunities to build more responsive episodes of care.
- Identification of operational constraints and development of a practical understanding of what it will take to overcome these barriers.
- Agreement on a range of potential strategies that formed the basis of the pilot

8.2 Postvention Protocol Response Group (PPRG's) Guidelines Delphi Study

In developing the scope for the project, EMPHN provided a half-day workshop on PPRGs at the NSPC 2024. 35+ suicide prevention experts from across Australia and various sectors were consulted.

Both the study protocol and format of the resulting project report will be designed in consultation with key EMPHN staff to ensure maximum relevance and usability. A review panel of prospective end-users will be constituted to inform the design and refinement of the implementation guide. The implementation guide will be validated and refined iteratively with the target audience (i.e., practitioners and agency representatives actively involved in regional suicide postvention protocols and bereavement responses).

8.3 Lived Experience of Suicide Capability Building

EMPHN engaged two providers for market sounding and feedback on objectives of the program; a peer workforce/lived experience (non-specific) training organisation; and a lived experience of suicide peak agency.

Collaboration

8.1 Enhancing support for individuals with complex trauma histories experiencing suicidal distress.

A governance group comprised of senior leadership from each of the representative sectors was established to provide strategic oversight and to support the progress of the initiative. All sectors involved in the initiative are represented including Lived Experience, Ambulance, Local Hospital Network crisis services, complex trauma peak body, Community Health, General Practice and allied health practitioners. The governance group will continue to provide oversight throughout the duration of the initiative.

8.2 Postvention Protocol Response Group (PPRG's) Guidelines Delphi Study

A Project Advisory Group (PAG) has been established to oversee the project comprising 10 members with relevant expertise. This includes two members from EMPHN four sector stakeholders and experts involved in postvention protocols and responses three representatives from the CMHCW (and one independent person selected by unanimous agreement of the parties. A number of these members will also draw on their lived experience of suicide.



Activity Milestone Details/Duration

Activity Start Date

28/02/2023

Activity End Date

29/06/2026

Service Delivery Start Date

09/09/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

20.05.25 – Poster Presentation on Complex Trauma Initiative at NSP Conference 2025

20.05.25 – Symposium Presentation on PPRG study at NSP Conference 2025

15.06.25 – Draft manuscript of completed PPRG study

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: Yes

Open Tender: Yes

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

8.1 Complex Trauma Initiative - At the commencement of the initiative, co-design workshops were undertaken with a range of stakeholders from the various sectors who support individuals with complex trauma.

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

Yes



MH - 9 - Link Me+ Program (July 2025)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

9

Activity Title *

Link Me+ Program (July 2025)

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 1: Low intensity mental health services

Other Program Key Priority Area Description**Aim of Activity ***

Establish and iterate a new model that supports GPs across the EMPHN catchment to provide better care for patients with mental health concerns

Description of Activity *

The GP Demonstration initiative is a delivering a new mental health care model of care (Link-me+) to up to 60 general practices across the EMPHN catchment. It will be delivered in three phases (proof of concept, pilot and scale) to ensure learning and iteration of the model of care. University of Melbourne are a key partner in the delivery of the model.

This initiative responds to overwhelming data (National GP survey and EMPHN consultations, EMPHN HNA) that mental health concerns among the top three reasons for initial consultations. Notably 3 in 4 general practitioners reported inadequate support for managing mental health. This growing disconnect between demand and capability underscores the need for innovative practice-level interventions.

The model is built on behaviour change theory (COM-B) and focusing on GPs. The model of care consists of intersecting components:

- Link-me digital tool: Link-me is a validated prognostic consumer mediated questionnaire (developed by the University of Melbourne). It categorises consumers (mild, moderate, severe) and provides tailored recommendations to consumers and shares

results with their GP's. University of Melbourne will lead the implementation/technology solution of the Link-me tool. In line with a general population health approach, any consumer who accesses a general practice that has signed up to the model of care all can complete the prognostic tool, regardless of mental health status.

