Gold Coast - Primary Mental Health Care
2025/26 - 2028/29
Activity Summary View

MH-H2H - 1 - Medicare Mental Health Phone Line

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-H2H

Activity Number *

1

Activity Title *

Medicare Mental Health Phone Line

Existing, Modified or New Activity *

Existing

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 service is to enhance service access for people with mental health needs in the community so that they can access the right support at the right time to meet their health and social support needs.

This service will provide a central intake and assessment phone service that promotes consistent triage, and enables warm transfer and referral to the most appropriate services, including Medicare Mental Health centres and satellites, and other appropriate regional health services.

Description of Activity *

The Medicare Mental Health phone service will:
- Implement a team of clinicians with expertise across mental health, alcohol and other drugs (AOD) and physical health.
- Implement a centralised intake and assessment phone service, where the assessment is conducted by a mental health clinician.
- Undertake brief review of client need/s to identify if urgent support is required.
- Undertake biopsychosocial assessment of client need/s using the Initial Assessment and Referral (IAR) decisional support tool.
- Determine level of service required by a client based on need/s, and refer the client onward for service/s as required.
- Develop and provide information for individuals, families, friends and carers on locally available mental health, AOD and suicide prevention services, and related social support services.
- Provide support and advice for families, friends and carers and acknowledge their social and emotional support needs.
- Provide service navigation for clients with ongoing service needs, supporting clear and seamless pathways, including access to digital self-help services, and providing a point of contact and follow-up.
- Work collaboratively with other service providers in the region to allow smooth transfer to other available local PHN-commissioned, jurisdictional, non-government organisation (NGO) or private services, including those offered on a fee-for-service basis.
- Develop guidelines or procedures with involved regional agencies (including local acute mental health service) to support high quality, effective and efficient service access and referral pathways for clients.-Develop and implement a communication and marketing plan in partnership with GCPHN to increase awareness of the Medicare Mental Health Phone Line.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Increasing acute demand requires improvement in early intervention, prevention and community support for mental health.	221
Care coordination and information sharing among mental health, AOD, and suicide prevention services are often inefficient in particular transitions from acute or inpatient care to community services.	221
Inefficient system navigation leads to delayed connection of patients with suitable mental health, AOD and suicide prevention services.	221

Activity Demographics

Target Population Cohort

People with, or at risk of, mental illness

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

GCPHN will engage broadly with the whole sector as part of this activity. All activities in each priority area, including the work of the Joint Regional Plan, have supported the work in the stepped care activity.

GCPHN maintains regular contact with all commissioned providers and Health and Hospital Services (HHS) colleagues as well as drawing on the specialist advice of a range of community members for specific activities. The Joint Regional Plan Strategic Oversight Committee and associated Partnership Groups will be consulted in the implementation and ongoing review of this service.

Collaboration

- Consumers: co-design, implementation, monitoring, evaluation
- Non-government organisations: co-design, implementation, monitoring, evaluation
- Mental health and AOD Multidisciplinary Advisory Group: co-design, implementation, evaluation
- Hospital and Health Service: co-design, implementation, evaluation
- Primary Care Providers: co-design, implementation, evaluation
- Child and Youth Service Providers: co-design, implementation, evaluation
- Indigenous Health Services: co-design, implementation, evaluation.

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2026

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

July 2022 – ongoing
• Adaptation of the current PCCS service model to include key additional elements within the service model (e.g. after hours).
• Implementation of required telephone routing and messaging
• Increase in workforce/FTE as demand and funding allows
• Ongoing:

- Capture of enquiry/referral data including electronic referrals from GPs and clinicians
- Secure messaging to regional service providers
- Required reporting/KPIs
- Collation and reporting of IAR level of care and rate of referrals responded to within one working day.
- Change management (communication and operational) to support adoption of the national Phone Line number by the community.
- Development and implementation of a service mapping resource/reference tool across mental health services in Gold Coast region.
- Exploration of opportunities for integration with Queensland Health's 1300 MH CALL (MH Call), including data sharing and joint activities for communications and annual planning.

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

As outlined above, this service was redesigned to align with the national service model with an existing GCPHN commissioned provider who was already delivering a similar service in Gold Coast region. Key elements included in the redesign in 2022-2023 included:

• Adaptation of the existing PCCS service model to include key elements within the national Medicare Mental Health Phone Service model (e.g., hours of operation to include after hours).
• Scoping, development and implementation of an IT system which has the decision support tool integrated and has functionality to support:
o capture of enquiry/referral data
o electronic referrals from GPs and clinicians
o secure messaging to regional service providers

o required reporting/KPIs
• Change management (communication and operational) to support adoption of the national Head to Health Phone Line number by the community.
• Development and implementation of a service mapping resource/reference tool across mental health services in Gold Coast region.

MH - 1 - MH1 - Low Intensity Services

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1

Activity Title *

MH1 - Low Intensity Services

Existing, Modified or New Activity *

Modified

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 *

This activity aims to improve targeting of evidence based low intensity psychological interventions to support people who are at risk of mild mental illness through the development and/or commissioning of low intensity mental health services.

Description of Activity *

The following activities will be undertaken:
• Commissioning of a structured psychological individual program for people with or at risk of mild mental illness focusing on enhancing service access to vulnerable consumer cohorts, consumer outcomes and value for money of the service.
• Priority needs identified for service delivery in this program are: family/carers of people with mental health/AOD concerns and older people experiencing grief/loss, social isolation and/or loneliness.
• Development and implementation of a communication and marketing plan to increase awareness of Low Intensity services, inclusive of e-Mental Health services, and direct service delivery (New Access) to General Practitioners, service providers and community members (linked to Priority Area 7 – Stepped Care).
• Continue to build a robust partnership between the Medicare Mental Health Phone Line to support identification and engagement of appropriate referrals with Low Intensity services (linked to Priority Area 7 – Stepped Care).
• Increased access to low intensity services for people experiencing mild mental health issues.
• Increased awareness of e-Mental Health programs by services and the community.
• Improved health, wellbeing and resilience amongst people and communities on the Gold Coast

• Appropriate recording and uploading of PMHC-MDS data to the national portal.

This activity is in scope for PMHC MDS data collection. Data collected includes client demographics, intake, episode, service contact and outcomes data (K10+ or K5, as appropriate). Where applicable, IAR DST data and intake or episode tags may be used to support stepped care reporting and identification of service models or cohorts. PMHC MDS extensions are not relevant for this activity. Data will be entered and maintained in the provider's client management system and submitted to the national PMHC MDS portal using PMHC MDS upload templates or direct data entry (as applicable) within required reporting timeframes.

In 2024-2025 and 2025-26 GCPHN will focus on:
• Continue commissioning of low intensity services from existing provider that aligns with local stepped care needs for low intensity services.
• Annual Quality Improvement Plan with the Provider to enhance KPIs for client numbers and service contacts.
Develop and implement a communication plan to provide awareness and understanding of the e-Mental Health programs aligned with Low Intensity service delivery.
• Maintaining a stable and well utilised low intensity program that is embedded with the current Provider in the stepped care continuum.
• Defining a new model of care (ready for implementation when the Beyond Blue model of care ceases from 2026/27FY)
• Referral pathway development utilising the Medicare Mental Health Phone Line.

In 2026-27 GCPHN will focus on:
• Implementation of a new service model with priority access to identified priority cohorts in the community – family and carers and older people
• Marketing and promotion to increase awareness and understanding of the service.
• Exploration in how this service could link with and/or deliver services that enhance both the mental and physical health outcomes for consumers.
• Ongoing referral pathway development utilising the Medicare Mental Health Phone Line.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Increasing acute demand requires improvement in early intervention, prevention and community support for mental health.	221

Activity Demographics

Target Population Cohort

People with or at risk of mild mental illness in the Gold Coast region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Whitehorse - East	21104
Monash	21205
Manningham - West	20702
Knox	21101
Yarra Ranges	21105
Manningham - East	21102
Nillumbik - Kinglake	20903
Whittlesea - Wallan	20904
Maroondah	21103
Boroondara	20701
Banyule	20901
Whitehorse - West	20703

Activity Consultation and Collaboration

Consultation

Consultation to inform and identify priority cohorts has been undertaken with regional services providers and Gold Coast Hospital (GCH). Identified priority cohorts of family/carers and older people is supported by GCH as these cohorts are increasingly attending hospital ED for support despite their needs being of a low intensity mental health nature.

As part of the Joint Regional Plan, consultation to prioritise opportunities and actions has been ongoing with a broad range of stakeholders including Gold Coast Health, Gold Coast alcohol and other drug (AOD) and mental health service providers, primary care providers, consumers, lived experience representatives, carers, and family members. To assist in determining what changes may be required for the activities funded, the needs and opportunities identified through the Joint Regional Planning process will be considered.

Continuous quality improvement will be a focus with the established Medicare Mental Health Phone Line to ensure referral pathways and engagement with General Practice is effective.

It is important that the review of the activity occurs in partnership with not only the Joint Regional Plan, but also includes referrers and other Primary Health Networks to help inform the service delivery model going forward.

Collaboration

The stakeholders that will be involved in implementing the activity and their roles are as follows:

1. Primary Care providers - Referrals, feedback, and partners in client care.
2. Mental health service providers - Referral between services, cross promotion of activity.

