Eastern Melbourne - Primary Mental Health Care
2025/26 - 2028/29
Activity Summary View

MH-H2H - 1 - Head to Health: Intake and Assessment/Medicare MH Assessment and Referral Phone Service (April 2026)

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-H2H

Activity Number *

1

Activity Title *

Head to Health: Intake and Assessment/Medicare MH Assessment and Referral Phone Service (April 2026)

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 Initial 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. In late 2025 the service was again rebranded as 'Medicare Mental Health'.

EMPHN continues to provide an in-house phone service via a centralised free call (1800 595 212) to all Victorians. EMPHN have also worked to consolidate the existing intake function into the Medicare Mental Health phoneline activity, giving the Dept full visibility of all activity undertaken.

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, noting the above comment that this 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 met the 'Standards for a Digital Mental Health Service' accreditation with no recommendations, which will remain in place for 3 years.

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.

Carryovers from FY25 to FY26 have been allocated towards commissioning for an external provider and localised promotion for the phone intake and assessment service and spent in accordance with departmental guidelines.

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

29/06/2028

Service Delivery Start Date

09/2020

Service Delivery End Date

30/06/2028

Other Relevant Milestones

EMPHN have met standards against the 'Accredited Digital Mental Health service'.

- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current
- 30.04. 2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current
- 30.04. 2028 Activity Work Plan
- 30.09.2028 12 Month Performance Report
- 30.09.2028 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2028 Other Report – Confirm with DOHAC Needs Assessment is current

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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 - Youth Severe/ Youth Enhanced Services (YES) Program (April 2026)

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1

Activity Title *

Youth Severe/ Youth Enhanced Services (YES) Program (April 2026)

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. This includes psychological interventions such as Cognitive Behavioural Therapy (CBT), interpersonal therapy, family therapy and family-based interventions and psychoeducation.
• 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 a sessional psychiatrist 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 *

Innovative strategies and positive impact
EMPHN has supported innovative service design and performance improvement through collaboration with Orygen and the YES provider. This includes redesigning the YES intake model to a single-session delivery approach, which eliminated the waitlist and significantly improved timely access for young people. EMPHN has also strengthened performance monitoring by collecting additional data beyond PMHC-MDS, including IAR level, extended service types, waitlist management and consumer experience, enabling deeper service insights and quality improvement.

KPI and deed objectives – performance
EMPHN met KPIs and deed objectives over the past 12 months. Key strengths included maintaining a high level of service delivery activity, improving reporting of suicide-related lagged contacts within seven days, and refining KPIs to be more meaningful and achievable. Performance improvements were supported by clearer metrics and closer collaboration with the provider.

FY26 – delivery focus
In the last year, EMPHN focused on service improvement and performance uplift, including collaboration with Orygen through the Implementation Lab, YES PHN forums and specialist KPI advice, as well as supporting the redesign of the intake model and strengthening data collection and reporting. Carryovers from FY25 to FY26 have been allocated towards YES and spent in accordance with departmental guidelines.

Evaluation activity
An evaluation was conducted in 2024, with recommendations implemented over the past 12 months, including the redesigned intake model. Ongoing monitoring continues through enhanced PMHC-MDS reporting and EMPHN-collected supplementary data. No new formal evaluation has been identified at this stage, with current focus on sustaining improvements and performance oversight.

Position within EMPHN OneCare
EMPHN is optimising how services are commissioned through the EMPHN OneCare program (OneCare), a place-based commissioning model that is designed to align service delivery more closely with the distinct health needs of local communities within the catchment, as identified through the EMPHN health needs assessments and other community and provider co-design activities.

The OneCare model was co-designed through extensive engagement, including consultation with more than 120 consumers, 45 providers and EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council. OneCare covers the entire EMPHN catchment and is organised into three defined regions: North, East and Inner South. These regions are structured planning and commissioning areas, not eligibility boundaries. They were developed through detailed analysis of population need, referral patterns, local hospital networks, and community and provider consultation to ensure services reflect local health system dynamics. Consumers continue to access care where it best meets their needs.

This approach enables investment to be directed proportionately to quantifiable health need (both between Regions and within them) while considering population growth and maintaining clear alignment with Commonwealth Deed funding requirements. The OneCare approach strengthens integration, reduces service duplication and administrative burden, and supports more efficient use of Commonwealth funding through fewer, broader regional contracts. By aligning services to local health catchments, OneCare enables deeper collaboration between providers, general practice, hospitals and community services, with clearer intake pathways and smoother handovers across care settings.

For consumers, this means a more connected care experience. For providers, it means more secure contracts, structured collaboration over competition, and shared learning across regions. For EMPHN it means standardised KPIs and blended payment mechanisms (base, activity and outcome-based components) to drive performance and value for money, and a unified data model that tracks activity, outcomes and performance across cohorts and regions. Through this model, services are commissioned and delivered across four cohorts of Youth Mental Health, Adult Mental Health, People with Chronic Conditions, and Older People.

Under the EMPHN OneCare model, the Youth Enhanced Service (YES) delivers integrated, evidence-informed and needs-based mental health care for children and young people (Youth Mental Health Cohort) with more complex presentations, aligned to the stepped care framework.

Services are tailored following clinical assessment and may include psychological therapies such as Cognitive Behavioural Therapy, interpersonal therapy, family therapy, family-based interventions and psychoeducation, delivered flexibly to enable stepped responses as needs change. Care is coordinated within a multidisciplinary model that strengthens pathways between primary care, specialist mental health services and community supports, improving continuity and integration for young people and their families. Physical health and wellbeing are addressed through supported connections with General Practitioners and access to a sessional psychiatrist as part of the care team. The EMPHN OneCare model supports collaborative planning with local youth service providers and stakeholders to align services, identify gaps and address barriers to access, with targeted responses for underserviced areas and hard-to-reach cohorts across the catchment.

YES will address service gaps and workforce constraints through coordinated planning, flexible commissioning and cross-functional delivery across the child and youth mental health system. EMPHN OneCare enables services to be delivered in an integrated manner by supporting shared referral pathways, multidisciplinary collaboration and clearer role delineation between providers, reducing duplication and fragmentation of care. Service gaps and barriers to access are identified through local data, stakeholder engagement and referral analysis, with targeted responses prioritised for underserviced areas and hard-to-reach cohorts. Workforce barriers are addressed through commissioning models that support flexible workforce deployment, shared care arrangements, supervision and training opportunities, and improved recruitment and retention through more stable, integrated service settings.

EMPHN OneCare drives collaboration with key Youth Enhanced stakeholders, including primary care, specialist mental health, community and youth services, to align service delivery with the stepped care model and strengthen integrated, sustainable responses for young people with complex needs.