- Care Navigation service: Care Navigation provides support for consumers whose Link-me results indicate a severe prognosis. This is a commissioned service where a nurse/allied health professional integrates into general practice and provides motivational interviewing and service navigation support.
- EMPHN Service directory (health and social prescribing). This will be commissioned by and built by an agency specialising in digital health, human-centred design and artificial intelligence.
- GP Capacity building program: This is a tailored program including academic detailing and peer learning networks that focus on providing clinical skills and guidance in delivering mental health care. This program will be designed and delivered by EMPHN.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
HC - Increase, promote disease prevention initiatives targeting behavioural, environmental risk factors to reduce the prevalence of chronic conditions. This includes CALD communities.	138
HC - Build GP capability to manage complex, comorbid health conditions	138
Mental Health (MH) and Suicide Prevention (SP)	139



Activity Demographics

Target Population Cohort

General Practitioners and the patients accessing their practices (general population approach)

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate. In particular GP Demo convened an Expert Reference Group consisting of GP's, Practice Nurses, Consumers, and Practice managers in the design phase, and continues to consult with the Clinical Council and Advisory Committee.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed. In particular, GP Demo is collaborating with general practitioners, and general practice staff engaged in the model, the Care Navigation service provider, and the University of Melbourne Medical School to ensure the design and delivery of the model can be iterated and delivers outcomes.



Activity Milestone Details/Duration

Activity Start Date

30/06/2024

Activity End Date

29/06/2027

Service Delivery Start Date

Service Delivery End Date

30/06/2027

Other Relevant Milestones

May 2025 – Commencement of Care Navigator Service

September 2025 - Delivery of EMPHN service directory

December 2025 - Interim Evaluation Report (Link-me+ model, delivered by University of Melbourne)

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

- 28.05.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: Yes

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

An expert reference group (EWG) was engaged to design the elements of the model of care. EWG consisted of General Practitioners, Practice Managers, Consumers, Practice Nurses.

As further iterations to the model are expected, co-design activity with the Care Navigation service provider, and University of Melbourne will continue throughout, and in addition to the continuation of EWG

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

Yes



MH - 10 - Access H&C's Mental Health CALD (July 2025)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

10

Activity Title *

Access H&C's Mental Health CALD (July 2025)

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups

Other Program Key Priority Area Description**Aim of Activity ***

Enhance access to mental health services for the CALD community in the EMPHN catchment by integrating culturally appropriate services and improving workforce cultural capability.

Description of Activity *

EMPHN will commission services that drive equitable access and improve mental health outcomes for hard to reach communities, connect partners to enable integration and sustainable change, and leverage insights to improve health outcomes.

Three providers (Access Health and Community, Holstep Health & Each) were commissioned to deliver a program that:

- Identifies CALD community barriers to access mental health services
- Engages with community to improve equitable access
- Creates sustainable outcomes for CALD young people.

The goal of the extension is to scale the impact of the program to strengthen trust between CALD communities and health services, while supporting young people and their families to better navigate mental health systems. It will also build cultural capability within existing health services, share learnings across the sector, and evaluate improvements in engagement and wellbeing outcomes for CALD young people.

The three providers combined activities align with objective three of the PHN Mental Health and Suicide Prevention Activity

Schedule to address service gaps in the provision of psychological therapies for people in underserviced populations (CALD community). Please note: The following activities are undertaken across all three providers and may not be applicable to each individual provider.

1. Deepen Community Engagement & Cultural Capability:

- Strengthening trust between CALD communities and health services, focusing on CALD young people and their families.
- Supporting CALD young people to navigate mental health services confidently.
- Deepening engagement with CALD leaders through site-specific outreach and education.
- Maintaining and growing mental health promotion via social media and soft entry points.

2. Enhance Cultural Safety in Service Delivery:

- Embed Bicultural/Multicultural workers in the Stepped Care/Mental Health/headspace team for outreach, case work, and referrals.
- Train staff to support Bicultural/Multicultural workers and expand clinical practice training for CALD communities.
- Operationalise the National Embrace Framework and consult with Service Navigators on cultural capability.
- Pilot and evaluate Holstep Health's Cultural Safety Checklist.

