



Western Queensland Primary Health Network

Primary Mental Health Care 2023/24 – 2024/25 Activity Work Plan

ACTIVITY: MH-H2H - 1 - PMHC-H2HPS-1 (24-25) HEAD2HEALTH PHONE SERVICE

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Mental Health Priority Area 7: Stepped care approach

AIM OF ACTIVITY

To ensure people living in rural and remote, under-serviced, hard to reach regions, with mental health concerns requiring a continuum of care from low intensity to severe to complex services, have access to a telephone-based triage assessment process.

Referral to psychological therapies as part of a GP-led stepped care approach.

Implement the Head to Health Intake and Referral Phone Service Phase 2 - utilising the IAR-DST tool.

Work alongside other PHN's for a coordinated approach around the development of the H2H model, including through the PHN Collaborative.

Maintain access to high quality evidence based mental health services, including self-help digital platforms, targeting people living in rural and remote areas, young people and RACF residents who are at risk of, or living with, a mental health illness.

Integrate Initial Assessment and Referral Training and Support Officer's role to support GPs and Clinicians in the Primary Care Setting using the Stepped Care Model to select the least intensive level of care for the person presenting for Mental Health Treatment.

DESCRIPTION OF ACTIVITY

- undertake the provision of the Head to Health Telephony Service Phase 2, which includes service delivery through a supported Clinical Governance Pathway, ensuring that there is support for people whilst awaiting an appropriate service, that the service delivery meets the key MDS targets and that records are collected in line with good clinical governance pathways
- expand current service delivery to include localised access to the H2H telephony service, including the North-West, Central West and South West regions
- ensure that the IAR training Support Officer provides training and support to the GPs and Clinicians in the use of the IAR tool in providing support through the Stepped Care Model of Care to the patient and that there is a clear pathway for service delivery
- engage with the National 1800 Dashboard to ensure that WQPHN reviews data against the MDS and informs marketing and promotion strategies in conjunction with key stakeholders

Ensure Commissioned Service Provider:

- continues to support existing commissioned service providers to accept referrals utilising electronic referral pathways in conjunction with the IAR-DST tool
- liaises with General Practices, RACFs, as well as social care support agencies, to use agreed referral pathways
- encourages commissioned service providers to promote access to their services, ie increasing awareness of the services' support for help seeking behavior
- investigates and supports the use of telehealth for the delivery of outreach services, including surge responses
- commission endorsed psychological service providers aligning with workforce sustainability measures
- increases access to psychological therapies for the target group
- maintains data collection for the PMHC-MDS complying with data governance standards

- maintains the e-referral pathway so that commissioned stepped care services align with the current WQPHN Stepped Care Model as outlined in the WQ Mental Health, Suicide Prevention and AOD Plan. This is also managed through the WQPHN Practice Support Program, the Healthy Outback Communities (HOC) model and other developing projects, including local strategies and use of the IAR Tool
- considers outcomes-based performance measures; eg PREMS/PROMS
- liaises with General Practices, as well as social care support agencies and education providers to create formal referral pathways

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 04 – Aboriginal and Torres Strait Islander Health	77
Recommendation 08 – Improved access for people with poor access or at risk of poorer health outcomes	81
Recommendation 15 – Digital infrastructure	91
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

Whole population.

Activity Consultation and Collaboration

CONSULTATION

- RHealth
- PHN Collaborative

COLLABORATION

- GPs
- MHSAOD Implementation Plan stakeholders
- Queensland Health, MHAOD Branch and NW, SW and CW HHS
- Commissioned Service Providers
- Social care providers

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

30/06/2025

ACTIVITY: MH - 1 - PMHC-IMH-1 (24-25) NUKAL MURRA SOCIAL AND EMOTIONAL WELLBEING FRAMEWORK

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

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

AIM OF ACTIVITY

To provide a culturally and clinically effective social and emotional wellbeing (SEWB) model of care, acknowledging the Gayaa Dhuwi (Proud Spirit) framework within an integrated stepped care approach for commissioning.