Program fidelity and funding integrity
YES is delivered in accordance with the Primary Mental Health Care Deed requirements to provide targeted, evidence-informed psychological services for young people with more complex mental health needs, aligned to the stepped care model.

Under the EMPHN OneCare, existing YES activities transition into an integrated commissioning and delivery framework that consolidates referral pathways, strengthens multidisciplinary care and embeds service flexibility to respond to changing consumer need. The transition process focuses on maintaining service continuity while aligning eligibility, service design, reporting and performance expectations with EMPHN OneCare requirements, enabling improved integration with primary care, specialist mental health and community youth services.

Monitoring and Reporting
Program objectives and outcomes are measured and monitored through Deed-compliant performance and outcome reporting, including service activity, access, matched pairs and consumer outcomes data, supplemented by routine contract management, quality assurance and continuous improvement processes. This approach ensures YES activities meet Deed obligations while delivering measurable improvements in access, service integration, clinical outcomes and system sustainability for young people and their families.

Key Activities
April 2025 to date
• Standardisation of referral pathways to reduce program-specific entry points and move toward more consistent, region-based access arrangements for Youth Enhanced Services, improving clarity for referrers and consumers.
• Clarification of intake and eligibility alignment with the stepped care framework, strengthening triage processes to ensure young people with higher-complexity needs are appropriately directed to YES rather than lower-intensity services.
• Improved navigation and handover processes between Youth Enhanced providers and other child and youth mental health services, including headspace and primary care, to reduce duplication and improve continuity of care.
• Early region-based planning and service mapping, supporting clearer delineation of service roles and responsibilities across the child and youth mental health continuum in preparation for EMPHN OneCare implementation.
• Use of service and referral data to identify access barriers, referral bottlenecks and underserviced cohorts, informing early refinements to intake processes and service design.

Planned Activities till June 2027
• Full implementation of region-based referral and intake pathways under EMPHN OneCare, enabling Youth Enhanced Services to operate as part of a coordinated local system rather than standalone programs, with fewer entry points and clearer escalation

pathways.
• Further streamlining of intake and navigation processes, including more consistent referral criteria, shared protocols and improved warm-handover practices across Youth Enhanced, primary care, specialist mental health and community youth services.
• Stronger cross-functional and multidisciplinary integration, supporting shared care arrangements, coordinated intake decision-making and improved collaboration between Youth Enhanced providers and other EMPHN OneCare-commissioned services.
• Ongoing refinement of service pathways using data and performance insights, enabling continuous identification of service gaps and targeted responses for hard-to-reach and underserviced populations across the catchment.
• Embedding consistent navigation and system-coordination expectations within EMPHN OneCare commissioning and contract management arrangements, reducing system complexity for referrers, consumers and families over time.

Decommissioning
Decommissioning and recommissioning of Youth Enhanced Services under the EMPHN OneCare will occur through a staged and sequenced transition process to support continuity, safety and system readiness. Youth Enhanced services are transitioning toward planned decommissioning on 30 June 2027, with full-service delivery maintained through Q1–Q2 FY27 and a planned, managed reduction in activity in Q3–Q4 FY27 to enable safe transition and service closure.

Delivery will continue throughout the transition period, with structured handover and navigation arrangements implemented where provider or service configurations change, ensuring uninterrupted access to care and active support for consumers to transition to alternative services. KPI targets will be proportionately scaled to reflect reduced workforce capacity and occasions of service during ramp-down, with Q3 FY27 targets set at approximately 70% of baseline delivery and Q4 FY27 targets reduced to approximately 40%, while maintaining core safety, access and quality requirements, including timely intake, waitlist management, suicide-flag follow-up, outcome measurement and care completion.

The EMPHN OneCare retains flexibility to maintain discrete commissioning arrangements where required to safeguard specialist capability, priority populations or service continuity. EMPHN will actively monitor access, demand, workforce stability and service performance throughout the transition to identify and manage emerging risks, with funding managed to support service continuity and workforce transition.

All Commonwealth reporting requirements and obligations under the Primary Mental Health Care Deed will continue to be met in full during and after transition, and learnings, data and system improvements from Youth Enhanced will inform future commissioning under the EMPHN OneCare, including alignment of target cohorts, pathways and performance expectations.

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.

EMPHN OneCare Consultation Process
Engagement to date has been extensive with more than 120 consumers, providers, MPs, First Nations stakeholders and system partners consulted. Deep consultation occurred in particular with EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council. Co-design scenario testing workshops were held with service providers to test the model. An Expression of Interest (EOI) prevoked a strong response from a diverse range of providers (43 EOIs received). Request for Tender (RFT) preparation is underway and ready to launch once Commonwealth funding deeds are received.

Collaboration

EMPHN has worked closely with Orygen over the past 12 months to support quality improvement and performance of Youth Enhanced Services, including participation in the Orygen Implementation Lab, YES PHN forums and get-togethers. Orygen has provided specialist advice on KPIs and service design, informing refinements to contract measures and the redesign of the YES intake model, which eliminated the waitlist and improved access.

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
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current

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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?

Decommissioning and recommissioning of Youth Enhanced Services under the EMPHN OneCare will occur through a staged and sequenced transition process to support continuity, safety and system readiness. Youth Enhanced services are transitioning toward planned decommissioning on 30 June 2027, with full-service delivery maintained through Q1–Q2 FY27 and a planned, managed reduction in activity in Q3–Q4 FY27 to enable safe transition and service closure.

Delivery will continue throughout the transition period, with structured handover and navigation arrangements implemented where provider or service configurations change, ensuring uninterrupted access to care and active support for consumers to transition to alternative services. KPI targets will be proportionately scaled to reflect reduced workforce capacity and occasions of service during ramp-down, with Q3 FY27 targets set at approximately 70% of baseline delivery and Q4 FY27 targets reduced to approximately 40%, while maintaining core safety, access and quality requirements, including timely intake, waitlist management, suicide-flag follow-up, outcome measurement and care completion.

The EMPHN OneCare retains flexibility to maintain discrete commissioning arrangements where required to safeguard specialist capability, priority populations or service continuity. EMPHN will actively monitor access, demand, workforce stability and service performance throughout the transition to identify and manage emerging risks, with funding managed to support service continuity and workforce transition.

All Commonwealth reporting requirements and obligations under the Primary Mental Health Care Deed will continue to be met in full during and after transition, and learnings, data and system improvements from Youth Enhanced will inform future commissioning under the EMPHN OneCare, including alignment of target cohorts, pathways and performance expectations.