3. Crisis support services / Gold Coast Health (MH Call 24/7 number) – Referrals, linkages to services.
4. Medicare Mental Health Phone Line service provider and eMHPrac - Referral into complementary online treatment programs.
5. Community and social groups and support - Referral and liaison.
6. GCPHN Primary Health Care Improvement Committee, Clinical Council, Consumer Advisory Council, Joint Regional Plan Governance - Advice, consultation, codesign and linkages to primary care and clinical services.
7. Queensland Primary Health Networks (PHNs) - Partnerships with Queensland PHNs to maximise investment opportunities and economies of scale for workforce development opportunities, quality improvement opportunities with providers, primary care improvement strategies.
8. North East Melbourne PHN – Lead in implementation and management of national phone line call routing.
9. Gold Coast Hospital – data analysis and feedback on priority cohorts for service delivery

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Activity Milestone Details/Duration

Activity Start Date

30/06/2020

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2020

Service Delivery End Date

30/06/2027

Other Relevant Milestones

July 2020 - New Service providers (New Access) commence provision of Service.
July 2020 – Dec 2020 - Review the Low Intensity Program
February 2021 - Board Approval of the Low Intensity Commissioning Plan 2021/22
June 2021 - Procurement Plan approval to continue to fund the existing low intensity service provider for 2021/22. Review of service performance by youth mental health low intensity service - recommendation was made to decommission this service due to lack of performance.
July 2021 - June 2022 - Low Intensity program commissioned. Commissioned services delivered from 2021-2022
June 2022 - Procurement Plan approval to continue to fund the existing provider at the same level for 2022/23
July 2022 - June 2023 - Low Intensity program commissioned for 2022-2023
July 2023 - June 2024 - Low Intensity program commissioned for 2023-2024
July 2024 – June 2025 - Review of Low Intensity funding allocation based on regional need and service availability, including new services planned for implementation in the region.
July 2025 – June 2026 - Review of Low Intensity funding allocation based on regional need and service availability, including new services planned for implementation in the region.
April/May 2026 – Review and endorsement of new low intensity MH service model; identification of priority cohorts for service delivery in 2026/27FY
Jul 2026 – June 2027 – Establishment and implementation of a new low intensity mental health service model

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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?

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 - 2 - MH2 - Child and Youth Mental Health Services

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2

Activity Title *

MH2 - Child and Youth Mental Health Services

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 *

This activity aims to support region-specific, cross sectoral approaches to early intervention for children and/or young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care).

The activities aim to increase overall community access to evidence-based early intervention to reduce the prevalence and impact of mental illness for the child and youth population, and includes the following services and activities:
- Gold Coast Youth Severe (12 – 18 years)
- Gold Coast Youth Severe (18-25 years)

Description of Activity *

o Gold Coast Youth Severe (12 – 18 years)
Commission the provision of youth severe and complex services, targeting 12 – 18-year-olds. Increase and enhance assertive outreach service delivery to ensure services are provided to young people that are hard to reach and are not engaged with the service system. Consolidated clinical care coordination services will be provided alongside therapeutic treatment.

Gold Coast Youth Severe (18-25 years)
Commission services to support youth with severe and complex service needs via a place-based and outreach service targeting 18 – 25-year-olds. Consolidated clinical care coordination services will be provided alongside therapeutic treatment. This activity is a

component of the service delivery outlined in Priority Area 4 – Severe and Complex. Refer to Activity MH-4 Services for people with severe and complex mental illness for details.

The above activities and any new activities will be aligned to the outputs from the Gold Coast Joint Regional Plan implementation.

The expected results are:
• Ongoing service support to youth experiencing severe and complex mental health concerns.
• Linkage of youth into services that provide ongoing service supports where required
• Improved health, wellbeing and resilience amongst youth with severe and complex needs on the Gold Coast
• Exploration in how this service could link with and/or deliver services that enhance both the mental and physical health outcomes for consumers.
• Appropriate recording and uploading of PMHC-MDS data to the national portal.

This activity is in scope for PMHC MDS data collection. Core client, intake, episode and service contact data are collected, along with youth appropriate outcome measures (K10+ and SDQ where applicable). Where applicable, needs identification data and episode tags may be used to support needs based planning and youth cohort reporting. Data will be entered and maintained in the provider's client management system and submitted to the national PMHC MDS portal using PMHC MDS upload templates or direct data entry (as applicable) within required reporting timeframes.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Higher rates of mental ill health and mental health related ED presentations among people experiencing homelessness.	102
Stigma and shame associated with mental health, suicidality and AOD issues.	221
Increasing acute demand requires improvement in early intervention, prevention and community support for mental health.	221
Poorer mental health outcomes and higher suicidality for LGBTIQAP+ people.	221
Growing demand for psychological therapies.	221
Inefficient system navigation leads to delayed connection of patients with suitable mental health, AOD and suicide prevention services.	221

Activity Demographics

Target Population Cohort

Children and young people aged 12-25 with, or at risk of mental illness across all the activities listed above

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Beaudesert	31101
Gold Coast Hinterland	30904
Southport	30909
Surfers Paradise	30910
Ormeau - Oxenford	30907
Robina	30908
Mudgeeraba - Tallebudgera	30905
Nerang	30906
Coolangatta	30902
Gold Coast - North	30903
Broadbeach - Burleigh	30901

Activity Consultation and Collaboration

Consultation

As services have been commissioned, consultation will focus on the service provider, lead agency, referrers, and clients to inform future service delivery.

Collaboration

The stakeholders that will be involved in implementing the activities, with their roles as follows:

1. Brisbane South PHN - joint commissioners headspace early psychosis
2. Lives Lived Well and Stride - Lead Agencies – headspace early psychosis
3. Headspace National
4. Orygen - Expert advice, procurement panel representation
5. Primary Care providers - Referrals and partners in client care
6. Mental health service providers - Referral between services, cross promotion of activity, shared care arrangements
7. Youth service providers, including schools, Department of Child Safety, Department of Education, NGOs - Referrals and partners in improving service integration, regional planning
8. Gold Coast Health, Child and Youth Services - Partner in client care and regional integration and service planning
9. Queensland Health - Partner and commissioner of services.

Activity Milestone Details/Duration

Activity Start Date

30/06/2020

Activity End Date

29/06/2027

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Service review and redesign commenced in January 2021 and was completed in June 2021. This process supported the following outcomes:

- Service modification to increase access and throughput of young people to meet annual targets
- Review or referral pathways and tenure of care for young people accessing the program
- Workforce development
- Ongoing monitoring and review of service integration, access, and throughput against annual targets

Service Review completed in 2022 (in conjunction with Orygen) determined that the existing service was not viable given the level of investment, so it was agreed that the overall funding for this Service would be increased by [funding amount redacted]. This increase in funding has supported increase in numbers of clients supported and attracting higher skilled workers to the service. Service Review also informed slight changes to service model to enhance service options for consumers whilst also improving consumer throughput in the service.

Active review and reporting of activity performance and outcomes will continue for this service, ensuring that the workforce is maintained and strengthened where able, consumer access to the services are maximised and the services continue to improve in ensuring consumers are achieving positive outcomes from participating in the service. Clinical care coordination will be an increasing focus of the service in 26/27FY, ensuring that consumers are supported to link and access service support for ongoing long term service needs.

Review of Child and Youth mental health funding allocation is planned for 2026-27 considering regional need and service availability, including new services planned for implementation in the region including Medicare Mental Health Centre and new First Nations services funded by State government.

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?

Yes

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

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

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

Yes

MH - 3 - MH3 - Psychological Services for hard to reach groups

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3

Activity Title *

MH3 - Psychological Services for hard to reach groups

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 *

This service aims to address service gaps in the provision of psychological therapies for people in under-serviced and/or hard to reach populations, making optimal use of the available service infrastructure and workforce through:

- Ensuring referral pathways are in place to enable and support patients to seamlessly transition between services as their needs change.
- Ensuring most efficient use of resources
- Ensuring high level of service quality
- Ensuring mental health services are offered to people in times of situational distress

Description of Activity *

GCPHN will commission the following services, ensuring that they deliver service supports to identified cohorts with priority needs:
• Wesley Mission QLD (WMQ): adults experiencing distress – people at risk of homelessness, LGBTIQAP+, CALD, First Nations. Nature of services: individual therapeutic treatment and therapeutic group support
• Institute of Urban Indigenous Health (IUIH): First Nations Children in Out of Home Care service delivery subcontracted to a local AMS (Kalwun). Nature of services: individual therapeutic treatment with Social and Emotional Wellbeing (SEWB) focus, family therapy and support (individual and groups)
• Virtual Psychology: Priority cohorts: adults including - males, CALD, First Nations people, people identified by QLD Police Service.

Nature of service: individual psychological therapeutic support that is delivered as 100% digital service, safety planning.

In 2023/24 GCPHN activity focused on:
• Ongoing establishment of the new psychological service model (called Supporting Minds).
• Continuing marketing and promotion of the new Supporting Minds services.
• Continuing change management of the regional service system to support new referral pathways into the Supporting Minds services.
• Reviewing performance and reporting criteria for the new Supporting Minds Services to ensure the services were growing and evolving as planned and achieving key service and consumer outcomes over time.
• Supporting the transition of participants in the LGBTIQAP+ Safe Space Café trial into alternative services.
• Performance data and monitoring – ensuring all Providers understood their contract KPI's and how their data management system fed into these KPIs.
Quarterly meetings with providers to assist with ongoing collaboration and partnering across the sector.
• Consultation with key stakeholders to Identify service gaps and opportunities for people who cannot access face-to face services

In 2024 - 2027 GCPHN will focus on:
• Working with service providers to enhance service access.
• Funding of a 100% digital mental health service to offer more diversity in psychological service (Virtual Psychology) offering for the region
• Ongoing marketing and promotion of the Supporting Minds services as required.
• Expanding referral pathways for the Supporting Minds services as required.
• Monitoring performance and reporting criteria for the Supporting Minds Services to ensure the services are growing and evolving as planned and are achieving key service and consumer outcomes over time.
• Ongoing quarterly meetings with providers to assist with ongoing collaboration and partnering across the sector.
• Review of Psychological Services for Hard to Reach funding allocation considering regional need and service availability, including new services planned for implementation in the region.
• Exploration in how this service could link with and/or deliver services that enhance both the mental and physical health outcomes for consumers.
• Appropriate recording and uploading of PMHC-MDS data to the national portal.