3. Build Sector Capability & Share Learnings:

- Share insights and learnings with similar programs across the EMPHN catchment.
- Prepare resources (e.g., grey paper, journal submission) to inform best practices.
- Showcase barriers faced by CALD young people and strategies to improve service access.

4. Reduce Stigma through Participatory Theatre:

- Co-design and deliver theatre-based workshops with Indian Australian young people and MiTheatre.
- Use Theory of Change to shift cultural perceptions and improve mental health literacy.
- Evaluate impact using validated tools (SPANE, WHO-5, SASS, MAK5) and integrated interviews.

5. Evaluate Impact & Promote Help-Seeking:

- Measure changes in engagement and wellbeing among CALD young people accessing mental health services.
- Promote help-seeking and reduce stigma, specifically among CALD communities.

The outcomes of this project will be sustainable in terms of cultural understanding, community leadership, and the provision of translated resources.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
MH and SP - Strengthen data collection efforts to gather specific socio-demographic data for underrepresented groups to increase understanding of mental health needs and suicide prevention activities.	139



Activity Demographics

Target Population Cohort

CALD young people

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Activities include regular quarterly meetings to discuss KPIs, deliverables and updates on the progress of the program.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

A Community of Practice has been established to facilitate collaboration between the three providers (one meeting per quarter). EMPHN will chair the meeting and facilitate sharing resources, insights and learnings.



Activity Milestone Details/Duration

Activity Start Date

14/06/2016

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2024

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Contractual milestones

- Final budget for FY26
- 12-month unaudited financial acquittal for FY25
- 12-month Project Progress Report for FY25
- Quarterly KPI reports for FY26
- 6-month Project Progress Report for FY26
- 6-month unaudited financial acquittal for FY26
- 12-month unaudited financial acquittal for FY26
- Final Project Evaluation Report for FY25 & FY26

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
- 28.05.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 28.05.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

No



MH-Op - 1 - Mental Health Operations (July 2025)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-Op

Activity Number *

1

Activity Title *

Mental Health Operations (July 2025)

Existing, Modified or New Activity *

Modified



MH-Op - 2 - Indigenous Mental Health Operations (July 2025)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-Op

Activity Number *

2

Activity Title *

Indigenous Mental Health Operations (July 2025)

Existing, Modified or New Activity *

Modified



MH-AMHCT - 1 - H2H Adult Mental Health Services (July 2025)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-AMHCT

Activity Number *

1

Activity Title *

H2H Adult Mental Health Services (July 2025)

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description**Aim of Activity ***

This activity has been decommissioned.

Continue to support vulnerable people, including older Australians, Indigenous Australians, and those that are socially isolated or financially impacted by the COVID-19 pandemic to access mental health services and supports, via Head to Health mental health Hubs.

These Hubs provide on-site and telehealth mental health support, including referral on to more intensive mental health care or social supports as needed.

Head to Health Hubs also support General Practitioners by providing access to multidisciplinary teams of mental health workers, including psychologists, mental health nurses, social workers, and alcohol and drug workers.

Description of Activity *

This activity has been decommissioned.

Continue to deliver a number of Mental Health support Hubs within the EMPHN catchment, in order to facilitate the provision of timely and targeted mental health support to community members experiencing mental health difficulties associated with the

impact of the COVID-19 pandemic. These Hubs contain teams of multidisciplinary clinicians / practitioners, that provide treatment and support according to demonstrated need.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Mental Health (MH) and Suicide Prevention (SP)	139



Activity Demographics

Target Population Cohort

This activity has been decommissioned.

People of all ages who reside, work or study in the Catchment, who require support to manage their mental health. Support is prioritised for those who are:

Identified as requiring Level 3 and Level 4 supports according to the Initial Assessment and Referral (IAR) tool .

Unable to afford or access similar services in the community .

Residing in rural areas and / or belong to other underserviced and/or hard to reach populations.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

This activity has been decommissioned.

has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

This activity has been decommissioned.

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



Activity Milestone Details/Duration

Activity Start Date

28/09/2020

Activity End Date

29/06/2023

Service Delivery Start Date

29/09/2020

Service Delivery End Date

30/06/2024

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

Yes

Decommissioning details?

Co-design or co-commissioning comments