Co-design or co-commissioning comments

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

Yes

MH - 2 - Additional Mental Health Support Services - Bondi (April 2026)

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2

Activity Title *

Additional Mental Health Support Services - Bondi (April 2026)

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 *

In late December, EMPHN received a variation of the PMHC deed to deliver community support to those affected by the events of the Bondi attacks in Sydney in December 2025.
This funding is distinct from the $14.2M which has been provided to support Jewish communities in the wake of the Bondi attack over the 2 years (FY26 and FY27). For that funding the Department is engaging CESPHN as the contract holder to roll out funding to individual PHN's. SEMPHN is the Victorian jurisdictional lead who EMPHN will collaborate with in planning the expenditure of that funding.
The objectives of community support funding received are to:
• Deliver timely, culturally responsive, trauma-informed supports to members of the broader community affected by the Bondi attack.
• Complement, not duplicate, Commonwealth/NSW services; focus on local gaps and continuity (benefits of funding realised in early months but extends into years).
• Build capacity in existing providers (Psychological First Aid, trauma literacy, safe referral pathways)

Description of Activity *

The Australian National Imams Council cites its Action Against Islamophobia (AAI) initiative had recorded an almost 200% increase in anti-Muslim hate incidents since the attack on December 14. Given that a separate funding pool has been targeted for the Jewish community and noting the limited amount of funding available in this program, the recommendations put forward pertain mostly to the provision of supports targeting the Muslim population.

In the immediate term EMPHN proposes to:

· EMPHN disseminated outreach materials
o Plain-English and translated materials on common trauma reactions and local supports; distribute via GP practices, pharmacies, libraries, community centres, and faith networks.
o Coordinate messaging with NSW/Commonwealth to complement, not duplicate crisis lines, Bondi Medicare MHC, Black Dog's first-responder supports
· Service expansion and provider upskilling
o Contract variations with existing EMPHN-funded providers (HolStep Health, Access Health and Community, HealthAbility, EACH, Neami, Wellways) to support management of community response to the Bondi attacks. Funding would be provided to providers to develop a response to their region which could include:
o Engagement with local Muslim organisations and general practices to build networks and extend support in managing people presenting to them with adverse mental health responses to or following the Bondi attacks.
o Assign staff to specific (EMPHN funded) training to support management of people presenting to the service following response to the Bondi attacks (particularly those referred by the Centre for Muslim Wellbeing or locally engaged Muslim organisations or GP's) either within the service or including representatives from the organisations engaged with above.
o Engage with training and supports offered by the Centre for Muslim Wellbeing (as described below)

· Engagement with Centre for Muslim Wellbeing
o Provision of funding to the Centre for Muslim Wellbeing to provide support and training to existing commissioned providers funded above (and others upon request) to:
o Upskill existing providers on approaches to Mental Health care for the Muslim community
o Support providers to engage with Muslim organisations at a local level (GP's with high engagement in the Muslim community or local Muslim health organisations, charities etc within the provider catchment)
· Targeted capacity building
o Fund rapid PFA training for frontline staff (providers, community organisations, GPs with reach into Muslim communities) and scripts/toolkits for reception/admin teams (first contact matters).

In the intermediate term EMPHN proposes to:

· Ongoing funding for the Centre for Muslim Wellbeing to provide ongoing supports for X months to commissioned providers to support service access and navigation to Muslim people engaging with mainstream services
· Provision of funding to GP's embedded in the Muslim community, as identified by the Multicultural needs assessment to identify and support community members needing additional support following the Bondi attacks.

Needs Assessment Priorities *

Needs Assessment

EMPHN Needs Assessment 2025/26 - 2027/28

Priorities

Priority	Page reference
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 - 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

Activity Demographics

Target Population Cohort

Community members experiencing mental health concerns following the Bondi attacks, in particular the Muslim community

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.

For this program EMPHN intends to engage with existing MH providers develop understanding of need and consider planning particularly around engagement with providers who support Muslim community.

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.

For this program we intend to collaborate with the Centre for Muslim Wellbeing to develop supports for existing providers to engage with the Muslim community experiencing Mental Health concerns following the Bondi attack. We also intend to collaborate with the Centre for Muslim Wellbeing, existing providers and localised medical services supporting the Muslim community to understand which resources and approaches are most needed and will best support them to support the community.

Activity Milestone Details/Duration

Activity Start Date

22/12/2025

Activity End Date

29/06/2027

Service Delivery Start Date

15/03/2026

Service Delivery End Date

30/06/2027

Other Relevant Milestones

- 16.02.2026 Single Activity AWP Submission

- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Health Needs Assessment
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Health Needs Assessment

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?

Yes

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

Exploring the possibility of co-commissioning some of the capacity building components (and activities with the Centre for Muslim Wellbeing) with our immediate neighbours, NWPHN and SEMPHN.

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

Yes

MH - 3 - Headspace (April 2026)

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3

Activity Title *

Headspace (April 2026)

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 hardly reached 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.

Successes over the past 12 months:
• Two of our five headspace centres were on Performance Improvement Plans (PIPs) however, over the last 12 months they were

taken off them based on improved service performance.
• Knox headspace is participating in upcoming post-suicide intervention activities focus on the needs identified in the Yarra Ranges region targeted at two young people cohorts:
- ages of 11-15
- LGBTQI+
• Syndal passed hMIF (headspace accreditation)
• Box Hill has sought to address the needs of their CALD community by providing services in multiple languages and translating relevant documents.
• EMPHN facilitated Community of Practice for headspace centres every quarter has proved a success with most providers reporting it as a beneficial opportunity to share learnings and gain insights.
• High performance has been with regarding to consumer outcome completion and improvements, hAPI completion and consumer satisfaction.
• Knox utilised underspend ($130,427.41) to recruit a family clinician to support young people and their families. Having a family clinician at headspace Knox and Lilydale has enabled staff to have a dedicated person to provide secondary consultations, and to refer to. In addition to the focussed professional development, having a specified family clinician has increased staff confidence in supporting families. Since onboarding, the clinician has reached full capacity and has received positive feedback, with the role making a significant contribution to service delivery.
• Syndal utilised underspend ($81,700) to recruit an art therapist to support regular art groups hosted at the centre
• Hawthorn utilised underspend ($30,000) to provide short term uplift in FTE.

Carryovers from FY25 to FY26 have been allocated towards headspace contracts and spent in accordance with departmental guidelines.

No evaluations were conducted over the last 12 months.

What is planned:
In FY27, Eastern Melbourne PHN (EMPHN) will continue to commission and manage headspace services across the eastern Melbourne catchment to ensure continuity of access to youth-friendly, holistic mental health care.