This activity is in scope for PMHC MDS data collection. Data collected includes client demographics, intake, episode, service contact and outcomes data. Where applicable, intake and episode tags may be used to identify priority populations or geographic cohorts, and IAR DST data may be collected. PMHC MDS extensions are not relevant for this activity. Data will be entered and maintained in the provider's client management system and submitted to the national PMHC MDS portal using PMHC MDS upload templates or direct data entry (as applicable) within required reporting timeframes.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Growing numbers of children in out of home care, who typically have high health needs, and relatively high proportion of First Nations children in out of home care.	149
Cost, transport and stigma limit the ability of people experiencing homelessness to access health care, including health checks, preventative and follow up care.	102
Insufficient capacity in sub-acute community based residential mental health services.	221
Poorer mental health outcomes and higher	221

suicidality for LGBTIQAP+ people.	
Limited availability of suitable service options to support older population.	221
Growing demand for psychological therapies.	221
Growing numbers of people with socioeconomic disadvantage and associated higher need, especially in the northern Gold Coast.	71

Activity Demographics

Target Population Cohort

People with mild to moderate mental illness who are financially disadvantaged (Health Card required) from the following target groups:
- Adults 16+ years experiencing situational distress.
- People aged 12+ years who identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and others (LGBTIQAP+) and have mild to moderate mental health concerns.
- Indigenous children aged 0 – 19 years in out of home care who have mild to moderate mental health concerns.
- People experiencing access issues to traditional face-to-face services

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Targeted as a hard to reach and high-risk group

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Beaudesert	31101
Gold Coast Hinterland	30904
Southport	30909
Surfers Paradise	30910
Ormeau - Oxenford	30907
Robina	30908
Mudgeeraba - Tallebudgera	30905
Nerang	30906
Coolangatta	30902
Gold Coast - North	30903
Broadbeach - Burleigh	30901

Activity Consultation and Collaboration

Consultation

As part of the Joint Regional Plan, consultation to prioritise opportunities and actions has been occurring with a broad range of stakeholders including Gold Coast Health, Gold Coast alcohol and other drugs (AOD) and mental health service providers, primary care providers, consumers, carers, and family members. To assist in determining what changes may be required for the activities funded, the needs and opportunities identified through the Joint Regional Planning process will be considered.

Continuous quality improvement will be a focus, with ongoing collaboration with the Medicare Mental Health Phone Line to ensure referral pathways and engagement with General Practice is effective.

Extensive consultation was undertaken in 2022-23 regarding the funding, design, and effectiveness of the previous PSP Program. Extensive numbers of key regional stakeholders were involved in this consultation/co-design, which informed design of a new service model now called Supporting Minds. Consultants from Price Waterhouse Coopers (PWC) supported the prioritisation of the population groups, including local service analysis, population needs and service components. Stakeholders and roles included:
1. Consumers - planning, co-design.
2. Psychological Service Providers – planning, co-design, procurement.
3. Primary Care Providers - planning, co-design, procurement.
4. Hospital and Health Service - planning, co-design, procurement
5. Education Services - planning, co-design.
6. Professional Bodies Australian Psychological Society, Mental Health Nurses, Occupational Therapy and Social Workers – planning, co-design, procurement, implementation.
7. Queensland Primary Health Networks – planning.
8. GCPHN Primary Health Care Improvement Committee, Clinical Council, Consumer Advisory Council, Joint Regional Plan Governance.

Ongoing consultation is underway with Supporting Minds' providers to maximise quality, efficient and effective service delivery to consumers in these services.

Consultation has also occurred with Virtual Psychology to trial a 100% digital psychological service offer in the region from 2024. Results from commissioning are demonstrating value and outcomes from this service, particularly as an alternate service offering in the region to face-to-face service delivery.

Collaboration

Various collaboration channels have been established.. The stakeholders that will be involved in continuing to implement this activity and their roles, are as follows:
1. Consumers - implementation, monitoring
2. Primary Care Providers - monitoring
3. Head to Health - referral pathway implementation, monitoring
4. Hospital and Health Service - monitoring
5. Professional Bodies Australian Psychological Society, Mental Health Nurses, Occupational Therapy and Social Workers – implementation
6. Queensland Primary Health Networks - planning, monitoring
7. GCPHN Primary Health Care Improvement Committee, Clinical Council, Consumer Advisory Council, Joint Regional Plan Governance.

Activity Milestone Details/Duration

Activity Start Date

30/06/2020

Activity End Date

29/06/2027

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

- Establishment of new Supporting Minds Services - March 2023 (Adult and LGBTIQAP+) and April 2023 (Indigenous Children in Care))
- Change management of the regional service system to understand, embrace and support new services (January 2023 – July 2024)
- Assistance to new commissioned providers to support successful uptake of new services (March 2023 – July 2024)
- Ongoing monitoring and review of service performance and uptake (2023 - 2025)
- Review of Psychological Services for Hard to Reach funding allocation considering regional need and service availability, including new services planned for implementation in the region (2025 – 2027)
- Trial of 100% digital psychological service for priority cohorts with mild to moderate mental health needs from 2024

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

Yes

Decommissioning details?

Co-design or co-commissioning comments

Significant activities were undertaken in 2022/23 to co-design the new models of care for this service stream. There was a high participation rate in these activities by regional stakeholders, including providers within the previous PSP Program. Outcomes of the PSP Service review and co-design activities were collated in the Request for Proposal document which was put out for tender in September 2022.

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

Yes

MH - 4 - MH4 - Services for people with severe and complex mental illness

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

4

Activity Title *

MH4 - Services for people with severe and complex mental illness

Existing, Modified or New Activity *

Modified

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

Other Program Key Priority Area Description

Aim of Activity *

The aim of the activity is to commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with severe and complex mental illness who are being managed in primary care.

Description of Activity *

This activity will continue to commission Clinical Care Coordination services to support people with severe and complex needs, including Gold Coast Youth Severe (18-25 years) which is also funded under Activity MH2 – Child and Youth Mental Health Services.

The commissioned service will:
- Provide comprehensive multidisciplinary assessment and care planning.
- Support GPs and consumers to implement comprehensive care to consumers with mental health needs, ensuring access to clinical and non-clinical services.
- Provide assertive linkage to psychosocial services and NDIS assessment services (where appropriate)
- Provide support to consumers and their carers/family to enhance health literacy and improve their confidence and skills in managing mental health, thereby preventing escalation of distress and avoiding unnecessary hospitalisations.
- Support GPs and private Psychiatrists to be confident to manage the mental and physical health of their patients in a team

approach with the clinical care coordinator.
- Support consumers to access the service where they need it and in the way that suits their circumstances.

Key activities that will be undertaken in this service from July 2023 – June 2025 will be as follows:
- Performance reporting and monitoring
- Alignment of service model and performance based on GCPHN and consumer needs and expectations.
- Review of workforce skills and preferred structure.
- Review of service model in consideration of emerging regional need to undertake NDIS assessment for consumers.
- Consultation with NDIS and NDIA regarding service expectations to undertake NDIS assessment for consumers.
- Review of Mental Health Severe and Complex funding allocation considering regional need and service availability, including new services planned for implementation in the region.

Key activities that will be undertaken in this service from July 2025 – June 2027 will be as follows:
- Performance reporting and monitoring
- Alignment of service model and performance based on GCPHN and consumer needs and expectations.
- Review of workforce skills and availability
- Review of service model in consideration of emerging regional need to undertake NDIS assessment for consumers.
- Review of Mental Health Severe and Complex funding allocation considering regional need and service availability, including new services planned for implementation in the region.
- Exploration in how this service could link with and/or deliver services that enhance both the mental and physical health outcomes for consumers.
- Appropriate recording and uploading of PMHC-MDS data to the national portal.

This activity is in scope for PMHC MDS data collection. Comprehensive PMHC MDS data are collected, including client demographics, intake, episode, service contact and outcomes data. Where applicable, needs identification, care planning–related data and IAR DST may be used to support reporting on complexity, care coordination and service intensity. PMHC MDS extensions are not relevant for this activity. Data will be entered and maintained in the provider's client management system and submitted to the national PMHC MDS portal using PMHC MDS upload templates or direct data entry (as applicable) within required reporting timeframes.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Limited effective support in navigating complex community, aged care system and NDIS.	166
Systems and processes do not support consistent, effective clinical handover on discharge from the acute sector to primary and community services to support ongoing care.	57
Stigma and shame associated with mental health, suicidality and AOD issues.	221
Insufficient capacity in sub-acute community based residential mental health services.	221
Poorer mental health outcomes and higher suicidality for LGBTIQAP+ people.	221
Care coordination and information sharing among mental health, AOD, and suicide prevention services are often inefficient in particular transitions from acute or inpatient care to	221

community services.	
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

Activity Demographics

Target Population Cohort

- Individuals aged over 18 years with a mental health condition which is severe and either episodic or persistent in nature.
- Individuals that cannot have their needs met solely by a primary care provider and do not meet the clinical thresholds for the acute sector.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Beaudesert	31101
Gold Coast Hinterland	30904
Southport	30909
Surfers Paradise	30910
Ormeau - Oxenford	30907
Robina	30908
Mudgeeraba - Tallebudgera	30905
Nerang	30906
Coolangatta	30902
Gold Coast - North	30903
Broadbeach - Burleigh	30901

Activity Consultation and Collaboration

Consultation

A comprehensive round of consultations occurred in 2017 to support the design of this activity, and involved a wide range of committees, groups and workshops that were held to ensure advice and input from all key stakeholders including consumers, partners, Gold Coast Health, government departments, Mental Health Nurses and service providers.

As part of the quality assurance process, GCPHN will engage with service users and providers to monitor the quality and development of the commissioned services.

In 2023 - 2027 GCPHN will continue to consult with various regional stakeholders to inform:
- effective referral pathways.
- effective and sustainable workforce.
- high level service performance and outcomes.
- capacity of the service to meet consumer service need/s and expectations (including NDIS assessment).