DESCRIPTION OF ACTIVITY

Ensure the Nukal Murra Alliance as the prime contractor:

- engages with the 4 AICCHS and mainstream primary care services across the WQPHN region to ensure a social justice methodology is incorporated into commissioned service delivery
- support the harmonisation of the continuity of care, in the delivery of services to Aboriginal and Torres Strait Islander peoples living with social, emotional or mental wellbeing issues
- influences and supports culturally competent service delivery
- implements culturally appropriate outcomes based performance measures; eg population screening, planned and structured care, recovery support, PREMs/PROMs, and general practice enabled interventions
- supports the adoption of integrated referral pathways through the endorsed web-based e-referral tool

The SEWB Framework will continue as the reference point for the:

- stay Strong Application
- stay Strong e-mental Health Support Program
- better access to mainstream mental health, suicide prevention and AOD services

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 04 – Aboriginal and Torres Strait Islander Health	77
Recommendation 08 – Improved access for people with poor access or at risk of poorer health outcomes	81
Recommendation 15 – Digital infrastructure	91
Recommendation 10 – Building workforce capability and sustainability	86
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

Aboriginal and Torres Strait Islander Peoples at risk of, or living with a social, emotional or mental wellbeing issues.

Activity Consultation and Collaboration

CONSULTATION

- Nukal Murra Alliance Partners - 4 AICCHS - Goondir Health Services; Gidgee Healing; Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health (CWAATSICH); Cunnamulla Aboriginal Corporation for Health (CACH)
- WQ Maranoa Accord (WQHSIC)
- Clinical Chapters
- Consumer Advisory and Clinical Councils
- Mental Health Round Tables
- QMHC
- QNADA
- Local Mental Health Networks
- Regional Indigenous forums, meetings and events
- HHSs - SW, CW, NW

COLLABORATION

Menzies School of Research

- Development and roll out of the foundational element of the Framework - Stay Strong app

Nukal Murra Alliance Partners

CACH, CWAATSICH, Goondir, Gidgee Healing.

- A working group of Alliance partner organisations meets regularly to assist in training, monitoring of output and outcome measures, alignment with stepped care and responding to local access, supply and demand issues

Regional Mental Health Planning Consortia

Other collaborations:

- Local Traditional Owner or cultural representative groups and organisations
- Other PHNs
- Prime Minister and Cabinet
- Queensland Aboriginal and Islander Health Council (QAIHC)
- Beyond Blue (New Access linkage and suicide prevention)
- RHealth (Data Support)

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

30/06/2025



ACTIVITY: MH - 1 - PMHC-H-1 (24-25) MAINTAIN OVERSIGHT OF COMMISSIONED LEAD AGENCY FOR HEADSPACE SITES

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

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

AIM OF ACTIVITY

Maintain access to high quality youth mental health services for the 12-25 year old age group across the 4 core streams of Mental Health, Alcohol and Other Drugs, Social and Vocational, and Physical Health.

DESCRIPTION OF ACTIVITY

Continue to commission lead agencies of headspace Mount Isa (hMI) and headspace Roma (hR), targeting at-risk groups in the 12-25 year old age group.

Collaborate with hNO to ensure headspace lead agencies comply with hMIF to ensure maintenance of Trademark licence.

Ensure lead agencies:

- provide a comprehensive suite of mental health early intervention and management services as a response to the absence of youth specific services for vulnerable young people
- continue to promote the service to at-risk and hard to reach young people through targeted social communication networks
- liaise with General Practices, as well as social care support agencies and education providers to create formal referral pathways
- review access to services for outreach support to neighbouring towns and villages

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 04 – Aboriginal and Torres Strait Islander Health	77
Recommendation 08 – Improved access for people with poor access or at risk of poorer health outcomes	81
Recommendation 15 – Digital infrastructure	91
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Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

12-25 year old age group, including their support networks in Mount Isa and Roma and surrounds.