Service footprint and model
• Commissioning of five headspace centres: Box Hill, Greensborough, Hawthorn and Syndal, with the prospect of Knox upgrading to a headspace Plus centre.
• Ongoing operation of two satellite sites: Plenty Valley and Lilydale.
• Services delivered in line with the national headspace model, addressing:
o Mental health
o Physical health
o Alcohol and other drug support
o Social and vocational needs

Service delivery approach
• Delivery of flexible and stepped care, including:
o Single-session interventions
o Brief and medium-term psychological therapies (up to 20 sessions)
o Family therapy, group programs and peer support
o Face-to-face and telehealth service options
• Integrated care delivery through co-located and collaborative service models, youth hubs and local referral pathways.

Equity and priority populations
• Continued focus on improving access and outcomes for priority cohorts, including:
o Culturally and linguistically diverse (CALD) communities
o Aboriginal and Torres Strait Islander young people
o LGBTQIA+ young people
o Younger adolescents
• Use of outreach and local collaboration to support access for harder-to-reach populations.

Contracting and service continuity

• Implementation of a two-year extension of existing headspace contracts to ensure:
o Service continuity for young people and families
o Workforce stability
o Ongoing access during broader mental health system reforms.

Performance monitoring and quality improvement
• No formal evaluation planned for FY27.
• Ongoing monitoring through:
o Routine KPI reporting
o Contract management processes
o National headspace data collections, with PMHC data reported directly to the Department of Health, Disability and Ageing.
o Continued focus on value for money, specifically considering unit benchmarking across sites to ensure visibility of client related service hours provided.
• Continuous quality improvement supported through EMPHN-facilitated quarterly headspace Communities of Practice, enabling shared learning and service improvement across the catchment.

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
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current
- 30.04.2028 Activity Work Plan
- 30.09.2028 12 Month Performance Report
- 30.09.2028 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2028 Other Report – Confirm with DOHAC Needs Assessment is current

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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 - 4 - Suicide Prevention (April 2026)

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

4

Activity Title *

Suicide Prevention (April 2026)

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 *

Both the TRISP and Suicide Prevention General funds come out of the Mental Health flex deed, and whilst the TRISP funding will be discontinued at the end of the current financial year, SP general funds are projected to be ongoing.
Support after Suicide is the only client facing service currently being delivered in the suicide prevention portfolio.
To ensure sustainability and mitigate the risk of service continuity being impacted, the funds for Support after Suicide are being drawn from these suicide prevention flex funding which is expected to provide adequate funds going forward based on previous deeds.

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. Carryovers from FY25 to FY26 have been allocated towards Suicide Prevention projects and spent in accordance with departmental guidelines.

Innovative strategies and positive impact
Supported by EMPHN, the provider has been directly involved in capacity building suicide postvention regional activities in collaboration with a number key local stakeholders. Working closely with EMPHN, they have supported the mapping of emerging suicide vulnerability of young people in the region, providing critical understanding of social contexts.

KPI and deed objectives – performance
EMPHN met KPIs and deed objectives over the past 12 months. As a result of increased demand, there was a minor uplift in the EFT for the program in FY26. Subsequently, there has been a demonstrated increase in the overall number of consumers, episodes of individual counselling delivered and group session attendances. Individual counselling services are now well above benchmarked targets.

What is planned:
In FY27, EMPHN will continue to commission suicide bereavement services and support the provider to build on suicide postvention capability activities across the eastern Melbourne catchment and ensure alignment with key stakeholder collaboration.

Service footprint and model
• Continuation of group activities in the outer east corridor and an increased number of in person sessions
• Identifying a collocated office in the outer east corridor to deliver in person counselling

Service delivery approach
• counselling for individuals, couples and families, in person, online or by phone
• a range of support groups and group programs
• online resources - website and online forums
• community information sessions
• capability building education sessions for professionals to enhance their support to those bereaved
• Community debriefing including psychoeducational support
• Secondary consultation
• Care coordination with or without a clinical role

Contracting and service continuity
• Implementation of a one-year extension of existing bereavement services contract to ensure:
o Service continuity for people bereaved by suicide
o Workforce stability
o Ongoing support for the broader suicide postvention system.

Performance monitoring and quality improvement
• No formal evaluation planned for FY27.
• Ongoing monitoring through:
o Monthly national PMHC–MDS data collection reported directly to the Department of Health, Disability and Ageing.
o Routine KPI and non-MDS reporting
o Contract management processes
• Continuous quality improvement supported through EMPHN-facilitated quarterly program management meetings

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.

Postvention resilience and recovery initiative
An EMPHN review of data identified that there were double the number of suspected suicides of young people in the City of Yarra Ranges compared to the average of other LGAs in the region since 2017.

Subsequently EMPHN has led a Yarra Ranges Working Group consisting of multi sectorial partners undertaking prevention activities in the Yarra Ranges (LGA), increasing the capability of local stakeholders to address vulnerability in the municipality. Designed and led by EMPHN the group took part in several initiatives in 2025 to increase systems thinking, integration and maximise impact.

In FY26, an activity was undertaken to map and understand potential geographical, social and temporal connections between young people who had recently taken their own lives. Tangible links between a number of the young people were found.

To mitigate further contagion and a potential youth suicide cluster in the outer eastern corridor of Melbourne, a targeted initiative was developed focused on the dual needs of suicide prevention and climate disaster recovery.

Two organisations selected from the Yarra Ranges working group will receive training (in this financial year) to deliver the Mackillop Seasons for Life program (in FY27) to the identified cohorts who have been most impacted in the Yarra Ranges Hills community. The training is nuanced to provide age-appropriate content to different cohorts, addressing grief and loss associated with both natural disasters and/or suicide.

From the data mapping exercise, the key cohorts identified as highly vulnerable to further potential contagion are:
• Middle years young people transitioning from primary to secondary school (11–13-year-olds)
• Young people who identify as members of the LGBTIQ+ community
• Community members who have been indirectly impacted by recent suicides of young people

A systems approach will continue to be undertaken, utilising the Yarra Ranges working group to provide governance and backbone support through their relationship to local communities and infrastructure. Activities are focused on developing preventative scaffolding at a local place-based level.

Data Linkage study
A study looking at a cohort with disproportionate risk of suicide who frequently access emergency services has been given ethics approval. This study will use deidentified person level linked data sets to map contributing risk and protective factors related to suicide. The work has potential to capture previously unidentified service use trajectories of this cohort and case find others in the community with a similar risk profile who are yet to meet diagnostic criteria for access to tertiary services.

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
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current

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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?

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

MH - 5 - Indigenous Mental Health (April 2026)

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5

Activity Title *

Indigenous Mental Health (April 2026)

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:

Commissioning wrap around services ensures culturally responsive, integrated care across mental health, alcohol and other drug (AOD), and broader social and emotional wellbeing needs within a holistic model.