Collaboration

The stakeholders that will be involved in ongoing collaboration in implementing this activity, and their roles, are as follows:

- Consumers - Completed (planning, co-design, procurement), implementation, monitoring, evaluation
- Non-government organisations - (planning, co-design, procurement), implementation, monitoring, evaluation
- Mental health and AOD Multidisciplinary Advisory Group - (planning, co-design, procurement), implementation
- Hospital and Health Service - (planning, co-design, procurement), implementation, evaluation
- Primary Care Providers – General Practitioners -(planning, co-design, procurement), implementation, evaluation
- Primary Care Providers – mental health service providers —implementation, evaluation
- NDIS and NDIA – to better understand the service expectation/s and capacity to deliver NDIS assessment for consumers

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Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

29/06/2027

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

2025-26 - Review of Mental Health Severe and Complex funding allocation considering regional need and service availability, including new services planned for implementation in the region.

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?

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 - 5 - MH5 - Community Based Suicide Prevention Services

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5

Activity Title *

MH5 - Community Based Suicide Prevention Services

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 *

This activity aims to:
• Increase the efficiency and effectiveness of suicide prevention services for people at risk of suicide.
• Improve access to and integration of primary mental health care and suicide prevention services to ensure people receive the right care in the right place at the right time.
• Plan, deliver and commission services to address service gaps in the provision of psychological therapies for people at risk of suicide.
• Encourage and promote a regional approach to suicide prevention including community-based activities and liaising with Local Hospital Networks (LHNs) and other providers to ensure appropriate follow-up and support arrangements are in place at a regional level for people at high risk of suicide.
• Commission suicide prevention services which are evidence based and consistent with a best practice Stepped Care approach, including incorporating a joined-up assessment process and referral pathways; make best use of the available workforce; are cost effective; and do not duplicate or supplement services that are the responsibility of Commonwealth Programs, state and territory government or other service sectors, including the disability support sector.

Description of Activity *

Key activities will include:
• Commissioning of Wesley Mission QLD (WMQ) to deliver an integrated and collocated service for people experiencing significant

distress.
• WMQ linkage to key suicide prevention supports and activities in the region such as Gold Coast Wellbeing Week in September 2026.
• Research and consultation to ensure services for people at risk of suicide are delivering evidence-based therapies, consistent with best stepped care approaches.
• Research into value and capacity of the service to implement use of the Beyond Blue Safety Planning App (26/27FY).
• Maintaining approach for WMQ workers to have adequate suicide prevention skills and training support.
• Review of service performance and demand in 26/27FY in consideration of new mental health service investment coming into Gold Coast region (e.g. Medicare Mental Health Centre).
• Appropriate recording and uploading of PMHC-MDS data to the national portal.

Activities involving direct service delivery to individuals are in scope for PMHC MDSs data collection. PMHC MDS data collected include client demographics, intake, episode and service contact data, with outcomes collected where applicable (K5 or K10+; SDQ where applicable). Data will be entered and maintained in the provider's client management system and submitted to the national PMHC MDS portal using PMHC MDS upload templates or direct data entry (as applicable) within required reporting timeframes

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Higher rates of mental ill health and mental health related ED presentations among people experiencing homelessness.	102
Stigma and shame associated with mental health, suicidality and AOD issues.	221
Increasing acute demand requires improvement in early intervention, prevention and community support for mental health.	221
Poorer mental health outcomes and higher suicidality for LGBTIQAP+ people.	221
Inefficient system navigation leads to delayed connection of patients with suitable mental health, AOD and suicide prevention services.	221

Activity Demographics

Target Population Cohort

Individuals at high risk of suicide, including those experiencing:
• social isolation
• financial stress
• unemployment
• relationship difficulties and breakdown
• mental health and/or problematic alcohol, drug and/or gambling issues
• chronic health condition or disability
• homelessness or insecure housing

or who are:
• Frontline health and/or emergency services workers
• Caring for people with a physical or mental health concern

or who identify as
• Aboriginal and Torres Strait Islander
• LGBTIQAP+

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Since services have been commissioned, ongoing consultation continues to focus on the provision of services complementary to the Gold Coast Heath Zero Suicide Framework, and the Suicide Prevention Community Action Plan through a review of activities and regional planning to inform future service delivery.

This includes:
- Continued consultation with GCPHN Clinical and Community Councils, and Mental Health expert advisory groups.
- Ongoing consultation with key Suicide Prevention champions and regional leads.

Formal evaluation of the Community Suicide Prevention Service (CSPS) was conducted in April 2023. This involved consultation with:
- Key regional stakeholders (including major referrers into the service)
- Consumers (clients) of the CSPS
- GCPHN commissioning team
- GCPHN Executive Team

Key findings were collated and presented to GCPHN Executive Team. Recommendations were made on future commissioning of the service in 2023/24 financial year.

The service has continues to maintain moderate to high service demand and positive links to adjunct services in the region where people may experience significant distress. Uptake of the service continues to be high with consumers experiencing high satisfaction and good outcomes from service participation.

Formal review of the Community Suicide Prevention Service (CSPS) was conducted in April 2024. Key findings were collated and presented to GCPHN's Executive Team. Recommendations were made on future commissioning of the service with evaluation of service demand and ongoing value at the end of 26/27FY (first year of Medicare Mental Health Centre Implementation).

Collaboration

The stakeholders involved in implementing this activity are as follows:
• Consumers
• Suicide Prevention services, including Wesley Mission Queensland
• Primary Care Providers
• Gold Coast Health
• Queensland Health
• Gold Coast Health and Acute Care Team
• GCPHN Commissioned mental health service providers
• Aboriginal service providers
• Community and non-government organisations and social support services
• Queensland Primary Health Networks
• GCPHN Primary Health Care Improvement Committee, Clinical Council, Consumer Advisory Council, Joint Regional Plan Governance, SPIG committee

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Activity Milestone Details/Duration

Activity Start Date

30/06/2020

Activity End Date

29/06/2027

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

- Decision making regarding future service model and commissioning approach: March 2024, March 2025
- Review of Community Suicide Prevention funding allocation, considering regional need and service availability beyond June 2025, including new services planned for implementation in the region.

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?

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

Yes

MH - 6 - MH6 - Mental Health Indigenous Services

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

6

Activity Title *

MH6 - Mental Health Indigenous Services

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 *

This activity aims to enhance access to and better integrate Aboriginal and Torres Strait Islander mental health services at a local level, facilitating a joined-up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug (AOD) services.

Description of Activity *

The aim and needs will be met through the activities as follows:
- Continuing to commission an Aboriginal and Torres Strait Islander service to provide an integrated clinical mental health service, and AOD and community suicide prevention activities.
- Commission an Indigenous service provider to provide mental health support and navigation support for First Nations people.
- Commission services that enhance service integration through:
o Enhancing existing primary care services by optimising the use of a mental health nurses and access to psychological services
o Delivery of early intervention and care coordination
o Delivery of clinical case management services within a social and emotional wellbeing framework
o Developing strong partnerships within and externally to the local Indigenous community and service provider network
o Clear referral pathways

Through the life of this activity plan, there will be an ongoing focus on relationship management, data collection and analysis,

performance management, continuous improvement and service evaluations. GCPHN will work with the Institute of Urban Indigenous Health (IUIH) for provision of additional leadership support to the commissioned Indigenous service provider. In 2025/26FY GCPHN will undertake a formal commissioning review of the service to ensure that it is effective, culturally appropriate and achieves outcomes for First Nations people.

The expected results are:
- Patient access to mental health supports within one comprehensive primary health care model.
- Improved access for First Nations people to indigenous and mainstream commissioned services.
- Strong working relationships between the First Nations community, suicide prevention and other mental health services.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Stigma and shame associated with mental health, suicidality and AOD issues.	221
Increasing acute demand requires improvement in early intervention, prevention and community support for mental health.	221
Inefficient system navigation leads to delayed connection of patients with suitable mental health, AOD and suicide prevention services.	221
Need to actively eliminate racial discrimination, lateral violence and institutional racism.	86
Ongoing improvements are required in culturally safe service provision across the system to ensure equitable, effective access for First Nations people.	86
Inadequate suicide prevention services and post event services for First Nations community.	86
Limited culturally informed holistic approaches to wellbeing and ill health prevention.	86

Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait islander Population and those accessing the Aboriginal Medical Centres within Gold Coast region.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

See description of activity.

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Beaudesert	31101
Gold Coast Hinterland	30904
Southport	30909
Surfers Paradise	30910
Ormeau - Oxenford	30907
Robina	30908
Mudgeeraba - Tallebudgera	30905
Nerang	30906
Coolangatta	30902
Gold Coast - North	30903
Broadbeach - Burleigh	30901

Activity Consultation and Collaboration

Consultation

Since services have been commissioned, consultation has focused on review and refinement of the service model to ensure that it meets consumer needs.

Consultation has been undertaken with DoHAC, the Aboriginal and Torres Strait Islander mental health provider, and, the Institute of Urban Indigenous Health (IUIH) to facilitate changes in contracting such that GCPHN will be contracted by DoHAC for the service and GCPHN will in turn contract IUIH to work directly with the Aboriginal and Torres Strait Islander mental health provider to deliver and report on the service's performance.

Collaboration

- Local Mental Health and AOD Service Provider - co-design, referral, provider of services
- Primary Care Providers - advisor, referees, provision of feedback on services
- Aboriginal Medical Service - provider, co-design
- Aboriginal community – advisors, co-design, feedback
- Gold Coast Health
- Institute of Urban Indigenous Health (IUIH)

Activity Milestone Details/Duration

Activity Start Date

30/06/2020

Activity End Date

29/06/2026

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

In 2024/25 GCPHN will:
- Assist with establishment of IUIH as the service who will contract the Aboriginal and Torres Strait Islander mental health provider direct for delivery and reporting for mental health.
- Ensure changes in contracting of the service with IUIH are established effectively.
- Support IUIH with handover of relevant information related to quality improvement activities for intake, assessment, service delivery and reporting.