Activity Consultation and Collaboration

CONSULTATION

- hMI and hR Consortiums
- Clinical Council
- Consumer Advisory Council
- Clinical Chapters
- headspace National Office (hNO)
- Youth Reference Group (YRG)
- Family & Friends Reference Group (FFRG)
- Local Mental Health Inter-agency group
- NWHHS, SWHHS
- Salvation Army (AOD)

COLLABORATION

- headspace National Office (hNO)
- NWHHS, SWHHS
- Salvation Army
- Lives Lived Well
- Private Primary Health Care Providers
- Child & Youth Mental Health Services, Adult Mental Health Services

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

30/06/2025

ACTIVITY: MH - 1 - PMHC-MHF-1 (24-25) PCON-1 PRIME CONTRACTOR - LOW INTENSITY MH SERVICES

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Mental Health Priority Area 1: Low intensity mental health services

AIM OF ACTIVITY

Maintain access to high quality evidence based low intensity services, including self-help digital platforms, targeting people living in rural and remote areas and young people who are at risk of, or living with, mild to moderate mental health illness.

Maintain support service for school counsellors identifying at risk students for early intervention, triage and assessment for referral to appropriate mental health services within the stepped care approach.

DESCRIPTION OF ACTIVITY

Continue to commission under a Prime Contractor arrangement, the facilitated access to approved low intensity services targeting general practices, people living in rural and remote areas and young people.

Ensure Prime Contractor:

- continues to support existing commissioned low intensity service providers to accept referrals utilising electronic referral pathways
- liaises with General Practices as well as social care support agencies, to use agreed referral pathways
- liaise with school counsellors to promote the service to at-risk children and youth through targeted communication networks
- encourages commissioned service providers to promote access to their services; ie increasing awareness of the services' support for help seeking behaviours
- investigates and supports the use of telehealth for the delivery of outreach services
- maintains data collection for the PMHC-MDS complying with data governance standards
- maintains the e-referral pathway so that commissioned stepped care services align with the current WQPHN Stepped Care Model as outlined in the WQ Mental Health, Suicide Prevention and AOD Plan. This is also managed through the WQPHN Practice Support Program, the Health Outback Communities (HoC) model and other developing projects including local strategies and use of the IAR Tool
- considers outcomes based performance measures; eg PREMS/PROMS
- continue to support primary and secondary schools with the triage and assessment process for at-risk young people for appropriate referral to stepped care services
- liaise with school counsellors to promote the service to at-risk children and youth through targeted communication networks
- continues to manage the existing commissioned mental health service providers to accept WiSE referrals utilising electronic referral pathways

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
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Activity Demographics

TARGET POPULATION COHORT

People at risk of, or living with, a mild to moderate mental illness, across the region.

Activity Consultation and Collaboration

CONSULTATION

- Care Governance Committee (Clinical Council)
- Consumer Advisory Committee
- Clinical Chapters
- Beyond Blue
- Young People
- Nukal Murra Alliance
- HHS - SW, CW, NW
- State (Education Qld) & Private Schools
- Orygen
- headspace National Office (hNO) - school support

COLLABORATION

- Beyond Blue - New Access
- Commissioned stepped care service providers
- CBTi
- General Practices
- HHSs - SW, CW, NW
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- State (Education Qld) & Private Schools
- Orygen
- headspace National Office (hNO) - school support

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

30/06/2025



ACTIVITY: MH - 1 - PMHC-IAR-1 (24-25) INITIAL ASSESSMENT REFERRAL

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Mental Health Priority Area 7: Stepped care approach

AIM OF ACTIVITY

Initial Assessment and Referral (IAR) Training and Support Officer commenced and continues to support GPs and Clinicians in the Primary Care Setting using the Stepped Care Model to select the most appropriate level of care for the person presenting for Mental Health Treatment.

DESCRIPTION OF ACTIVITY

Ensure that the IAR training Support Officer provides training and support to the GPs and Clinicians in the use of the IAR tool in providing support through the Stepped Care Model of Care to the patient and that there is a clear pathway for service delivery.