Aboriginal and Torres Strait Islander people are welcomed through inclusive assessment, enabling tailored support and coordinated access to comprehensive, culturally grounded services, mainstream mental health, social and emotional wellbeing, suicide prevention, and essential supports like justice, education, and housing—ensuring diverse needs are addressed safely and respectfully through integrated pathways.

Programs support Aboriginal and/or Torres Strait Islander people via community controlled and mainstream providers. EMPHN actively encourages and assists service providers to strengthen capability, build robust linkages, and improve the cultural competence of staff—ensuring all services remain culturally safe and responsive to the needs and preferences of Aboriginal and Torres Strait Islander communities.
Mainstream providers are kept informed of available wrap around services and referral opportunities, supporting smooth transitions between services as needs evolve.

Services are continually monitored and adjusted through ongoing needs analysis and planning, allowing for flexible responses to the changing mental health needs of Aboriginal and Torres Strait Islander communities.

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. Carryovers from FY25 to FY26 have been allocated towards consultancy and engaging with ACCHOs/ ACCOs, and spent in accordance with departmental guidelines.

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

Holstep Health model of care supporting the Inner North Aboriginal Community.

The evaluation aims to assess Holstep Health's unique model of care designed to support Aboriginal and Torres Strait Islander people in the inner North Melbourne community.
Conducted by a Therapeutic Counsellor and a project worker from Holstep Health, the evaluation commended in August 2025 with qualitative research conducted in September and November with clients, families and service providers.
The evaluation examines Holstep Health's model of care, theoretical foundation, development, practice, outcomes, client experiences, and overall impact, with an emphasis on culturally safe, flexible, and integrated service delivery.
The evaluation also seeks to create a transferable framework for similar services and document a decade of learnings in delivering holistic health supports to the community.
The main outcome will be a comprehensive resource highlighting the importance of Aboriginal services within mainstream providers, showcases the evolution and core attributes of the model, and provides a framework for replication by other services.
The resource will also include definitions of key concepts, successful therapeutic modalities, learnings about clinical language, client journeys, and a legacy of the program's development and impact.
The final report is scheduled for delivery in May 2026.

Good news story: The impacts of structured, intentional and targeted supports for children completing a second year of kindergarten: Bubup Wilam Early Years Support
Over the past year, a young child supported by the Bubup Wilam Health and Wellbeing team has made remarkable developmental progress thanks to early, targeted and culturally informed interventions. Born prematurely and facing delays in speech, language, motor skills and emotional regulation, the child received a coordinated suite of supports including occupational therapy, speech therapy, ENT intervention, developmental screening and ongoing collaboration between family, educators and health professionals. With these wraparound supports in place, the child began to thrive—gaining strength, coordination, clearer speech, improved emotional regulation and greater independence in everyday selfcare activities.
The child's progress has been so strong that they are now ready to begin school in 2026 with confidence and capability. This transformation highlights not only the power of early, holistic and culturally grounded intervention but also the long term community impact of supporting children to meet developmental milestones—leading to stronger families, healthier communities and brighter futures for Aboriginal children.

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 Holstep 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.

The programs 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

29/06/2026

Service Delivery Start Date

13/05/2017

Service Delivery End Date

30/06/2026

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
- 15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current

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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?

Not Applicable - EMPHN is awaiting for further direction and funding based on the anticipated PMHC DOV 16 & 17 (Approval Status as of 23rd March 2026, Government Decision Pending).If approved, the variation is expected in May-June 2026. Further

detail will be provided in the ADHOC AWP submission for PMHC.

Co-design or co-commissioning comments

Before the launch in 2017, Aboriginal and Torres Strait Islander Health programs were co-designed with service providers who engage directly with the Aboriginal Communities, ensuring that the programs implemented a holistic, trauma informed model in a culturally safe environment to meet the needs of the Community.
These programs are subject to ongoing review, with adjustments made to both programs and commissioning requirements through continuous monitoring, needs assessment and planning. Open communication between commissioned services and EMPHN supports prompt responses to changing health priorities, helping maintain flexible and effective support for Aboriginal and Torres Strait Islander mental health and wellbeing.

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

Yes

MH - 6 - Mental Health Stepped Care Approach (April 2026)

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

6

Activity Title *

Mental Health Stepped Care Approach (April 2026)

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 underserviced 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

In 2025 EMPHN worked with providers of the Stepped Care model to amend contract KPIs to better reflect and capture the services being provided. The key aims were to improve alignment with the PMHC KPIs and better understand and set targets for service hours (to understand unit cost). We collaborated with providers to set these KPIs and this helped to build relationships and a better understanding of the drive of the funding.

A case study was provided to EMPHN which demonstrates clear progress in collaborative approaches between EMPHN funded programs and others. It documents the story of a gentleman who received a Client-Centred, Holistic Approach to Integrated Care: Collaboration between Stepped Care (SC), Alcohol and Other Drugs (AOD), West Heidelberg Community Legal (WHCL), Social Work (SW), and Gamblers Help (GH) teams in support of his MH and other needs. His experience with the Stepped Care and other services led to a nuanced and holistic provision of care which supported the client to stop using substances, have improved reported MH symptoms and begin exploring peer support training for himself to help others. This case study reflects a holistic approach to care which has supported a client who would classically struggle to access support, to thrive.

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.

Carryovers from FY25 to FY26 have been allocated towards MH Stepped Care Approach and spent in accordance with departmental guidelines.

Positioning within EMPHN One Care Model
EMPHN is optimising how services are commissioned – starting in 2026 – through the EMPHN OneCare program (OneCare), a place-based commissioning model that is designed to align service delivery more closely with the distinct health needs of local communities within the catchment, as identified through the EMPHN health needs assessments and other community and

provider co-design activities.

The OneCare model was co-designed through extensive engagement, including consultation with more than 120 consumers, 45 providers and EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council.

OneCare covers the entire EMPHN catchment and is organised into three defined regions: North, East and Inner South. These regions are structured planning and commissioning areas, not eligibility boundaries. They were developed through detailed analysis of population need, referral patterns, local hospital networks, and community and provider consultation to ensure services reflect local health system dynamics. Consumers continue to access care where it best meets their needs.
This approach enables investment to be directed proportionately to quantifiable health need (both between Regions and within them) while considering population growth and maintaining clear alignment with Commonwealth Deed funding requirements.

The OneCare approach strengthens integration, reduces service duplication and administrative burden, and supports more efficient use of Commonwealth funding through fewer, broader regional contracts. By aligning services to local health catchments, OneCare enables deeper collaboration between providers, general practice, hospitals and community services, with clearer intake pathways and smoother handovers across care settings.