In 2025/26 GCPHN will commission an external agency to undertake a commissioning review of this service, ensuring that service delivery is effective culturally appropriate and achieves outcomes for First Nations people. Commissioning review is due for completion in September 2025.

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?

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 - 7 - MH7 - Stepped Care Approach

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

7

Activity Title *

MH7 - Stepped Care Approach

Existing, Modified or New Activity *

Existing

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 commission a continuum of primary mental health services within a person-centred Stepped Care approach, so that a range of service types, making best use of available workforce and technology, are available within local regions to better match with individual and local population needs.

Description of Activity *

GCPHN will continue to commission a continuum of primary mental health services within a person-centred Stepped Care approach so that a range of service types, making best use of available workforce and technology, are available within local regions to better match with individual and local population needs.

Work is structured across the following sub-activities:

MH7.1 Continue to commission a continuum of primary mental health services in a stepped care model
This activity aims to build on the commissioned services that address the continuum of primary mental health services within a person-centred stepped care approach so that a range of service types, making best use of available workforce and technology, are available within the Gold Coast to better match with individual and local population needs. The focus for these services will be on:
- quarterly performance review and monitoring

- delivery of quality improvement activities
- building and maintaining collaborative working partnerships
- enhancing the communications and marketing approach for digital health services
- building linkages with non-mental health services to provide greater reach and robustness to the stepped care continuum (see activity 7.4)

MH7.2 Medicare Mental Health Phone Line (refer to MH-H2H-1 Medicare Mental Health Phone Line)
This activity will continue to build the development of assessment and referral pathways and infrastructure i.e. Medicare Mental Health Phone Line to support access and delivery of services that provide the least intensive care and most appropriate option of support service to meet individuals needs and preferences. GCPHN will work with the provider (PCCS) to implement the Medicare Mental Health Phone Line Model (and associated staffing and infrastructure requirements).

MH7.3 Stepped Care Communication Plan
This activity will support the education and awareness raising of stepped care continuum (MBS, digital and PHN commissioned services) and promote referral pathways across all stakeholders in the region inclusive of: GP's, Mental Health Providers, other service providers, community members etc.

MH7.4 Safety and Quality of Commissioned Services
This activity will continue to support the maintenance of robust safety and quality of commissioned stepped care mental health services by adherence to the endorsed Service Delivery Quality Performance Framework and promotion of opportunities for consumer involvement in service design, implementation and review at all levels. There will also be a focus on services achieving quality accreditation where suitable and appropriate.

MH7.5 Regional Workforce Development
This activity will provide consistent training for key skill areas across the mental health workforce by leveraging standardised training packages (online and/or established agencies) such as suicide prevention and response, mental health assessment and trauma informed care.

MH7.6 Ongoing development of HealthPathways
This activity will review and identify available service options in the local community in relation to mental health, and translate these into the digital HealthPathways system, and other supportive resources that health providers and consumers can use to understand services available in the region.

MH7.7 Ongoing implementation of the Intake, Assessment and Referral Guidelines (refer to MH-10: Initial Assessment and Referral Training and Support Officers)
This activity will focus on education of the Intake, Assessment and Referral (IAR) Guidelines to mental health providers and clinicians in the region. There will also be a focus on embedding IAR literacy through ongoing training of the IAR within with General Practice, local mental health and AOD service providers and relevant Gold Coast Hospital clinical staff.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Higher rates of mental ill health and mental health related ED presentations among people experiencing homelessness.	102
Large and growing Pasifika community with higher reported health needs and challenges accessing healthcare.	102
Gaps in cultural capability across service providers and clinicians, particularly relating to sensitive issues such as mental health, AOD and FDV.	102
Stigma and shame associated with mental health, suicidality and AOD issues.	221
Increasing acute demand requires improvement in early intervention, prevention and community support for mental health.	221
Insufficient capacity in sub-acute community based residential mental health services.	221
Poorer mental health outcomes and higher suicidality for LGBTIQAP+ people.	221
Care coordination and information sharing among mental health, AOD, and suicide prevention services are often inefficient in particular transitions from acute or inpatient care to community services.	221
Limited availability of suitable service options to support older population.	221
nsufficient resourcing to ensure supported, psychologically safe, meaningful engagement of people with lived experience in planning and service delivery.	221
Growing demand for psychological therapies.	221
Inefficient system navigation leads to delayed connection of patients with suitable mental health, AOD and suicide prevention services.	221
Inadequate suicide prevention services and post event services for First Nations community.	86
Growing numbers of people with socioeconomic disadvantage and associated higher need, especially in the northern Gold Coast.	71
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

Activity Demographics

Target Population Cohort

People with, or at risk of, mental illness

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Beaudesert	31101
Gold Coast Hinterland	30904
Southport	30909
Surfers Paradise	30910
Ormeau - Oxenford	30907
Robina	30908
Mudgeeraba - Tallebudgera	30905
Nerang	30906
Coolangatta	30902
Gold Coast - North	30903
Broadbeach - Burleigh	30901

Activity Consultation and Collaboration

Consultation

GCPHN has engaged broadly with the whole sector as part of this activity. All activities in each priority area, including the work of the Joint Regional Plan, have supported the work in the stepped care activity.

In particular, GCPHN maintains regular contact with all commissioned providers and HHS colleagues, as well as drawing on the specialist advice of a range of community members for specific activities e.g. GPs to support the development and roll out of new referral forms.

Collaboration

- Consumers - co-design, implementation, monitoring, evaluation
- Non-government organisations - co-design, implementation, monitoring, evaluation
- Mental health and AOD Multidisciplinary Advisory Group - co-design, implementation, evaluation
- Hospital and Health Service - co-design, implementation, evaluation
- Primary Care Providers – co-design, implementation, evaluation

• Child and Youth Service Providers - co-design, implementation, evaluation
• Indigenous Health Services - co-design, implementation, evaluation
• EMHPrac – co-design.

Activity Milestone Details/Duration

Activity Start Date

28/02/2019

Activity End Date

29/06/2027

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

July 2021 – June 2022:
- Commissioning across all levels of the stepped care continuum maintained.
- Activities developed and actioned as part of the joint regional planning process.
- Implementation of HealthPathways in the region.

July 2022 – June 2023
- Commissioning across all levels of the stepped care continuum maintained.
- Activities developed and actioned as part of the Joint Regional Planning process.
- Implementation of the Head to Health Intake and Assessment Phone Service – from 1 July 2022.
- Commencement of Intake, Assessment and Referral Training and Support Officer role for delivery of education and training.
- Ongoing review and update of the HealthPathways system across 2022/23.

July 2023 – June 2024
- Commissioning across all levels of the stepped care continuum maintained.
- Activities developed and actioned as part of the joint regional planning process.
- Performance monitoring of Head to Health Intake and Assessment Phone Service.
- Consolidation of Intake, Assessment and Referral Training and Support Officer role for delivery of education and training.
- Ongoing review and update of the HealthPathways system across 2023/24.
- Establishment and delivery of a stepped care communication/promotion plan, including H2H Phone Service.

July 2024 – June 2027
- Commissioning across all levels of the stepped care continuum maintained.
- Activities developed and actioned as part of the Joint Regional Planning process.
- Performance monitoring of Medicare Mental Health Phone Line.
- Ongoing review and update of the HealthPathways system.
- Stepped care service mapping in preparation for Medicare Mental Health Service Centre codesign.
- Ongoing delivery of a stepped care communication/promotion plan, including Medicare Mental Health Phone Line.
- Ongoing monitoring to ensure alignment with the Service Delivery Quality Performance Framework to enhance the safety and quality of commissioned services.
- Alignment of commissioning activities and capability uplift with the National Safety and Quality Health Service Standards
- Development of a 3-year commissioning plan for implementation from 2026/27FY

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?

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 - 8 - MH8 - Regional Mental Health and Suicide Prevention Plan

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

8

Activity Title *

MH8 - Regional Mental Health and Suicide Prevention Plan

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 8: Regional mental health and suicide prevention plan

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to progress implementation of the Foundational Joint Regional Mental Health and Suicide Prevention Plan (the Plan) and the updated Joint Regional Mental Health and Suicide Prevention Plan by providing oversight for regional sector collaboration. This includes supporting the sector to work better together towards shared priorities and more effectively use available resources to meet regional needs in the short term.

Description of Activity *

People with lived experience of mental illness, suicide, misuse of alcohol and other drugs (AOD) as well as their carers, face a wide range of issues when trying to access treatment and support. This includes fragmentation of services and pathways, gaps, duplication and inefficiencies in service provision, and a lack of person-centred care.

Reforms continue to progress across the mental health, suicide prevention and AOD sector, with new policy directions introduced at national and state levels. While there is broad strategic alignment at a national and state level, the multiple layers of responsibility, funding and regulation create a complex environment, and there is a need for a regional platform to lead this reform at a local level.

Local level planning, coordination and implementation is required to achieve regional outcomes. The Gold Coast Foundational and updated Joint Regional Mental Health and Suicide Prevention Plans (the Plan) have been developed for this purpose. Partnered

with this, Gold Coast PHN has collaborated with Gold Coast Hospital and key stakeholders to develop and implement a Joint Regional Plan Performance Framework from 2025/26FY in an effort to better measure system change and outcomes.

Building on previous collaboration, the foundational planning process established joint governance structures between GCPHN and Gold Coast Health and delivered a Plan with shared priorities. Partnership groups were established across key priority areas including children and youth, adult and older people, suicide prevention and alcohol and other drugs that report to the Steering Committee of the Plan. These groups have been and continue to be responsible for driving the implementation of the Plan to date and delivering against the actions.

GCPHN and Gold Coast Health have now developed a strengthened governance structure for implementation of the updated Joint Regional Plan over the next three years (2025 – 2028). This new governance structure will support the Gold Coast region to leverage more strategic outcomes over the next three years, ensuring enhanced forums for consultation by consumers, carers, First Nations people, NGO service providers, general practice and other mental health service providers.