2022-23 carryover funds for this activity have been approved by AGDoHAC to progress the implementation of the innovative WQPHN Healthy Outback Communities (HOC) model of care. The HOC model represents an innovative collaboration between service providers, local governments, funding bodies and WQPHN community members on a highly accessible, equitable and integrated care and support system, which will be tailored to the communities of WQPHN. HOC is focused on proactive healthcare and wellness, facilitated through building local community capacity and the development of community and individual Wellbeing Plans. The model's implementation is supported by the HOC Alliance, which is a peak body of Western Queensland health and community care stakeholders. HOC will enhance communication with community members through a dedicated workforce for engagement, service navigation and access, the implementation of personal and community Wellbeing Plans, and the advocacy and improved coordination of increased targeted health and wellbeing supports and services. Mental health aspects will be picked up under the HOC initiative.

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
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Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

People at risk of, or living with, a mild to moderate mental illness, across the region.

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

30/06/2025



ACTIVITY: MH - 2 - PMHC-MHF-2 (24-25) PCON-2 PRIME CONTRACTOR - LOW INTENSITY MH SERVICES FOR RACHS

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Mental Health Priority Area 1: Low intensity mental health services

AIM OF ACTIVITY

Maintain access to high quality evidence based low intensity services, including self-help digital platforms, targeting RACH residents in rural and remote areas, who are at risk of, or living with, mild to moderate mental health illness.

DESCRIPTION OF ACTIVITY

Continue to commission under a Prime Contractor arrangement, the facilitated access to approved low intensity services targeting RACH residents.

Ensure Prime Contractor:

- continues to support existing commissioned low intensity service providers to accept referrals utilising electronic referral pathways
- liaises with General Practices, RACHs, as well as social care support agencies, to use agreed referral pathways
- encourages commissioned service providers to promote access to their services; ie increasing awareness of the services' support for help seeking behaviours
- investigates and supports the use of telehealth for the delivery of outreach services
- maintains data collection for the PMHC-MDS complying with data governance standards
- maintains the e-referral pathway so that commissioned stepped care services align with the current WQPHN Stepped Care Model as outlined in the WQ Mental Health, Suicide Prevention and AOD Plan. This is also managed through the WQPHN Practice

Support Program, the Health Outback Communities (HOC) model and other developing projects, including local strategies and use of the IAR Tool:

- considers outcomes based performance measures; eg PREMS/PROMS
- liaises with General Practices, as well as social care support agencies and education providers to create formal referral pathways

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 04 – Aboriginal and Torres Strait Islander Health	77
Recommendation 08 – Improved access for people with poor access or at risk of poorer health outcomes	81
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Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

People at risk of, or living with, a mild to moderate mental illness, across the region - targeting residents of RACHs.

Activity Consultation and Collaboration

CONSULTATION

- Clinical Council - WQPHN's Care Governance Committee
- Consumer Advisory Committee
- Clinical Chapters
- Beyond Blue
- Nukal Murra Alliance
- HHS - SW, CW, NW

COLLABORATION

- Beyond Blue
- Commissioned stepped care service providers
- CBTi
- General Practices
- HHSs - SW, CW, NW
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- RACHs

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

30/06/2025

ACTIVITY: MH - 3 - PMHC-MHF-3 (24-25) PCON-3 PRIME CONTRACTOR - PSYCHOLOGICAL THERAPY SERVICES

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

AIM OF ACTIVITY

To ensure people living in rural and remote, under-serviced, hard to reach regions, with a diagnosed mental illness, have access to psychological therapies as part of a GP-led stepped care approach.

DESCRIPTION OF ACTIVITY

Continue to commission under a Prime Contractor arrangement, the facilitated access to psychological therapy service to people living in rural and remote areas.

Ensure Prime Contractor:

- commissions endorsed psychological service providers aligning with workforce sustainability measures
- liaises with General Practices, RACHs, as well as social care support agencies, to use agreed referral pathways
- encourages commissioned service providers to promote access to their services; ie increasing awareness of the services' support for help seeking behaviours
- investigates and supports the use of telehealth for the delivery of outreach services
- increases access to psychological therapies for the target group
- maintains data collection for the PMHC-MDS complying with data governance standards
- maintains the e-referral pathway so that commissioned stepped care services align with the current WQPHN Stepped Care Model as outlined in the WQ Mental Health, Suicide Prevention and AOD Plan. This is also managed through the WQPHN Practice Support Program, the Health Outback Communities (HoC) model and other developing projects including local strategies and use of the IAR Tool
- considers outcomes based performance measures; eg PREMS/PROMS

2022-23 carryover funds for this activity have been approved by AGDoHAC to progress the implementation of the innovative WQPHN Healthy Outback Communities (HOC) model of care. The HOC model represents an innovative collaboration between service providers, local governments, funding bodies and WQPHN community members on a highly accessible, equitable and integrated care and support system, which will be tailored to the communities of WQPHN. HOC is focused on proactive healthcare and wellness, facilitated through building local community capacity and the development of community and individual Wellbeing Plans. The model's implementation is supported by the HOC Alliance, which is a peak body of Western Queensland health and community care stakeholders. HOC will enhance communication with community members through a dedicated workforce for engagement, service navigation and access, the implementation of personal and community Wellbeing Plans, and the advocacy and improved coordination of increased targeted health and wellbeing supports and services. Mental health aspects will be picked up under the HOC initiative.

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 04 – Aboriginal and Torres Strait Islander Health	77
Recommendation 08 – Improved access for people with poor access or at risk of poorer health outcomes	81
Recommendation 15 – Digital infrastructure	91
Recommendation 10 – Building workforce capability and sustainability	86
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

People at risk of, or living with, a mild to moderate mental illness, across the region.

Activity Consultation and Collaboration

CONSULTATION

- Care Governance Committee (Clinical Council)
- Consumer Advisory Committee
- Clinical Chapters
- Nukal Murra Alliance
- HHS - SW, CW, NW

COLLABORATION

- Commissioned stepped care service providers
- CBTi
- General Practices
- HHSs - SW, CW, NW
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

30/06/2025



ACTIVITY: MH - 4 - PMHC-MHF-4 (24-25) COORDINATED CARE FOR PEOPLE WITH SEVERE AND COMPLEX MENTAL ILLNESS

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Mental Health Priority Area 4: Mental health services for people with severe and complex mental illness including care packages

AIM OF ACTIVITY

To ensure that people at risk of, or living with a severe or complex mental illness have access to planned and structured GP-led primary care, aimed at supporting access to therapeutic support, improved self-management, lower use of psycho-tropic medication and less crisis interventions including hospitalisation.

DESCRIPTION OF ACTIVITY

Support a practice-based commissioning approach with General Practice Networks of WQ to enhance care coordination for patients through dedicated workforce to enhance and support care coordination, active surveillance and review, and linkage to team care support across care domains.

Collaboration with local HHS mental health services to improve systemic stepped care referrals between primary and tertiary services.

Ensure credentialled mental health nurse, RNs, Cert IV or social worker equivalent trained coordinators:

- target people at risk of, or living with severe or complex mental illness
- maintains the e-referral pathway so that commissioned stepped care services align with the current WQPHN Stepped Care Model as outlined in the WQ Mental Health, Suicide Prevention and AOD Plan. This is also managed through the WQPHN Practice Support Program, the Health Outback Communities (HOC) model and other developing projects, including local strategies and use of the IAR Tool
- improve the transition between tertiary and primary care
- maintains data collection for the PMHC-MDS complying with data governance standards
- support GPs to link with community based recovery oriented services to support improved physical and mental health, decreased hospital admissions and minimised crisis interventions

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 04 – Aboriginal and Torres Strait Islander Health	77
Recommendation 08 – Improved access for people with poor access or at risk of poorer health outcomes	81
Recommendation 15 – Digital infrastructure	91
Recommendation 10 – Building workforce capability and sustainability	86
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

Rural and remote people living with a diagnosed severe and complex mental illness.

Activity Consultation and Collaboration

CONSULTATION

- Clinical Chapters
- Clinical Council
- Consumer Advisory Council
- Regional Mental Health Round Tables
- Nukal Murra Alliance
- HHS - SW, CW, NW

COLLABORATION

- General Practice
- Commissioned stepped care service providers
- Nukal Murra Alliance
- HHS - SW, CW, NW

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

30/06/2025



ACTIVITY: MH - 5 - PMHC-MHF-5 (23-24) TARGETED REGIONAL INITIATIVES FOR SUICIDE PREVENTION INCLUDING COMMUNITY BASED

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Mental Health Priority Area 5: Community based suicide prevention activities

AIM OF ACTIVITY

To strengthen suicide prevention regional planning and to address gaps in services in seeking to reduce the incidence and impact of suicidality.

DESCRIPTION OF ACTIVITY

WQPHN will engage a Suicide Prevention Coordinator who will:

- oversee the development of a targeted regional suicide prevention implementation plan that guides the approach to suicide prevention community engagement, governance, and commissioning, and is in line with the Five-Year Plan (2021 – 2026) to Improve Mental Health, Suicide Prevention and Alcohol and other Drug Treatment Services in Western Queensland (“the Five-year Plan”)
- support and oversight the commissioning of new or adapted suicide prevention services and other activities for vulnerable populations in remote Western Queensland across the suicide prevention to recovery continuum
- build Suicide Prevention Networks, and the capacity and capability of communities and local workforce to effectively prevent suicide and respond to suicide attempts and bereavement
- development of Suicide Prevention Framework(s) contextualised for diverse remote environments
- specifically, improve care coordination and service pathways for those at greater risk of suicide or who have attempted
- engage, explore and develop/adopt mechanisms to build capacity and sustainably integrate those with a lived experience (and peers) of suicide prevention and bereavement who live in small remote communities in future activities
- specifically support the implementation and co-design of community-based and recovery-focused universal aftercare
- develop mechanisms and protocols to allow for timely access and sharing of available data sets, and to use such data to identify measures of suicide prevalence, trends and risk to inform decision making/planning for integrated and targeted regional suicide prevention supports and services (as per the Five-year Plan)
- engage with Commonwealth and State Governments, other PHN, NGO's and community partners to support integration of suicide prevention initiatives; including the implementation and co-design of universal aftercare, integration of the future NACCHO Culture Care Connect Program, and relevant Communities of Practice

2022-23 carryover funds for this activity have been approved by AGDoHAC to progress the implementation of the innovative WQPHN Healthy Outback Communities (HOC) model of care. The HOC model represents an innovative collaboration between service providers, local governments, funding bodies and WQPHN community members on a highly accessible, equitable and integrated care and support system, which will be tailored to the communities of WQPHN. HOC is focused on proactive healthcare and wellness, facilitated through building local community capacity and the development of community and individual Wellbeing Plans. The model's implementation is supported by the HOC Alliance, which is a peak body of Western Queensland health and community care stakeholders. HOC will enhance communication with community members through a dedicated workforce for engagement, service navigation and access, the implementation of personal and community Wellbeing Plans, and the advocacy and improved coordination of increased targeted health and wellbeing supports and services. Mental health aspects will be picked up under the HOC initiative.

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 09 – Leadership	85
Recommendation 13 – Broader primary health care	86
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 06 – Empowering individuals, families, carers and communities	76
Recommendation 07 – Comprehensive preventive care	76

Activity Demographics

TARGET POPULATION COHORT

Individuals, families, or population cohorts in remote Western Queensland at greater risk or vulnerability to suicide/suicidal distress and/or mental health or psychosocial concerns.

Activity Consultation and Collaboration

CONSULTATION

- Local Mental Health Inter-agency group
- NWHHS, CWHHS, SWHHS, Qld Health
- Local QAS and QPS
- Regional Mental Health Round Tables
- Commissioned Service Providers for Mental Health
- Mental Health Consortia
- Care Governance Committee (Clinical Council)
- Consumer Advisory Committee
- Clinical Chapters
- Nukal Murra Alliance – partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- QMHC
- QAMH
- BeyondBlue
- Black Dog Institute
- QAIHC/NACCHO
- Regional Suicide Prevention Networks (where these exist)
- MHLEEN
- Commissioned and non-Commissioned services Mental Health/Suicide Prevention and Alcohol and other Drug Roundtables
- Suicide Prevention Australia
- Mornington Island Health Council

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

30/06/2025