For consumers, this means a more connected care experience. For providers, it means more secure contracts, structured collaboration over competition, and shared learning across regions. For EMPHN it means standardised KPIs and blended payment mechanisms (base, activity and outcome-based components) to drive performance and value for money, and a unified data model that tracks activity, outcomes and performance across cohorts and regions.

Under the EMPHN OneCare program, Stepped Care services will be commissioned within the Adult Mental Health and Wellbeing cohort and delivered across three defined regions: North, East and Inner South. Distribution of Stepped Care services is informed by EMPHN's Health Needs Assessment (HNA) which identifies populations and areas of high needs through health, socioeconomic need of priority groups.

Stepped Care service are multimodal and will be delivered in accordance with the PHN program guidance. The EMPHN OneCare program will drive collaboration and integrate services. The cross cohort approach, regional approach will help to address workforce and geographical barriers.

Transition of Stepped Care services to the OneCare program will occur progressively with and overlap between outgoing and incoming providers. The OneCare provider will adhere to program requirements to report against PMHC-MDS.
EMPHN will continue to safeguard continuity of care and access to services for consumers. Transition will be staged and sequenced to ensure workforce stability and fit-for-purpose providers. EMPHN will closely monitor access, demand and performance during transition to identify and mitigate emerging risks. Departmental reporting requirements will be maintained and upheld as programs transition to the new commissioning model.

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	139

specialist mental health care for at-risk cohorts to provide early intervention and management and reduce need for hospital care for high-prevalence episodes.	
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.

EMPHN OneCare Consultation Process

Engagement to date has been extensive with more than 120 consumers, providers, MPs, First Nations stakeholders and system partners consulted. Deep consultation occurred in particular with EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council. Co-design scenario testing workshops were held with service providers to test the model. An Expression of Interest (EOI) evoked a strong response from a diverse range of providers (43 EOIs received). Request for Tender (RFT) preparation is underway and ready to launch once Commonwealth funding deeds are received.

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
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current

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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): Yes
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?

N/A

Co-design or co-commissioning comments

N/a

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

No

MH - 7 - Psychological Therapies in Residential Aged Care: Healthy Ageing Services (April 2026)

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

7

Activity Title *

Psychological Therapies in Residential Aged Care: Healthy Ageing Services (April 2026)

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 (HASR) 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. Carryovers from FY25 to FY26 have been allocated towards HASR and spent in accordance with departmental guidelines.

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.

In late 2025 the capacity building element of the Healthy Ageing program has progressed, this has included research with the university of Melbourne on the needs of RACH staff and GPs in the care of older people with MH concerns. This has culminated in the codesign of activities to improve capability in RACH staff and GPs in the management and support of older people in RACH with mild to moderate MH concerns. The provider (St Vincents) has developed key activities, including webinars, online resources and engagement material which will be rolled out in early 2026.
In late 2025 the provider delivered a case study about a client which demonstrates good integration of the program in the community. The referral for the client was sent by the clients GP as the clients was requesting support with adjusting to Aged Care following recent admission due to sudden blindness and reporting difficulty coping.

The client was struggling to accept both the RACH transition plus the new blindness and was grieving the loss of her independence and vision. She received time limited strengths based approached mental health supports to support adjustment and manage acute anxiety episodes. She also received care from an in service MH occupational therapist who supported physical adjustment and anxiety management as well as opportunities to improve sensory experience through engagement in groups in the RACH. On discharge she was referred to community groups to support isolation and osteo for pain management. Her reported distress decreased by 8 points (K10) during the treatment episode.

Positioning within EMPHN OneCare Model
EMPHN is optimising how services are commissioned – starting in 2026 – through the EMPHN OneCare program (OneCare), a place-based commissioning model that is designed to align service delivery more closely with the distinct health needs of local communities within the catchment, as identified through the EMPHN health needs assessments and other community and provider co-design activities.
The OneCare model was co-designed through extensive engagement, including consultation with more than 120 consumers, 45 providers and EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council.
OneCare covers the entire EMPHN catchment and is organised into three defined regions: North, East and Inner South. These regions are structured planning and commissioning areas, not eligibility boundaries. They were developed through detailed analysis of population need, referral patterns, local hospital networks, and community and provider consultation to ensure services reflect local health system dynamics. Consumers continue to access care where it best meets their needs.
This approach enables investment to be directed proportionately to quantifiable health need (both between Regions and within them) while considering population growth and maintaining clear alignment with Commonwealth Deed funding requirements.
The OneCare approach strengthens integration, reduces service duplication and administrative burden, and supports more efficient use of Commonwealth funding through fewer, broader regional contracts. By aligning services to local health catchments, OneCare enables deeper collaboration between providers, general practice, hospitals and community services, with clearer intake pathways and smoother handovers across care settings.
For consumers, this means a more connected care experience. For providers, it means more secure contracts, structured collaboration over competition, and shared learning across regions. For EMPHN it means standardised KPIs and blended payment mechanisms (base, activity and outcome-based components) to drive performance and value for money, and a unified data model that tracks activity, outcomes and performance across cohorts and regions.

Under the EMPHN OneCare program, Mental Health supports for older people in Residential Aged Care will be commissioned within the Older People cohort and delivered across three defined regions: North, East and Inner South.
Mental Health supports for older people in Residential Aged Care is informed by EMPHN's Health Needs Assessment (HNA) which identifies populations and areas of high needs through health, socioeconomic need of priority groups. Services for older people in Residential Aged Care is distributed across regions based on this analysis.
Mental health supports for older people in residential Aged care are delivered in accordance with the PHN program guidance.

The EMPHN OneCare program will drive collaboration and integrate services. The cross cohort approach, regional approach will help to address workforce and geographical barriers which will enable outreach into RACH's.
Transition of MH in RACH services to the OneCare program will occur progressively with and overlap between outgoing and incoming providers. The OneCare provider will adhere to program requirements to report against PMHC-MDS.
EMPHN will continue to safeguard continuity of care and access to services for consumers. Transition will be staged and sequenced to ensure workforce stability and fit-for-purpose providers. EMPHN will closely monitor access, demand and performance during transition to identify and mitigate emerging risks. Departmental reporting requirements will be maintained and upheld as programs transition to the new commissioning model.

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.

EMPHN OneCare Consultation Process
Engagement to date has been extensive with more than 120 consumers, providers, MPs, First Nations stakeholders and system partners consulted. Deep consultation occurred in particular with EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council. Co-design scenario testing workshops were held with service providers to test the model. An Expression of Interest (EOI) evoked a strong response from a diverse range of providers (43 EOIs received). Request for Tender (RFT) preparation is underway and ready to launch once Commonwealth funding deeds are received.

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:
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

- 15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current

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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): Yes
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?

N/A

Co-design or co-commissioning comments

N/a

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

Yes

MH - 8 - Initial Assessment and Referral – Training Support Officer (IAR-TSO) - April 2026

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

8

Activity Title *

Initial Assessment and Referral – Training Support Officer (IAR-TSO) - April 2026

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.

EMPHN opted to retain their 2 directly employed IAR Training Support Officers through to 31 December 2025. This afforded EMPHN to support CESPHN with the delivery of the National training, continue to deliver training locally to bridge the gap until DoHAC & Melbourne University are ready to release their e-modules which have been in development.

At the conclusion of the project, EMPHN reached 38% of its target, with 437 GPs trained (target of 1136) and a total of 1043 participants trained overall. EMPHN delivered a mix of online, in GP clinic, and formal in-person training (networking events). EMPHN also developed a working relationship with the Victorian Virtual Emergency Dept (VVED) to deliver IAR training to their nursing staff, as VVED are in the process of adopting the IAR as a part of managing incoming calls relating to mental health.

Carryovers from FY25 to FY26 have been allocated towards IAR activities and spent in accordance with departmental guidelines.

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

30/06/2026

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:
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current

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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

Yes

Decommissioning details?

EMPHN to cease IAR training from Dec 31 2025. EMPHN had directly employed 2 part time staff members, 1 staff member was on a secondment, and have returned to their substantive role, the other staff member ceased employment with EMPHN

Co-design or co-commissioning comments

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

No

MH - 9 - Targeted Regional Initiatives to Suicide Prevention (TRISP) (April 2026)

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

9

Activity Title *

Targeted Regional Initiatives to Suicide Prevention (TRISP) (April 2026)

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 *

Both the TRISP and Suicide Prevention General funds come out of the Mental Health flex deed, and whilst the SP general funds are projected to be ongoing TRISP funding will be discontinued at the end of the current financial year. In recognition of this, planned workstream activities are a combination of continuing service provision and sector uplifts.
All initiatives under TRISP funding are short term capability building or short to medium term proof of concept.

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 evaluator has been commissioned and has commenced. Preliminary scoping interviews with all key agencies involved have been completed. The evaluation is on track to be completed by end FY26 in alignment with program end date.
The external evaluation of the complex trauma initiative is progressing well. Early feedback indicates participants rated their experience of training and ongoing support highly and relevant to their everyday role supporting individuals with complex trauma when in suicidal distress.

Good news story: EMPHN submitted an abstract to present at the National Suicide Prevention conference and have been successful in securing a 50 minute panel presentation. EMPHN will be partnering with Spectrum Complex Trauma and Personality Disorder Service and Access Community Health as participants on the panel.

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.

The Delphi research study has been completed and a manuscript has been submitted to a relevant journal for peer review.
Development of the national PPRG implementation guide is well underway and expected to be launched in Q4 FY26.
The national PPRG implementation guide is on track and will be launched at the Suicide Prevention conference in April 2026.
EMPHN has been successful in securing the delivery of a half day workshop to launch this guide. Additionally, EMPHN will be co-delivering an oral presentation on the Delphi research study that is the foundation of the implementation guide.

8.3 LIVED EXPERIENCE OF SUICIDE CAPABILITY BUILDING INITIATIVE
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.

EMPHN have commissioned the national Lived Experience of Suicide lead organisation to deliver a 12 month capability building program across the region inclusive of all components listed above. Considerable progress has been made in establishing relationships with local networks and service providers. The initiative is on track and in the process of implementing a lived experience advisory group for the region.

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,	140

community and acute care.	

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:
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current

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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

Yes

Decommissioning details?

All initiatives under TRISP funding are short term capability building or short to medium term proof of concept. There are no client facing services being delivered with these funds and therefore, the usual decommissioning strategies that ensure consumer safety and pathways are not required. All activities come to a contractual closure at the end of FY26 with evaluations to follow and outcomes of research studies published.

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 - 10 - Link Me+ Program (April 2026)

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

10

Activity Title *

Link Me+ Program (April 2026)

Existing, Modified or New Activity *

Existing

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 *

Link-me+ is an integrated, practice-level mental health model of care being delivered to practices across the catchment. The model responds to national and local evidence showing mental health as a leading reason for GP consultations, with three in four GPs reporting inadequate support, highlighting the need for innovative, practice-level interventions.
Link-me+ has been implemented through three structured phases (proof of concept, pilot, and scale) to enable learning, refinement, and progressive expansion. The initiative is live in 15 practices and now entering scale phase, supporting up to an additional 45 general practices while embedding learnings from earlier phases into routine delivery.

Link-me+ Model of Care

The model is built on behaviour change theory (COM-B) and focusing on GPs. It 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. 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 Finder (health and social prescribing). A new mental health and social prescribing directory leveraging artificial intelligence to solve problems of resourcing, reach, scope, and currency that limit other directories.

• 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 is designed and delivered by EMPHN.

What has been delivered? (Proof of Concept and Pilot)

The proof-of-concept and pilot phases have been completed, establishing the feasibility, acceptability, and value of the Link-me+ model in general practice settings. These phases focused on co-design with practices, testing workflows, and refining the integration of the model within routine general practice care.

Evidence to date confirms that the model supports GPs to better identify mental health need, tailor care, and connect patients to appropriate supports. Feedback from participating GPs and consumers was overwhelmingly positive. Practices reported increased confidence and support in managing mental health presentations, with one practice noting that "the collaboration has helped us provide valuable mental health support to our patients." Consumers reported receiving "great practical help and tips" and feeling "uplifted" following Care Navigation appointments.

Carryovers from FY25 to FY26 have been allocated towards Link-me+ and spent in accordance with departmental guidelines.

Key achievements

• Successfully completed first two of three phases. This equates to 65 General Practitioners and just under 5500 patients engaging with Link-me+. Comprehensive data mapping and monitoring, and continued collaboration with University of Melbourne and commissioned service provider allow for iterative model optimisation across the phases.

• Imbedding tripartite partnership approach (PHN, University and Service Provider) including relational contracting principles and practices.

• Co-designed and delivering new academic detailing model that sits alongside a system of support for GPs including facilitated Communities of Practice

• Developed EMPHN Service Finder, co-designed with General Practice, consumers from Homelessness and CALD background, and service providers.

Planned Activities

• Scale Link-me+ to up to an additional 45 practices, including continued model optimisation and a focus on sustainability

• Scale academic detailing program to include new mental health topic areas and broader reach

• Implement Learning Health System design, embedding structured learning cycles into routine governance to support continuous improvement and behaviour change.

• Publish and disseminate implementation learnings to inform how new models are introduced, adopted, scaled and sustained in general practice, including insights into effective approaches to spread, multidisciplinary team-based care, social prescribing and behaviour change.

Future Direction

From 2026, EMPHN is optimising how services are commissioned and delivered through the EMPHN OneCare program (OneCare), a place-based commissioning approach designed to align services more closely with population need and local system dynamics. Under this approach, programs are organised within defined cohorts and delivered across three regions (North, East and Inner South) to support consistency, integration and scalability. OneCare supports improved integration, reduces service duplication and administrative burden, and enables more efficient use of Commonwealth funding through clearer service architecture and coordination across primary care, community services and commissioned providers.

Within this context, Link-me+ operates as a practice-based mental health initiative that aligns with OneCare principles. It also contributes directly to EMPHN OneCare by generating practical learning on multidisciplinary team (MDT) and co-location models, relational contracting, partnership brokering, learning health system design, and the integration of digital tools and navigation within general practice. These learnings will inform future OneCare phases, supporting a scalable, integrated, and

evidence-informed system approach. and Furthermore, Link-me+ presents opportunities within Phase Two within of the OneCare roadmap.

Evaluation
The model is being evaluated by University of Melbourne. An interim report based on the experiences of GPs, consumers and Care Navigation workforce will be complete March 2026. Final evaluation due April 2027. The initiative is also connected to an MRFF grant where an implementation science methodology is being applied to generate transferrable learnings to inform future direction and reform.

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 Link-me+ 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. Additionally, General Practitioners are consulted at structured and regular intervals once engaged with Link-me+.

EMPHN OneCare Consultation Process
Engagement to date has been extensive with more than 120 consumers, providers, MPs, First Nations stakeholders and system partners consulted. Deep consultation occurred in particular with EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council. Co-design scenario testing workshops were held with service providers to test the model. An Expression of Interest (EOI) evoked a strong response from a diverse range of providers (43 EOIs received). Request for Tender (RFT) preparation is underway and ready to launch once Commonwealth funding deeds are received.

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, Link-me+ 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
March 2026 - Interim Evaluation Report (Link-me+ model, delivered by University of Melbourne)

Department milestones:
- 30.04.2026 Activity Work Plan

- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current

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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): Yes
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?

N/A

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 - 11 - Access H&C's Mental Health CALD (April 2026)

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

11

Activity Title *

Access H&C's Mental Health CALD (April 2026)

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 *

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 *

The MH CALD Innovation Program has delivered clear progress against its objectives to improve equitable access, build cultural capability, and strengthen mental health outcomes for CALD young people. Collectively, the activities delivered by Access Health and Community, Holstep Health and Each demonstrate early impact, strong community engagement, and foundations for sustainable system change.

Deepening Community Engagement and Cultural Capability
All three providers successfully strengthened trust between CALD communities and health services through place-based, culturally led engagement. Activities were delivered in trusted community settings including neighbourhood houses, schools, playgroups, English Corner programs, cultural events and community workshops, enabling engagement with communities that experience stigma, low mental health literacy and limited familiarity with service systems.
• Access Health and Community exceeded engagement targets, reaching 124 people in Q1 and 327 people in Q2, demonstrating growing visibility and trust in services through repeated community presence and bicultural outreach
• Holstep Health engaged Somali and Muslim communities through women-led workshops, parenting circles, playgroups and school-based events, supporting over 250 young people at a school mental health event and facilitating safe spaces for women to

openly discuss mental health
• Across providers, CALD young people and families reported increased confidence navigating services and greater willingness to seek support when engagement was delivered through culturally familiar facilitators and informal entry points.

Enhancing Cultural Safety in Service Delivery
Embedding bicultural and multicultural workers within mental health and wellbeing services was a key success across the program.
• Access Health and Community demonstrated the value of bicultural roles in both community outreach and internal change, supporting service navigation, improving cultural data recording, and strengthening staff confidence in culturally responsive practice
• Holstep Health showed that culturally matched facilitators significantly improved engagement, trust and openness, particularly among women, and supported referrals and service linkages within Stepped Care and allied services
Providers progressed workforce capability through staff discussions, leadership engagement, and early operationalisation of culturally informed frameworks and tools, including the piloting of Holstep Health's Cultural Safety Checklist.
Build Sector Capability & Share Learnings
The program generated strong early learnings on CALD access barriers and effective engagement approaches, with providers actively sharing insights internally and externally.
• Access Health and Community increased sector awareness through presentations at regional forums and cross-stream engagement (mental health, AOD, wellbeing), strengthening understanding of culturally responsive practice
• Across providers, learnings were documented around stigma, confidentiality concerns, visa anxiety, low service literacy, and the importance of small, localised, relationship-based engagement.
These insights are informing future resource development, communities of practice, and dissemination activities to support best practice across the EMPHN catchment.

Reduce Stigma through Participatory Theatre
Each (Enliven) successfully established and delivered the co-design phase of participatory theatre workshops with Indian-Australian young people.
• Partnerships were established with MiTheatre, headspace and community organisations.
• Co-design workshops engaged young people with lived experience, clinicians, peer workers and theatre facilitators, resulting in a collaboratively designed theatre model to address mental health stigma
• Evaluation showed 100% of participants believed the co-design process would have an impact, with strong agreement that workshops were engaging, collaborative and welcoming.
Evaluate Impact & Promote Help-Seeking
All providers embedded evaluation mechanisms and reported early positive outcomes.
• Holstep Health reported increased mental health understanding, reduced social isolation, stronger sense of belonging, and increased likelihood of help-seeking among women participating in workshops.
• Access Health and Community demonstrated increasing depth of engagement, with community engagement hours rising by 32% between Q1 and Q2.
• Each embedded a robust evaluation framework for participatory theatre, including structured surveys and lived-experience feedback to inform future delivery

Sustainability and System Impact
Reporting confirms that outcomes are sustainable through:
• Strengthened cultural understanding within services
• Embedded bicultural roles and emerging workforce capability
• Community leadership and demand for continued engagement
• Translated and culturally tailored resources
• Documented learnings informing future commissioning and scale-up

Overall, the combined activities of Access Health and Community, Holstep Health and Each are demonstrably addressing service gaps for CALD communities, aligning with objective three of the PHN Mental Health and Suicide Prevention Activity Schedule, and providing a strong evidence base to support program extension and scaling.

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.

Each (Enliven) successfully established and delivered the co-design phase of participatory theatre workshops with Indian-Australian young people, partnering with MiTheatre, and other community organisations.

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

30/06/2026

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
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current

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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

Yes

Decommissioning details?

Service delivery end date is set for 30/06/2026.

Co-design or co-commissioning comments

N/a

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

No