The Plan will continue to drive evidence-based service and system improvements, addressing identified gaps and maximising opportunities to deliver on regional priorities which have been developed and delivered in partnership with local communities. It is the intent of GCPHN and Gold Coast Health to develop and deliver significant strategic objectives that support significant regional transformation of the mental health service system and associated key services within. The Joint Regional Plan Performance Framework will assist with collecting and informing evidence and outcomes from the Joint Regional Plan to 2028.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Higher rates of mental ill health and mental health related ED presentations among people experiencing homelessness.	102
Large and growing Pasifika community with higher reported health needs and challenges accessing healthcare.	102
Gaps in cultural capability across service providers and clinicians, particularly relating to sensitive issues such as mental health, AOD and FDV.	102
High levels of isolation and loneliness among older people.	166
Limited culturally appropriate services for culturally and linguistically diverse older people.	166
Systems and processes do not support consistent, effective clinical handover on discharge from the acute sector to primary and community services to support ongoing care.	57
Constrained system capacity requires investment in alternate models of care, including digital opportunities to manage and mitigate demand.	20
Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.	20
Stigma and shame associated with mental health, suicidality and AOD issues.	221
Increasing acute demand requires improvement in early intervention, prevention and community support for mental health.	221
High demand and limited availability of publicly funded AOD services, including after-hours options, acute detox and residential withdrawal services.	221
Insufficient capacity in sub-acute community based residential mental health services.	221
Poorer mental health outcomes and higher suicidality for LGBTIQAP+ people.	221
Care coordination and information sharing among mental health, AOD, and suicide prevention services are often inefficient in particular transitions from acute or inpatient care to community services.	221
nsufficient resourcing to ensure supported, psychologically safe, meaningful engagement of people with lived experience in planning and service delivery.	221
Growing demand for psychological therapies.	221
Inefficient system navigation leads to delayed connection of patients with suitable mental	221

health, AOD and suicide prevention services.	
Need to actively eliminate racial discrimination, lateral violence and institutional racism.	86
Ongoing improvements are required in culturally safe service provision across the system to ensure equitable, effective access for First Nations people.	86
Inadequate suicide prevention services and post event services for First Nations community.	86
Low rates of people who identify as First Nations in health workforce, particularly for clinical roles.	86
Limited culturally informed holistic approaches to wellbeing and ill health prevention.	86
Worsening clinical workforce shortage in the primary, secondary, community and aged care sectors.	41
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

Activity Demographics

Target Population Cohort

People within the GCPHN region with mental health needs, with a particular focus on a number of population cohorts including: children and young people, adults, older people, Aboriginal and Torres Strait Islander people, people with drug and alcohol issues, and people at risk of suicide.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Beaudesert	31101
Gold Coast Hinterland	30904
Southport	30909
Surfers Paradise	30910
Ormeau - Oxenford	30907
Robina	30908
Mudgeeraba - Tallebudgera	30905
Nerang	30906
Coolangatta	30902
Gold Coast - North	30903
Broadbeach - Burleigh	30901

Activity Consultation and Collaboration

Consultation

In addition to the joint governance arrangements, several specific working groups have been established to progress key pieces of work in the plan. Membership of such groups is representative across GCPHN, Gold Coast HHS, GPs, people with lived experience and a range of community-based organisations.

Existing groups continue to be actively engaged including mental health consumer and carer groups and panels, the local Aboriginal and Torres Strait Islander Partnership Group, local Mental Health and Drug and Alcohol sector at multiple times during the planning and implementation process.

Collaboration

1. Gold Coast Primary Health Network – Project partner delivering coordination, engagement, data, and planning expertise
2. Gold Coast Health – project partner contributing clinical, data, operational and planning expertise
3. Key regional agencies, NGOs and people with a lived experience – partnering to ensure planning meets the needs of the community, including service system design and delivery to meet the needs of consumers
4. Targeted collaboration with Gold Coast Health, lived experience, NGOs and other service delivery agencies to develop the updated Joint Regional Plan 2025 – 2028.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

March 2024 – Joint Regional Plan Progress Report submitted
June 2025 - Updated Joint Regional Plan submitted

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?

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?

Yes

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

Yes

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

Activity undertaken as a joint development project between Gold Coast Health (HHS) and GCPHN

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

No

MH - 9 - MH9 - Psychological Services for hard-to-reach groups: Improved Psychological Services in RACH

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

9

Activity Title *

MH9 - Psychological Services for hard-to-reach groups: Improved Psychological Services in RACH

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 *

This activity aims to:
- Improve access to psychological services for people with mental health disorders and illness in residential aged care homes (RACH).
- Provide evidence based psychological and behavioural therapy, including low intensity options if appropriate.
- Provide a responsive and flexible service within a stepped care approach, matching service option to need.
- Build capacity of RACH and their staff through education, training, and liaison.

Description of Activity *

GCPHN will focus on continuing to commission Change Futures for the provision of psychological services for people with mental health conditions living in residential aged care homes, both through individual and group interventions.

The current provider will deliver services that:
o Provide early intervention, response, and referral via individual and group support
o Support the residents to attend therapy, undertake self-help and follow interventions.
o Provide the residents with lifestyle options to support mental wellbeing.
o Support GPs to identify and refer residents requiring psychological support.
o Provide equitable access for all residents across the Gold Coast region.

Other activities that will be undertaken include:
- Working with Gold Coast Health Older Persons Mental Health to support effective referral pathways and 'step up' options (ongoing).
- Collaboration with the provider to support effective management of service demand (ongoing).
- Implementation of a quality improvement plan with the provider to enhance or adjust service delivery to achieve greater client access and outcomes (ongoing).
- Activities to support formal quality accreditation of the service.
- Progressing actions where relevant and appropriate identified in the Gold Coast Health and Gold Coast PHN Joint Regional Plan for Mental Health, Suicide Prevention and AOD.
- Appropriate recording and uploading of PMHC-MDS data to the national portal

This activity is in scope for PMHC MDS data collection. Core client, intake, episode and service contact data are collected, along with youth appropriate outcome measures (K10+ and SDQ where applicable). Where applicable, needs identification data and episode tags may be used to support needs based planning and youth cohort reporting. Data will be entered and maintained in the provider's client management system and submitted to the national PMHC MDS portal using PMHC MDS upload templates or direct data entry (as applicable) within required reporting timeframes.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
High levels of isolation and loneliness among older people.	166
Increasing acute demand requires improvement in early intervention, prevention and community support for mental health.	221
Limited availability of suitable service options to support older population.	221
Growing demand for psychological therapies.	221

Activity Demographics

Target Population Cohort

Individuals living in a Commonwealth funded RACH within the GCPHN area who:
- Have a non-acute, non-chronic, mild to moderate mental health condition that can benefit from short term intervention.
- Are identified as being 'at risk' of mental illness, defined as individuals who are experiencing early symptoms and are assessed as at risk of developing a diagnosable mental illness over the following 12 months if they do not receive appropriate and timely services.
- Present as mildly depressed or anxious, or experiencing grief and loss, but do not have a diagnosis.
- Present with dual diagnosis of mental health disorder and dementia or neurocognitive disorder (including brain injury/developmental disability) where behaviours are identified as mental health related.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Beaudesert	31101
Gold Coast Hinterland	30904
Southport	30909
Surfers Paradise	30910
Ormeau - Oxenford	30907
Robina	30908
Mudgeeraba - Tallebudgera	30905
Nerang	30906
Coolangatta	30902
Gold Coast - North	30903
Broadbeach - Burleigh	30901

Activity Consultation and Collaboration

Consultation

Consultation to inform the commissioned service model was held with a range of stakeholders including:
- GCPHN commissioned Psychological Services Program Providers and New Access program
- GCPHN Palliative Care Leadership Group
- Gold Coast Health Older Persons Mental Health service
- Aged and Community Services Australia
- Gold Coast Residential Aged Care Homes
- Brisbane South PHN
- Brisbane North PHN
- General Practitioners
- Psychogeriatric Nurses Association

Collaboration

The following outlines key stakeholders involved in collaboration of design, delivery and review of the service:
- Commissioners of same provider (being Brisbane North PHN, Brisbane South PHN and North Coast PHN)
- General Practitioners working with RACHs - Partner, promoting availability, referring residents and supporting access to services.
- Gold Coast Primary Health Network - Palliative Care Leadership Group
- Primary Care providers - Referrals and partners in client care
- Primary and Community Care Services- Provide information and referrals through central intake function
- Gold Coast Hospital Older Person's mental health Service - Referrals and step up option for service
- Mental Health and AOD Multidisciplinary Advisory Group - Advice and linkages to primary care and clinical services

- Residents and staff of RACHs - Participation in program Residential Advisory Groups
- RACHs - Referrals and partners in client care

Activity Milestone Details/Duration

Activity Start Date

30/06/2020

Activity End Date

29/06/2027

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Service to achieve accreditation by June 2027.

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?

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 - 10 - MH10 - Initial Assessment and Referral Training Support Officers

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

10

Activity Title *

MH10 - Initial Assessment and Referral Training Support Officers

Existing, Modified or New Activity *

Existing

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 purpose of this Activity is to support General Practitioners (GPs) and clinicians in the primary care setting, using the stepped care model to select the least intensive level of care, for a person presenting for mental health assistance by using the Initial Assessment and Referral (IAR) tool. This will contribute to achieving nationally consistent levels of care for persons presenting with similar conditions.

