Western Queensland Primary Health Network

Primary Mental Health Care

2025/26 – 2028/29 Activity Work Plan

phn
WESTERN QUEENSLAND

An Australian Government Initiative

ACTIVITY: MH-H2H - 1 - PMHC-H2HPS-1 (26-27) MEDICARE MENTAL HEALTH 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 and referral process utilising the embedded IAR DST tool through the Medicare Mental Health Phone Service. Work alongside other PHN's for a coordinated approach around the development of the Medicare Mental Health model, including through the PHN Collaborative.

DESCRIPTION OF ACTIVITY

- undertake the provision of the Medicare Mental Health Telephony Service Phase 2, which includes service delivery through a supported Clinical Governance Pathway, ensuring that there is support for people whilst waiting for an appropriate service, that the service delivery meets the key MDS targets and that records are collected in line with good clinical governance pathways.
- ensure service delivery includes localised access to the Medicare Mental Health telephony service, including the North-West, Central West and South West regions.
- ensure that GPs and clinicians remain aware of, and have ongoing access to, training and support in using the IAR tool to support individuals through the Stepped Care Model of Care, and that a clear service delivery pathway is in place.
- 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 individuals have clear and timely access to the recently established National Check In service, which provides low intensity guided and self-guided mental health support.

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
- promotes access to recently established National Check In service, as an option for Low Intensity mental health services
- 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, i.e. increasing awareness of the services' support for help seeking behaviour
- 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.)
- complies with indicated outcomes-based performance measures, e.g. 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 JRHNA 2025-2026

PRIORITIES

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Mental health	11
Digital health	10
Aboriginal and Torres Strait Islander	10
Systems Issues	15
Workforce	15
Health literacy	11
Coordination, Integration and Continuity of Care	9

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
- Check In phone service (St Vincents)
- Commissioned Service Providers
- Social care providers
- Local Government Areas (Councils)
- headspace
- Medicare Mental Health Hub Mount Isa

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2025

ACTIVITY END DATE

30/06/2027

ACTIVITY: MH - 1 - PMHC-H-1 (26-27) 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 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 across all communities

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

PRIORITIES

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Young people	16
Health literacy	11

Activity Demographics

TARGET POPULATION COHORT

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

Activity Consultation and Collaboration

CONSULTATION

- hMI and hR Consortiums
- Clinical Council (known as the Care Governance Committee)
- Consumer Advisory Council
- 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
- Private Primary Health Care Providers
- Child & Youth Mental Health Services, Adult Mental Health Services
- Medicare Mental Health Centre Mount Isa

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

30/06/2028

ACTIVITY: MH - 1 - PMHC-MHF-1 (26-27) 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

WQPHN will transition low intensity mental health services from the current Prime Contractor arrangement to direct contracting over the July–December 2026 period. A transition plan will be developed and implemented in partnership with the current provider to manage the changeover, with no material impact anticipated to budget, workforce or service KPIs. This shift will enable close alignment with WQPHN's commissioning approach and outcomes framework while maintaining service continuity.

Continue to commission under a Prime Contractor arrangement, the facilitated access to approved low intensity services targeting general practices, community service providers, 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, i.e. 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 e.g. 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 JRHNA 2025-2026

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People from LGBTIQ+ Communities	13
Aboriginal and Torres Strait Islander	10
Workforce	15
Young people	16
Health literacy	11
Coordination, Integration and Continuity of Care	9

Activity Demographics

TARGET POPULATION COHORT

1People 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
- Young People
- Nukal Murra Alliance
- HHS - SW, CW, NW
- State (Education Qld) & Private Schools
- Orygen Youth Health
- headspace National Office (hNO) - school support

COLLABORATION

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

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

30/06/2029

ACTIVITY: MH - 1 - PMHC-MHF-2 (26-27) 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, e.g. 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 JRHNA 2025-2026

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Preventive Healthcare	14
Primary Care	14
Ageing	7

Priority	Page Reference
Aboriginal and Torres Strait Islander	10
Systems Issues	15
Workforce	15
Coordination, Integration and Continuity of Care	9

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
- Local Mental Health Networks
- 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; Ngarnal; Goondir & Gidgee Healing)
- RACHs

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2021

ACTIVITY END DATE

30/06/2027

ACTIVITY: MH - 1 - PMHC-IMH-1 (26-27) 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 5 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, e.g. 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, including planned enhancement to include AOD content
- Stay Strong e-mental Health Support Program
- better access to mainstream mental health, suicide prevention and AOD services

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

PRIORITIES

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Primary Care	14
Aboriginal and Torres Strait Islander	10
Substance Use	15
Workforce	15
Coordination, Integration and Continuity of Care	9

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 - 5 AICCHS - Goondir Health Services; Gidgee Healing; Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health (CWAATSICH); Cunnamulla Aboriginal Corporation for Health (CACH), Ngarnal
- WQ Maranoa Accord (WQHSIC)
- Consumer Advisory and Clinical (Care Governance) Committees
- 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 - Stay Strong app

Nukal Murra Alliance Partners - CACH, CWAATSICH, Ngarnal, 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

30/06/2028

ACTIVITY: MH - 3 - PMHC-MHF-3 (26-27) 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 accredited 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, i.e. increasing awareness of the services' support for help seeking behaviours
- investigates and supports the use of telehealth for the delivery of outreach services
- demonstrate strategies to increase 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, e.g. PREMS/PROMS

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

PRIORITIES

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People Experiencing Homelessness	13
People from Multi-Cultural Communities	13
People from LGBTIQ+ Communities	13
Aboriginal and Torres Strait Islander	10

Priority	Page Reference
Systems Issues	15
Workforce	15
Health literacy	11
Coordination, Integration and Continuity of Care	9

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
- Nukal Murra Alliance
- HHS - SW, CW, NW
- Community Service Providers

COLLABORATION

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

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

30/06/2029

ACTIVITY: MH - 4 - PMHC-MHF-4 (26-27) 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 people at risk of, or living with, severe or complex mental illness have access to planned, structured and person-centred GP-led primary care that supports therapeutic engagement, strengthens self-management, and promotes earlier intervention to reduce crisis presentations and avoidable hospitalisation.

DESCRIPTION OF ACTIVITY

Support a practice-based commissioning approach with General Practice Networks of WQPHN region 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 stepped care referrals between primary and tertiary services, to ensure people receive timely appropriate care and support.

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
- maintain the e-referral pathway so that commissioned stepped care services align with the current WQPHN Stepped Care Model as outlined in the WQPHN Mental Health, Suicide Prevention and AOD Plan - this alignment is also supported 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
- maintain 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
- lead the coordination of comprehensive care plans, adopting a holistic, wraparound service model and facilitating appropriate referrals to external programs, including the Commonwealth Psychosocial Support Program

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

PRIORITIES

Priority	Page Reference
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Digital health	10
Preventive Healthcare	14
Primary Care	14
Aboriginal and Torres Strait Islander	10
Substance Use	15
Systems Issues	15
Workforce	15
Young people	16
Health literacy	11
Coordination, Integration and Continuity of Care	9

Activity Demographics

TARGET POPULATION COHORT

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

Activity Consultation and Collaboration

CONSULTATION

- Clinical Council (known as the Care Governance Committee)
- Consumer Advisory Committee
- Local Mental Health Networks
- Nukal Murra Alliance
- HHS - SW, CW, NW
- Severe and Complex Coordinators - Community of Practice

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

30/06/2029