Description of Activity *

The following activities will be undertaken by GCPHN in 2022 - 2026:
- Recruitment of an Intake, Assessment and Referral Training and Support Officer (IAR TSO) and accredited training organisation (University of the Sunshine Coast).
- The IAR TSO and training organisation will undertake the following:
o Participate in 'train the trainer' training delivered by the National Project Manager to build capability and confidence in using the IAR, facilitating training and supporting GPs to implement the IAR.
o Deliver training to, build relationships with, and provide ongoing support to GPs and clinicians in Adult Mental Health Centres, general practices, Aboriginal Medical Services, and commissioned providers.
o Deliver training to, build relationships with, and provide ongoing support to GPs and clinicians in children's Mental Health Centres and Residential Aged Care Homes as the IAR is adapted for specific vulnerable cohorts, and as required by the Department, as well as in Local Hospital Networks/Districts as they adopt the IAR.

o Meet the GP training target set for GCPHN and maintain records to support the GP attendance and remuneration (for delivery from 2022 to 2025)
Promote the national training provided by CESPHN.
o Build strong relationships across the TSO network and with other key stakeholders to explore opportunities for cross-boundary learning and collaboration.
o Meet with the Department and National Project Manager, as required, to report on training numbers for all staff trained, share enablers, and discuss any barriers.
o Work with the Department to promote integration of clinical software solutions, once developed, with clinical practices and practice managers.
o Collect data and report on GP and other clinician training as detailed in the Program Guidance for Primary Health Network Initial Assessment and Referral Training and Support Officers.
o Contribute to the list of Frequently Asked Questions held by DoHAC,
o Implement continuous improvement strategies for IAR education and training.

The following activities will be undertaken by GCPHN in 2025 – 2026:
- Continued delivery of IAR training in the local region to GPs, allied health providers, frontline workers, Medicare Mental Health Phone Service, Aboriginal Medical Services, and commissioned providers
- Continue to strengthen relationships across the TSO network and with other key stakeholders to explore opportunities for cross-boundary learning and collaboration.
- Respond to the needs of DoHAC IAR lead team including reporting on training numbers completed and sharing challenges and enablers to training delivery
- Contribute to the list of Frequently Asked Questions held by DoHAC
- Promote awareness and use of the IAR-DST within primary care.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Systems and processes do not support consistent, effective clinical handover on discharge from the acute sector to primary and community services to support ongoing care.	57
Care coordination and information sharing among mental health, AOD, and suicide prevention services are often inefficient in particular transitions from acute or inpatient care to community services.	221
Inefficient system navigation leads to delayed connection of patients with suitable mental health, AOD and suicide prevention services.	221
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

Activity Demographics

Target Population Cohort

GPs in the Gold Coast region as a priority. Secondary priority are allied health professionals, Aboriginal and Torres Strait Islander medical services, and other GCPHN commissioned providers.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

The following groups and stakeholders will be involved in consultation activities:
- Internal GCPHN staff
- Mental Health providers in Gold Coast region
- GCPHN Clinical Council
- GPs in Gold Coast region
- National IAR Project Team
- Gold Coast Joint Regional Plan Partnership Groups

GCPHN will consult broadly with a range of regional mental health providers as part of this activity. In particular, GCPHN will consult with relevant mental health providers and HHS colleagues in the region as well as draw on advice from regional GPs, GCPHN Clinical Council members and Gold Coast Joint Regional Plan Partnership Group members.

Collaboration

The stakeholders that will be involved in reviewing, planning, implementing and/or participating in key activities are as follows:

1. Gold Coast GPs and associated medical centres
2. Aboriginal and Torres Strait Islander Medical Practices
3. Lives Lived Well – headspace
4. Primary and Community Care Services
5. Primary Care providers – allied health professionals
6. Other commissioned services – Mental Health and Suicide Prevention
7. Mental health service providers-Referral between services, cross promotion of activity, shared care arrangements
8. Gold Coast Health – Child and Youth Services and Mental Health Services
9. Joint Regional Plan partnership groups
10. GCPHN Clinical Council

Activity Milestone Details/Duration

Activity Start Date

31/05/2022

Activity End Date

29/06/2026

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

During 2022/23 we will complete:
- Onboarding of new TSO.
- Development of annual Project Plan and GANTT chart to support key project deliverables.
- Participation in Community of Practice sessions run by Commonwealth IAR team.
- TSO participation in train-the-trainer IAR session run by Commonwealth IAR team.
- Delivery of IAR training to select mental health and/or primary care providers .
- Required project reporting.

During 2023 – 2026 we will complete:
- Development of annual Project Plan and GANTT chart to support key project deliverables.
- Participation in Community of Practice sessions run by Commonwealth IAR team.
- Delivery of IAR training to select mental health and/or primary care providers.
- Delivery of IAR training to GPs and clinicians in the primary care setting.
- Collaboration with other PHNs on strategies and activities that enhance GP participation in IAR training.
- Required project reporting.
- Promote awareness and use of the tool within primary care.

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

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 - 12 - MH12 - headspace

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

12

Activity Title *

MH12 - headspace

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 *

This activity aims to support region-specific, cross sectoral approaches to early intervention for children and/or young people with, or at risk of, mental illness (including those with severe mental illness who are being managed in primary care).

The activities aim to increase overall community access to evidence-based early intervention to reduce the prevalence and impact of mental illness for the child and youth population and includes the following services and activities:
- headspace
- headspace Southport
- headspace Upper Coomera

Description of Activity *

headspace Primary – (12-25 years)
- Continue to commission headspace Southport for the headspace primary service in consultation and collaboration with headspace National Office (hNO). Work with headspace Southport to enhance integration with the broader service system on the Gold Coast, including General Practice.
- Continue to commission headspace Upper Coomera for the headspace primary service in consultation and collaboration with hNO. Work with headspace Upper Coomera to enhance integration with the broader service system on the Gold Coast, including General Practice, alcohol and other drugs (AOD) and Aboriginal and Torres Strait Islander providers.

More broadly, GCPHN activity will focus on:
- Collaborating with the lead agency to identify continuous improvement opportunities to enhance or adjust service delivery for greater client access and outcomes with a focus on hard to reach populations.
- Contract management and performance monitoring activities including risk management, relationship management and data analysis.
-Appropriate recording and uploading of PMHC-MDS data to the national portal
- Working with the provider to:
o Identify gaps and areas for improvement
o Identify good practice
o Identify challenges to service delivery and the model
o Provide evidence to advocate on behalf of the network of headspace Centres
o Work with the broader youth sector to identify opportunities to improve coordination and to increase early intervention and case detection in primary care and the youth services.

For headspace services, the headspace National Office uploads consented data to the PMHC-MDS on behalf of all headspace centres from their internal hAPI client information management system. As hAPI data in the PMHC MDS only includes consented records, headspace National and headspace Tableau dashboards will continue to be monitored to provide a more complete picture of activity at headspace centres.

The above activities and any new activities will be aligned to the outputs from the Gold Coast Joint Regional Plan implementation.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.	20
Stigma and shame associated with mental health, suicidality and AOD issues.	221
Increasing acute demand requires improvement in early intervention, prevention and community support for mental health.	221
Poorer mental health outcomes and higher suicidality for LGBTIQAP+ people.	221
Care coordination and information sharing among mental health, AOD, and suicide prevention services are often inefficient in particular transitions from acute or inpatient care to community services.	221
nsufficient resourcing to ensure supported, psychologically safe, meaningful engagement of people with lived experience in planning and service delivery.	221
Inefficient system navigation leads to delayed connection of patients with suitable mental health, AOD and suicide prevention services.	221

Activity Demographics

Target Population Cohort

Children and young people aged 12-25 with, or at risk of mental illness across all the activities listed above

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Since services have been commissioned, consultation will focus on the service provider, lead agency, referrers, and clients through a review to inform future service delivery.

Collaboration

The stakeholders that will be involved in implementing the activities and their roles are as follows:

1. Brisbane South PHN - Joint Commissioners headspace early psychosis
2. Lives Lived Well and Stride -Lead Agencies – headspace early psychosis
3. Headspace National
4. Orygen - Expert advice, procurement panel representation
5. Primary care providers - Referrals and partners in client care
6. Mental health service providers - Referral between services, cross promotion of activity, shared care arrangements
7. Youth service providers, including schools, Department of Child Safety, Department of Education, NGOS - Referrals and partners in improving service integration, regional planning
8. Gold Coast Health – Child and Youth Services
8. Partner in client care and regional integration and service planning
9. Queensland Health - Partner and Commissioner of Services

Activity Milestone Details/Duration

Activity Start Date

29/06/2020

Activity End Date

29/06/2028

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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?

Co-design or co-commissioning comments

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

No

MH - 13 - MH13- Early Psychosis Youth Services

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

13

Activity Title *

MH13- Early Psychosis Youth Services

Existing, Modified or New Activity *

Existing

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 *

This activity aims to support region-specific, cross sectoral approaches to early intervention for children and/or young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care).

The activities aim to increase overall community access to evidence-based early intervention to reduce the prevalence and impact of mental illness for the child and youth population and includes the following services and activities:

- Early Psychosis Youth Severe

Description of Activity *

headspace Youth Early Psychosis Program (hYEPP) (12-25years)
Continue to commission hYEPP with fidelity to the EPPIC model integrity in collaboration with Orygen. Improve integration of hYEPP with the Gold Coast Health Service youth early psychosis unit to further define and enhance referral pathways and transition of care for clients. Increase collaboration with General Practice to improve case detection, referrals to the service, and shared care arrangements for clients.

More broadly, GCPHN activity will focus on:
- Strengthening the partnership between GCPHN, Brisbane South HN and the two lead agencies across the South East Queensland

cluster to operate as “one service”.
- Collaboration between the lead agencies and PHN to implement continuous improvement plan to enhance or adjust service delivery for greater client access and outcomes with a focus on hard to reach populations.
- Contract management and performance monitoring activities including risk management, relationship management, data analysis of both headspace primary and hYEPP hAPI data
- Working with the providers to fulfil the required evaluation activities for hYEPP and integration with local services i.e. Gold Coast Health
- Working with the broader youth sector to identify opportunities to improve coordination and to increase early intervention and case detection in primary care and the youth services.
- Focusing on meeting the targets for client numbers in line with the national average for headspace Early Psychosis services comparable to the funding allocation.
- Appropriate recording and uploading of PMHC-MDS data to the national portal

This service is not in scope for PMHC MDS collection. The provider submits data to headspace National via the headspace Youth Early Psychosis Program (hYEPP) hAPI datasets. Activity is monitored via the related hYEPP Tableau dashboards

The above activities and any new activities will be aligned to the outputs from the Gold Coast Joint Regional Plan implementation.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.	20
Stigma and shame associated with mental health, suicidality and AOD issues.	221
Increasing acute demand requires improvement in early intervention, prevention and community support for mental health.	221
Insufficient capacity in sub-acute community based residential mental health services.	221
Poorer mental health outcomes and higher suicidality for LGBTIQAP+ people.	221
Growing demand for psychological therapies.	221
Inefficient system navigation leads to delayed connection of patients with suitable mental health, AOD and suicide prevention services.	221
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

Activity Demographics

Target Population Cohort

Children and young people aged 12-25 with, or at risk of mental illness across all the activities listed above

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Since services have been commissioned, consultation will focus on the service provider, lead agency, referrers, and clients through a review to inform future service delivery.

Collaboration

The stakeholders that will be involved in implementing the activities and their roles are as follows:

1. Brisbane South PHN - Joint Commissioners headspace early psychosis
2. Lives Lived Well and Stride - Lead Agencies – headspace early psychosis
3. Headspace National Office
4. Orygen - Expert advice, procurement panel representation
5. Primary care providers - Referrals and partners in client care
6. Mental health service providers - Referral between services, cross promotion of activity, shared care arrangements
7. Youth service providers, including schools, Department of Child Safety, Department of Education, NGOS - Referrals and partners in improving service integration, regional planning
8. Gold Coast Health – Child and Youth Services
8. Partner in client care and regional integration and service planning
9. Queensland Health - Partner and commissioner of services

Activity Milestone Details/Duration

Activity Start Date

30/06/2020

Activity End Date

29/06/2026

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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

headspace Youth Early Psychosis Program (hYEPP) (12-25 years) is using co-commissioning or joint-commissioning arrangements.

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

No

MH - 15 - MH15 - Targeted Regional Initiatives for Suicide Prevention

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

15

Activity Title *

MH15 - Targeted Regional Initiatives for Suicide Prevention

Existing, Modified or New Activity *

Existing

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 systems-based approach to the following targeted suicide prevention strategies:

• Improve care coordination and service pathways for people at risk of or bereaved by suicide.
• Commission and/or adapt services, activities, and training packages for at-risk cohorts in the community to identify and respond early to distress.
• In partnership with community leaders and people with lived experience, commission services that offer support via multiple channels including online, telephone, videoconference, and face to face to meet community needs.
• Build the capacity and capability of the local workforce to respond to suicide and distress and link people with appropriate supports and services.
• Commission peer support and mentorship programs for people at risk or impacted by suicide.
• Submit data on activities to the Primary Mental Health Care Minimum Data Set.
• Undertake data analytics and research using data in the Suicide and Self Harm Monitoring System and make the analysis available for use by planners and service providers.

Description of Activity *

• GCPHN engaged a full-time equivalent Suicide Prevention Regional Response Coordinator in 2023, with the position ongoing.
• GCPHN engages with the Suicide Prevention Network and community of practice events, and participates in the suicide

prevention capacity building program.

Other activities undertaken include:
• Maintenance, review, and revising of the Community Action Plan based on research, evaluations and feedback and engagement with local stakeholders and community of practice.
• Monitoring, coordination, and progression of Community Action Plan activities which include:
- Establishment of a new local suicide prevention collaborative group
- Establishment of Men's Table support groups
- Implementation of safeTALK and ASIST training to community-based animal vets
-Implementation of initiative to support suicide prevention within alternative schools and flexible learning centres in the region
- Investigation of capacity building needs of local lived experience advisors to support their ongoing input and leadership of the regional mental health system.
- Capacity building of lived experience advisors.
- Development and implementation of an annual education, knowledge sharing and networking event.
- Establishment of initiative in the region to reduce access to means of suicide.
- Research into opportunities to better support GPs with suicide prevention capacity building.
- Commissioning of suicide prevention services based on regional needs and identified service gaps.
- Delivery of frontline worker suicide prevention training.
-Delivery of gatekeeper suicide prevention training.
- Commissioning of Suicide Prevention for Seniors Training.
- Community engagement and promotion through hosting of Gold Coast Wellbeing Week.
- Coordination of the Suicide Prevention Implementation Group (SPIG) to assist in coordination of workplan activities and to assist with collaboration and engagement with key agencies and individuals in the community to support successful achievement of planned activities.

• Engagement with the National Aboriginal Community Controlled Health Organisation's Culture Care Connect Program, which is a first of its kind Aboriginal and Torres Strait Islander community-controlled approach to suicide prevention service coordination, aftercare services and training in alignment with the National Agreement on Closing the Gap.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Constrained system capacity requires investment in alternate models of care, including digital opportunities to manage and mitigate demand.	20
Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.	20
Stigma and shame associated with mental health, suicidality and AOD issues.	221
Increasing acute demand requires improvement in early intervention, prevention and community support for mental health.	221
Insufficient capacity in sub-acute community based residential mental health services.	221
Poorer mental health outcomes and higher suicidality for LGBTIQAP+ people.	221
Care coordination and information sharing among mental health, AOD, and suicide prevention	221

services are often inefficient in particular transitions from acute or inpatient care to community services.	
nsufficient resourcing to ensure supported, psychologically safe, meaningful engagement of people with lived experience in planning and service delivery.	221
Inefficient system navigation leads to delayed connection of patients with suitable mental health, AOD and suicide prevention services.	221
Inadequate suicide prevention services and post event services for First Nations community.	86
Growing numbers of people with socioeconomic disadvantage and associated higher need, especially in the northern Gold Coast.	71
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

Activity Demographics

Target Population Cohort

Individuals at high risk of suicide, including those experiencing:
• Social isolation
• Financial stress
• Unemployment
• Relationship difficulties and breakdown
• Mental health and/or problematic alcohol, drug and/or gambling issues
• Chronic health condition or disability
• Homelessness or insecure housing

or who are:
• Frontline health and/or emergency services workers; or
• Caring for people with a physical or mental health concern

or who identify as
• Aboriginal and Torres Strait Islander
• LGBTIQAP+

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

As part of the Joint Regional Plan and Suicide Prevention Community Action Plan, consultation to prioritise opportunities and actions has been occurring with a broad range of stakeholders including Gold Coast Health, Gold Coast mental health service providers, primary care providers, consumers, carers, and family members.

GCPHN maintains regular contact with all commissioned providers and HHS colleagues as well as drawing on the specialist advice of a range of community members for specific activities. In addition, a Suicide Prevention Implementation Group (SPIG) has been established which provides local governance that supports defining, prioritising, and progressing key suicide prevention initiatives in the region. The SPIG also reports through to the Joint Regional Plan Strategic Oversight Committee to ensure alignment with our Joint Regional Plan.

The Joint Regional Plan Strategic Oversight Committee and associated Partnership Groups will be consulted in implementation and ongoing review of targeted regional initiatives for suicide prevention.

Collaboration

• The stakeholders that will be involved in implementing this Suicide prevention activity are as follows:
o Consumers
o Suicide Prevention services
o Primary Care Providers
o Gold Coast Health
o Queensland Health
o Gold Coast Health – Mental Health Acute Care Team
o Indigenous service providers
o National Aboriginal Community Controlled Health Organisation's Culture Care Connect Program
o Community and non-government organisations and social supports
o National Suicide Prevention Network and community of practice
o Queensland Primary Health Networks (PHN's)
o Gold Coast Suicide Prevention Implementation Group (SPIG)
o Joint Regional Plan Strategic Oversight Committee
o GCPHN Primary Health Care Improvement Committee, Clinical Council, Consumer Advisory Council, Joint Regional Plan Governance, SPIG committee

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Activity Milestone Details/Duration

Activity Start Date

01/01/2023

Activity End Date

29/06/2026

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

March 2023 – June 2023: Planning
• Engagement of full-time equivalent Suicide Prevention Regional Response Co-ordinator
• Development of a Regional Target Suicide Implementation Project Plan for new investment from 2022/23 to 2023/24
• Determine priorities from the GC Community Action Plan for investment of the targeted suicide prevention resources endorsed by the Gold Coast Suicide Prevention Implementation Group (SPIG)
• Consideration of enhancing existing commissioned suicide prevention services to support the region to meet regional service demand

June 2023 – June 2026: Implementation of plan, anticipating this will include commissioning activities such as:
• Negotiating and procuring training/education services, and other services as required to support completion of suicide prevention Initiatives (eg workforce strategy).
• Co-design /consultation – with targeted communities ie CALD, Aboriginal etc.
• Communication, promotion and marketing.
• Commissioning services using evidence-based practice including the Gold Coast Community Support Program and the establishment of additional Men's Table Programs for the Gold Coast.
• Supporting the establishment of a Gold Coast Suicide Prevention Community Collaborative.
• Implementation of #chatsafe postvention initiative.
• Roses in the Ocean focus group.

July 2023 – June 2026: Performance Monitoring
• Leading continual implementation of the Gold Coast Community Action Plan.
• Planning, delivery, and coordination of recommendations/actions from quarterly SPIG meetings.
• Regular performance management of contractors.
• Active progression, review and reporting of activity performance and plan outcomes, in consultation with the regional SPIG.
• Regular progress reporting to evidence achievement of project deliverables over time.

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?

Yes

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?

Yes

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Extensive co-design with stakeholders listed above. In addition, regular joint commissioning and co-design sessions are held with the HHS.

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

No

MH-Op - 1 - Mental Health Operational

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-Op

Activity Number *

1

Activity Title *

Mental Health Operational

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments