

Brisbane North - Primary Mental Health Care

2025/26 - 2028/29

Activity Summary View



MH-MDS - 1000 - 1.0 - Mental Health Multidisciplinary Services Program



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-MDS

Activity Number *

1000

Activity Title *

1.0 - Mental Health Multidisciplinary Services Program

Existing, Modified or New Activity *

New Activity



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 *

Brisbane North PHN supports over one million people across metropolitan, outer urban and peri-urban areas. It has the highest national 12-month prevalence of mental health disorders (24.5%), above the Queensland average (23.1%), and ranks third nationally for severe mental illness (6.1%). Sub-regions including Caboolture, Narangba-Burpengary, Redcliffe, Strathpine, and Brisbane Inner experience disproportionately high rates of long-term mental health conditions, often co-occurring with physical co-morbidities, socioeconomic disadvantage, social isolation, and elevated NDIS participation. These factors highlight the need for accessible, integrated and culturally safe mental health services.

The aim of this activity, therefore, is to facilitate improved access to and alignment between primary care and mental health care

through delivery of targeted, place-based multidisciplinary services for people with complex mental health needs. Multidisciplinary services also seek to reduce pressure on hospitals and the need for people to access more intensive supports through the National Disability Insurance Scheme or state-based community mental health services.

Aligned with the objectives and outcomes of Program 1.2, the desired outcomes of the Mental Health Multidisciplinary Services Program are:

People with complex mental health needs:

Receive patient centred and holistic care, from clinical and non-clinical supports, resulting in a closer alignment between primary care and mental health care.

Experience improvements in mental health resulting from services delivered and receive an improved experience of care.

See an improvement in access to mental health multidisciplinary services.

There are fewer service disengagements, hospital admissions and emergency department presentations through successful engagement with multidisciplinary services.

There is:

Access to mental health workers employed to help support these outcomes.

An uplift in the ability of general practices and Aboriginal Community Controlled Health Organisations (ACCHOs) to ensure ongoing support and continuity of care via multidisciplinary services.

Description of Activity *

Model of Care:

PHNs to provide a full and comprehensive description of their multidisciplinary service model of care. This description includes the following:

Type of model and planned use of telehealth and non-face-to-face approaches.

The role played by primary care practices and the GP.

Integration/ interfaces with existing services and programs.

Case conferencing arrangements.

Referral arrangements.

Clinical governance arrangements.

Overview

The Mental Health Care Partners (MHCP) Pilot Program aims to enhance access, coordination, and outcomes by strengthening alignment between primary care and mental health services, while establishing a scalable framework that can be sustained beyond initial funding and replicated across PHNs to drive system-wide integration.

Brisbane North PHN will consult, commission, and implement a sustainable, integrated, multidisciplinary mental health service model, led by four Medicare Mental Health Centres (MMHC) across Brisbane North, aligned with the four Metro North Hospital and Health Service (HHS) catchment areas:

Redcliffe catchment (Redcliffe- North Lakes),

Caboolture/Kilcoy catchment (Moreton Bay North),

Royal Brisbane and Women's Hospital catchment (Brisbane Inner City/ Brisbane West) and

The Prince Charles Hospital catchment (Brisbane North / Pine Rivers)

The MMHC led model facilitates shared care planning with GPs and consistent follow-up, ensuring continuity of care and improved outcome and experience for participants. It prioritises under-served adult populations disproportionately affected by mental illness, as identified in the Brisbane North Joint Regional Needs Assessment (JRNA):

Aboriginal and Torres Strait Islander people

People with disabilities, including intellectual disability and neurodiversity

Older persons

People experiencing or at risk of homelessness

Culturally and linguistically diverse communities

LGBTIQA+ communities

The program will address a broad range of mental health needs, including anxiety, depression, psychosis, personality vulnerabilities, suicide and self-harm, and co-occurring substance use issues, as well as social isolation, loneliness, and perinatal mental health challenges.

Participants may access the program for up to two years, determined by initial clinical assessment and regular case review. No minimum or maximum appointments are set, and the service is provided at no cost to the participant.

Each participating MMHC will lead a Mental Health Care Partners (MHCP) team, embedded within the centre, to deliver patient-centred, integrated mental health support. MHCPs will deliver a blend of clinical and non-clinical supports, including care coordination and service navigation, case management, evidenced based therapeutic interventions, psychosocial support and social prescribing.

MHCPs will work closely with referring GPs in a shared care model supporting integrated care plans, case conferencing with patients, families/carers and other service providers. The MHCP will hold a suitable caseload based on the complexity and severity of persons accessing support, and they will deliver direct patient sessions in a variety of modalities (for example one on one, group sessions) and other essential activities such as documentation, training, care coordination and supervision.

GPs will play a central role in assessment, diagnosis, and ongoing clinical oversight, supported by shared care planning and consistent follow-up. Structured communication between GPs and MHCPs through case conferencing, secure messaging, and shared electronic health records, ensures coordinated care. GPs will also facilitate continuity of care, address physical health comorbidities, and support early intervention strategies.

The MHCP model adopts a scaled approach, initially onboarding a minimum of twelve general practices across the Brisbane North region (three per MMHC). The remaining eight practices will be onboarded by mid-2027.

The Brisbane North PHN will lead contract management processes, coordination and communication between key stakeholders, including MMHCs, GPs and ACCHOs. In addition, the PHN will contribute to effective implementation by maintaining model fidelity, providing troubleshooting support, strengthening system integration, and fostering partnerships across the wider health system. The PHN will also drive quality improvement and lead local evaluation activities.

Type of model

A Hub and Spoke Model is proposed, with MMHCs functioning as the hub and connecting with multiple general practices (spokes) within their region. These relationships may be formalised through Memoranda of Understanding. The model involves partnering with the existing lead organisations for the four MMHCs to employ a diverse team of mental health practitioners, including peer workers, to deliver patient-centred, holistic care for individuals with complex needs through Multidisciplinary Teams (MDTs). Each of the four centres is anticipated to have approximately 3 FTE each.

Each MDT within the MMHC will integrate closely with primary care providers, using a combination of in-person services, digital tools and telehealth to support a shared care approach. Telehealth will supplement face-to-face appointments based on patient needs, preferences and workforce availability. Services will be delivered at no cost to practices or patients, removing financial barriers to access.

Reduced waiting times are a priority for this cohort. As such, appropriate referrals whether from a GP or via MMHC entry will be managed within 48 hours of initial contact. Care coordination will occur between and across general practice and MMHCs to ensure continuity, integration and responsiveness throughout the patient journey.

Roles of MMHC and Primary Care

In short, the responsibilities and roles of each element of the Hub and Spoke Shared Care Model will be as follows:

MMHCs:

Build and support a multidisciplinary team

Provide psychosocial, social prescribing and peer support (peer navigators/health coaches)

Develop/strengthen connections with primary care providers in their region

Offer comprehensive assessment (IAR)

Support care coordination, service navigation and referral

Deliver evidenced based therapeutic interventions (e.g. ACT, CBT, DBT, Brief Interventions),

Collaborate with general practice to provide shared care planning.

General Practice:

Provide ongoing physical health care and primary mental health care (primary clinical referral route to MMHCs)

Provide clinical oversight of care plan, including medication management

Connect with their local MMHCs through information sharing agreements

Collaborate with MMHCs to provide shared care planning.

Enablers for the Model include:

Flexible access points (MMHC or participating GP Clinic)

Joint planning for person centred care

Information sharing to facilitate same

Facilitation of stepped care approach between MMHCs, general practice and tertiary services

Providing alternative pathways for access to support including digital and telehealth solutions.

Integration/ interfaces with existing services and programs.

Integration across the service system is essential to reduce fragmentation and improve outcomes for service users accessing the program. Placement of the MHCP within MMHCs ensures:

Establishment of strong referral pathways and collaborative partnerships with key services informed by existing service footprint, including:

PHN-commissioned programs: Medicare Mental Health phone service, Safe Spaces, Alcohol and other Drug Treatment Services, psychological therapies for underserved groups.

Tertiary Mental Health Services for specialist care and escalation

Community-based supports including ACCHOs, housing and homelessness services, domestic and family violence programs, financial counselling, and other social supports

NDIS pathways to ensure access to disability-related supports where appropriate.

Interfaces enabling step-up and step-down care, ensuring individuals receive the right level of support at the right time, and the right place. The model uses shared care protocols, warm referrals, and integrated care planning to strengthen alignment between primary care, mental health, and social services, fostering a seamless experience for service users.

Continuity of care post-Pilot and enhanced uptake of primary care and MMHC offerings. MMHCs are well funded and ensured of continuity well beyond the two-year funding package for the MDT Pilot Program. This provides legacy connections should further MDT funding does not eventuate, supporting connections to general practice and MMHCs for people with complex mental health concerns.

The MDT program will provide a distinct service offering to those already delivered in the MMHCs by delivering integrated clinical care coordination and psychosocial support specifically for individuals with complex mental health needs. Unlike existing psychosocial, this approach will be able to offer more intensive, longer-term, multidisciplinary support tailored to people with cooccurring and higher complexity presentations. The PHN will work with current providers to ensure the enhanced MDT model complements rather than duplicates existing services.

Case Conferencing Arrangements

Case conferencing is a structured process that brings together the consumer and, where appropriate, their families, friends or carers, alongside their GP, MHCPs and relevant service providers to support shared decision making and coordinated care. It promotes continuity, early issue identification and timely step-up/stepdown responses, which are essential for people with complex needs. Case conferencing also strengthens practitioner capability through real time information sharing and mutual learning. Conferences will occur in person at key points in the care journey, with secure virtual options available as needed, and will be supported through integrated care plans within the shared-care model.

Referral Arrangements

The MHCP program will adopt a no-wrong-door approach through Medicare Mental Health Centres (MMHCs), allowing direct referrals from participating general practices and ACCHOs and pathways from MMHCs themselves.

Participating GPs and ACCHOs will use the Medical Objects secure messaging platform to send referrals to their partnered MMHC. Once a referral is received, the MMHC will conduct an intake with the participant using the PMHCIS platform, including completion of the IAR-DST. Medical Objects will also be used for ongoing correspondence between the MHCP team and the referring GP throughout the participant's care.

As the pilot progresses, secondary referral pathways—such as through tertiary services or other access points—may be explored. Referral pathways and demand-management processes will be co-designed with key stakeholders and regularly reviewed.

Clear eligibility criteria will be applied in accordance with the PHN Primary Mental Health Care Program Guidance for Mental Health Multidisciplinary Services for People with Complex Mental Health Needs in Primary Care Settings to avoid service duplication. Demand-management processes and participant-journey workflows will be tailored and continually reviewed, noting that referrals will depend on GP capacity. Allocation of appointments and continuity of care will be negotiated collaboratively

between general practices and MMHCs.

Clinical Governance:

Clinical governance will be led by the commissioned organisations as per current standing arrangements for the lead agencies attached to each MMHC, funded by Brisbane North PHN, in collaboration with participating general practices. This includes clear accountability for clinical oversight, risk management, and quality assurance, supported by agreed protocols and regular reporting to Brisbane North PHN. The organisation will be required to be accredited or working towards accreditation under the National Standards for Mental Health Services and the National Safety and Quality Digital Mental Health Standards. All services must be delivered in a culturally safe and accessible manner.

Capacity building and training:

Capacity building will be led by the commissioned lead organisations with support from the PHN. Activities will include targeted training for GPs and practice teams on managing complex mental health needs, cultural competency, and trauma-informed care, alongside skill development in case conferencing, shared care planning, digital integration training, and continuous quality improvement initiatives.

Service Workforce:

The model will allow flexibility depending on the commissioned lead organisation's approach.

The service workforce will comprise a multidisciplinary team, determined by the MMHC. The blend of practitioners may include suitably qualified mental health professionals (such as social workers, occupational therapists, dual diagnosis practitioners, mental health nurses), clinical leads, primary care engagement and peer/people with lived living experience workers. Cultural safety should be foundational, with First Nations practitioners engaged where possible, and appropriate cultural training provided to the team.

MHCPs will deliver care coordination, service navigation, case management, brief interventions, psychosocial support, and social prescribing, with all interventions appropriately supervised and aligned to each role's scope of practice.

The model is designed to remain adaptable to workforce availability, ensuring service continuity through strategies such as role flexibility, shared responsibilities, and alternative delivery options where required.

Governance:

The commissioned lead organisations will provide clinical governance and practice-level support to maintain safe, high-quality service delivery. The PHN will lead project governance, including contract and performance oversight, evaluation, and stakeholder engagement. In addition, the PHN will explore opportunities to establish a Strategic Governance Group comprising of the MHCPs, Lived and Living experience representatives, GP representatives, and other key partners to promote shared ownership, program oversight, fidelity and continuous quality improvement.

Data Reporting Requirements:

PHNs to provide details around:

How will the service activity data be collected:

The measures/data collection tools will be utilised for the service activity (beyond K10/5+). These may include PROMs, PREMs, and worker outcome and experience measures.

Service activity data collection and reporting processes, including the platform to be used, will be developed in consultation with the commissioned provider. Reporting will include service utilisation, client demographics, and outcome measures using tools such as ReQoL and K10/K5, complemented by PROMs, PREMs, and worker outcome and experience measures. Additional qualitative insights will come from patient and GP satisfaction surveys, referral monitoring, and case studies. All data will comply with PMHC MDS standards and Australian Privacy Principles. Program reporting will demonstrate performance against key indicators, including:

Recruitment and retention of mental health workers in multi-disciplinary teams.

Mental health worker role and impact satisfaction.

Wait times experienced by referred people to appropriate mental health workers or services

Mental health multidisciplinary services are delivered to people in target population cohorts by an appropriate mental health

worker.

Program participants attend/receive services they are referred for.

People with complex needs self-report an improvement in their mental health following receipt of services.

Clinicians and mental health workers reported improvements in the mental health outcomes for people with complex mental health needs as a result of services accessed.

Procurement Approach:

A direct tender approach will be taken to contract the existing lead organisations. The MMHCs will have the option to subcontract additional staff to bring together a unique multidisciplinary team to deliver the MHCP Pilot Program.

A direct tender approach was chosen with a view to implementing the MDT within established entities (MMHCs) commissioned by Brisbane North PHN, with federal funding that is indicated to be enduring and stable. As this is a Pilot program, ensuring sustainability of service user contact with GPs and MMHCs post-Pilot reduces potential reputational risk for Brisbane North PHN in funding time limited Projects that withdraw support for service users once funding has concluded.

MMHCs are located within key parts of the Brisbane North region, with a high profile and existing relationships with local stakeholders, including general practice. Strategically, a direct tender process reduces costs linked to establishment of dedicated spaces within general practice, for example, and reduces administrative burdens on overburdened practices.

MMHCs offer services that can be capitalised on by MDTs situated within them; expanding connections with general practitioners and ACCHOs in the respective regions will secure referral pathways and relationships between stakeholders, offering sustainability and the best return on investment.

Evaluation Arrangements:

PHNs to provide descriptions and details around how the activity/services will be evaluated. These details include:

How PHN-led evaluations will be conducted (scope, domains of evaluation, areas of emphasis) and stakeholder partnerships that will be engaged in their evaluation. Proposed budget and activities (included level of PHN involvement) to an evaluation.

How services and activities would be evaluated in alignment with a national-level program evaluation.

Brisbane North PHN has engaged consultancy group Beacon Strategies to develop a data collection, monitoring, evaluation and learning strategy to support the successful implementation of MHCP program. In addition to designing a strategy that aligns with Commonwealth guidance, the PHN-led evaluation will explore impacts of the service model in the local context, including any modifications to best meet local need.

The development of this strategy will commence April 2026 and be finalised by August 2026.

Target Cohort: Adults (18 – 65) with complex mental health needs in the Brisbane North PHN Region.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Mental Health - Health Needs Level 1	2



Activity Demographics

Target Population Cohort

Target Cohort: Adults (18 – 65) with complex mental health needs in the Brisbane North PHN Region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Brisbane Inner	30501
Redcliffe	31305
Strathpine	31403
Caboolture	31302



Activity Consultation and Collaboration

Consultation

Stakeholder Engagement:

Please detail all levels of stakeholder engagement with the relevant stakeholders across the PHN. Please list likely/proposed stakeholders, their roles and impacts within the scope of the activity's implementation delivery.

These stakeholders' groups may include:

- Service users and carers (see co-design)
- Lived experience groups
- GPs, ACCHOS, primary care settings, medical advisors
- Allied health workers
- First Nations communities and groups
- Community and clinical advisory councils
- Mental health/community health service providers
- District Health Services

Collaboration

- Service users and carers (see co-design)
- Two workshops were facilitated in December 2025, with people with Lived and Living Experience to inform the service model design
- lived experience groups
- GPs, ACCHOS, primary care settings, medical advisors

- The Brisbane North PHN Clinical Advisory Group were engaged initially in the submission of the original Grant proposal and subsequently to refine the service model design
- allied health workers
- First Nations communities and groups
- Community and clinical advisory councils
- Mental health/community health service providers
- District Health Services



Activity Milestone Details/Duration

Activity Start Date

31/10/2025

Activity End Date

29/06/2028

Service Delivery Start Date

01/07/2026

Service Delivery End Date

30/06/2028

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): Yes

Is this activity being co-designed?

Yes

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Brisbane North PHN organised and co-facilitated workshops with Lived and Living Experience representatives to further shape the service model by exploring how people use general practice for mental health, what works and what doesn't, and identifying desired services and features to better support their experience.



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
MH Multidisciplinary Services	\$0.00	\$311,380.00	\$1,521,623.00	\$2,286,787.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
MH Multidisciplinary Services	\$0.00	\$311,380.00	\$1,521,623.00	\$2,286,787.00	\$0.00	\$4,119,790.00
Total	\$0.00	\$311,380.00	\$1,521,623.00	\$2,286,787.00	\$0.00	\$4,119,790.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH-SS - 2000 - MH 2.0 - Safe Spaces



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-SS

Activity Number *

2000

Activity Title *

MH 2.0 - Safe Spaces

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 ***

Safe Spaces are non-clinical, peer-led alternatives to Emergency Departments (EDs), designed to provide safe environments for individuals in distress and increase the region's capacity and capability to respond to distress in the community. The objective of the Network is to have communities with the capacity and capability to respond effectively to distress and guests of Safe Space sites receive support to address the root causes of their distress.

The primary functions delivered includes:

1. SAFE SPACES

- Four Safe Space sites deliver peer-led support to community members located in Caboolture, Redcliffe, Strathpine and Bardon. The sites are open four to five days a week and outside of regular business hours. Safe Space sites will be continuing on a reduced operational hours basis across four sites from July 2026 onwards.
- The sites provide distress management, safety planning, capacity building and brief structured interventions using Peer Work Practice approaches.
- They operate with a peer-led approach, utilising clinical governance processes for quality and safety while investing within their organisations to grow internal capacity in Lived Experience/Peer Practice.

Description of Activity *

The Brisbane North Safe Space Network's activities fall under the following synergistic disciplines: Peer Work and Community Development.

Peer-led Safe Space sites | Peer Work

- There are four Safe Space sites, one in each of the region's hospital catchments: The Prince Charles Hospital (Strathpine), Royal Brisbane Hospital (Bardon), Redcliffe Hospital and Caboolture Hospital (Redcliffe and Caboolture).
- The key components are:
 - o Staffed by a compassionate and capable Peer Workforce.
 - o A trauma-informed 'no wrong door' approach in a warm and welcoming environment.
 - o A non-clinical approach that is framed around addressing distress rather than diagnoses and symptoms.
 - o A safe and accessible location that is open seven days a week, after-hours: 5pm –9pm weekdays and at varied times on the weekend.
 - o Follow up with guests after visits (72 hours).
 - o Strong relationships with service providers relevant to your region, and referrals to other services.
 - o Clinical governance and ongoing investment in a Peer Leadership Team
- Safe Spaces use Peer Practice Frameworks to deliver one-on-one and group-based supports that include:
 - o Brief structured interventions
 - o Distress management
 - o Capacity building and problem solving
 - o Safety planning
- Places in the community that commonly have patrons who experience distress
- Incorporating the four hospital catchments in the Brisbane North Region: Caboolture Hospital, Redcliffe Hospital, The Prince Charles Hospital and the Royal Brisbane and Women's Hospital.

Data Collection: Clear expectations with data reporting and performance indicators have been developed through active collaboration and discussion at the Safe Spaces Workshop on 10 November 2025, with agreement for all providers to provide monthly data entered into Snapforms Data Center, then secure transfer via API to PHI Platform with copy deleted from Snapforms following successful transfer to PHI. This data is then used to populate a PowerBI dashboard to track progress and support program.

Target Cohort: People of all ages within the Brisbane North PHN region who experience acute episodes of distress but do not require medical interventions and:

- o seek support from the Emergency Department or other Emergency Services.
- o seek assistance from a non-clinical alternative to the Emergency Department but do not wish to access clinical supports.
- o
- Places in the community that commonly have patrons who experience distress
- Incorporating the four hospital catchments in the Brisbane North Region: Caboolture Hospital, Redcliffe Hospital, The Prince Charles Hospital and the Royal Brisbane and Women's Hospital.

Decommissioning note: The Compassionate Village initiative has been previously tethered with the Safe Spaces Network commissioning. The aim of this activity has been to support those 'accidental counsellors' based in the community i.e. libraries, op shops, hairdressers etc to capably support those in distress, and to foster community pathways to clinical supports across the region i.e. Medicare Mental Health including warm recommendation to the Safe Space services. Due to the loss of key staffing and changes in strategic direction by the commissioned provider, this work will not continue in its previous form in 2026-27 and will be decommissioned through a mutual agreement in June 2026.

Consideration is underway to how this critical community capacity building work can continue to support suicide prevention and response across the region.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Mental Health - Health Needs Level 1	2
Mental Health - Health Needs Level 3	7



Activity Demographics

Target Population Cohort

People of all ages within the Brisbane North PHN region who experience acute episodes of distress but do not require medical interventions and:

o seek support from the Emergency Department or other Emergency Services.

o seek assistance from a non-clinical alternative to the Emergency Department but do not wish to access clinical supports.

- Places in the community that commonly have patrons who experience distress
- Incorporating the four hospital catchments in the Brisbane North Region: Caboolture Hospital, Redcliffe Hospital, The Prince Charles Hospital and the Royal Brisbane and Women's Hospital.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

- In 2016-17, North Brisbane Partners in Recovery funded a literature review and co-design consultation across the region to develop an agreed approach to Safe Spaces for people in mental distress. A Safe Spaces partnership group was then established to take forward recommendations.
- In 2018, Metro North HHS funded the partnership to deliver a Safe Space in Caboolture and Redcliffe as a trial for one year with limited hours (weekend days). This project will establish a region-wide service to four locations.
- Stakeholders:
 - People with a lived experience of mental distress and illness
 - Carers and family members
 - Metro North HHS – Emergency Departments and Mental Health Service
 - Ambulance and police services
 - Existing Brisbane North Safe Space Network Operational Governance Committee
 - NGOs in the community
 - Informal safe spaces such as neighbourhood centres, libraries, pharmacies

Collaboration

• Review of existing governance including provider partnership meetings occurred throughout 2025/26 holding a Safe Spaces Partnership Workshop on 10th November 2025, with an agreement for quarterly Operational Governance Committee meetings throughout 2026. • Review of governance included renewed approach to data collection monthly to showcase the impact of the Safe Spaces Network, with a data dashboard to be implemented from February 2026 as part of the ongoing Operational Governance Committee meetings.



Activity Milestone Details/Duration

Activity Start Date

30/06/2025

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?

No

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

No

Decommissioning

Yes

Decommissioning details?

The Compassionate Village initiative has been previously tethered with the Safe Spaces Network commissioning. The aim of this activity has been to support those 'accidental counsellors' based in the community i.e. libraries, op shops, hairdressers etc to capably support those in distress, and to foster community pathways to clinical supports across the region i.e. Medicare Mental Health including warm recommendation to the Safe Space services. Due to the loss of key staffing and changes in strategic direction by the commissioned provider, this work will not continue in its previous form in 2026-27 and will be decommissioned through a mutual agreement in June 2026.

Consideration is underway to how this critical community capacity building work can continue to support suicide prevention and response across the region.

Co-design or co-commissioning comments

- In 2016-17, North Brisbane Partners in Recovery funded a literature review and co-design consultation across the region to develop an agreed approach to Safe Spaces for people in mental distress. A Safe Spaces partnership group was then established to take forward recommendations.
- In 2018, Metro North HHS funded the partnership to deliver a Safe Space in Caboolture and Redcliffe as a trial for one year with limited hours (weekend days). This project will establish a region-wide service to four locations.

Stakeholders:

- People with a lived experience of mental distress and illness
- Carers and family members
- Metro North HHS – Emergency Departments and Mental Health Service
- Ambulance and police services
- Existing Brisbane North Safe Space Network Operational Governance Committee
- NGOs in the community
- Informal safe spaces such as neighbourhood centres, libraries, pharmacies



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Safe Spaces	\$0.00	\$2,194,904.29	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Safe Spaces	\$0.00	\$2,194,904.29	\$0.00	\$0.00	\$0.00	\$2,194,904.29
Total	\$0.00	\$2,194,904.29	\$0.00	\$0.00	\$0.00	\$2,194,904.29

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH-H2H - 3600 - MH-H2H - Medicare Mental Health (Phone service)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-H2H

Activity Number *

3600

Activity Title *

MH-H2H - Medicare Mental Health (Phone service)

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 Medicare Mental Health phone service (1800 595 212), formally known as Head to Health Service Navigation (transitioned March 2025), aims to offer seamless care pathways for consumers to access the best-fit mental health, AOD or suicide prevention service to meet their unique needs. It was developed as a response to both the Productivity Commission's (PC) findings from its Inquiry into Mental Health and the response to the COVID-19 pandemic.

The PC report found that the mental health system was complex and that many people who needed treatment and care were unable to access appropriate services that were well integrated with other parts of the system - both those funded through the Commonwealth and state and territory services. To address this, the phone service is intended to provide initial assessment and service navigation support to connect people to the right mental health service to meet their needs. It's designed to complement, not replace, or duplicate, mental health support lines and services already provided in the community. In addition to the phone service, the Medicare Mental Health team delivers a range of other activities with the aim to improve integration of local health services, promote multi-disciplinary care, and make the health system more accessible. Medicare Mental Health (Previously called Head to Health Service Navigation) delivers a range of activities to assist consumers, families, carers, GPs and allied health professionals navigate mental health services in the North Brisbane and Moreton Bay region.

Medicare Mental Health provides assessment, referral, and service navigation support using the Initial Assessment and Referral

Decision Support Tool (IAR-DST). The service aims to deliver a seamless care pathway, enabling consumers to access the most appropriate mental health, AOD or suicide prevention support based on their identified needs. This includes referrals to Brisbane North PHN commissioned and non-commissioned services, emergency or immediate support options and digital services, including the Medicare Mental Health Check-In (MMHCI). Medicare Mental Health is designed to address fragmentation in the mental health system and enhance local service integration. Since December 2024, the Medicare Mental Health phone service (MMHps) has been delivered by Neami National, initially under the Head to Health Service Navigation brand until March 2025, when it transitioned to the MMHps. Since February 2026, the MMHps has been co-located with the recently centralised Metro North Mental Health Call Centre.

Description of Activity *

This activity will be achieved by providing intake, assessment and referral to services commissioned by the Brisbane North PHN or other community-based services.

Specific activities include:

- Service promotion with consumers, referrers and service providers to build awareness of the Medicare Mental Health phone service.
- Provision of a consistent approach to intake, assessment and referral informed by the IAR-DST tool.
- Provision of information and advice on locally available mental health services and supports.
- Development and maintenance of resources for consumers, referrers and service providers.
- Expanded referral pathways and service mapping to IAR level of care.
- Lead digital enhancements to improve workflows and end-user experience (e.g. web-chat function, Power BI dashboard of services, rediCASE)
- Maintain service policies, procedures and guidance material, for example Clinical Governance Framework. Outputs from the service include:
 - Target audience receives information about the phone service via promotional pathways.
 - Information and service navigation assistance provided to consumers, families, carers, GPs and other health professionals to access local mental health services.
 - Consistent assessment using the IAR-DST tool to determine level of care needs.
 - Consumers are referred appropriately to local mental health services.
 - Where clinically appropriate Consumers are provided referral support and connection to the MMH Check-In service.
 - Consumers in crisis are connected to emergency or immediate support services.
 - Linkages and referral pathways are established between the Medicare Mental Health phone service and other mental health services in the region.

Activities will include;

recruitment, training, phone coverage and integration with 1300 MH CALL. PMHC MDS: This activity will collect data for the Primary Mental Health Care Minimum Data Set (PMHC-MDS). Approach to this is to collect data about phone call activity including the number of callers, the IAR level of care, referrals to PHN commissioned services, referral out destination, and demographic characteristics of consumers, including reporting required data to PMHC-MDS. Target Cohort: Whole of population, all ages within the Brisbane North PHN Region – consumers, families, carers, GPs, service providers and other allied health professionals. Note: This activity was transitioned from PHN delivery to a commissioned provider as of December 2024. There was no decommissioning nor disruption to service occurring with this transfer.

Target Cohort: Whole of population, all ages within the Brisbane North PHN region – consumers, families, carers, GPs, service providers and other allied health professionals.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Mental Health - Health Needs Level 1	2
Population Health - Service Needs Level 1	5



Activity Demographics

Target Population Cohort

Whole of population, all ages within the Brisbane North PHN region – consumers, families, carers, GPs, service providers and other allied health professionals.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

This service is available to First Nations people, as health practitioners, consumers or carers and families. The Medicare Mental Health phone service is intended to offer a culturally safe response to the needs of First Nations people in line with the principles of the Gayaa Dhuwi (Proud Spirit) Declaration.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

In 2018/19, the PHN consulted with a range of consumer and carer representatives, service providers and other stakeholders to review psychological services and services for people with severe mental illness. This informed the development of the service model and the PHN's approach to the delivery of Service Navigation. MMHps should maintain ongoing consultation across integrated mental health services and systems to identify trends, emerging needs, and service requirements. Where new or changing components of service delivery are proposed, these should, wherever possible, be developed through co-design to ensure services are responsive, relevant and person-centered.

Collaboration

Neami National is commissioned by the Brisbane North PHN to deliver the Medicare Mental Health phone service. Since February 2026, the MMHps has been co-located with the recently centralised Metro North MHCALL team. Operational Governance arrangements for the MMHps are currently being established through a tripartite partnership between Neami National, Brisbane North PHN and Metro North Mental Health.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2020

Service Delivery End Date

30/06/2027

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?

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

In 2018/19, the PHN consulted with a range of consumer and carer representatives, service providers and other stakeholders to review psychological services and services for people with severe mental illness. This informed the development of the service model and the PHN's approach to the delivery of Service Navigation. MMHps should maintain ongoing consultation across integrated mental health services and systems to identify trends, emerging needs, and service requirements. Where new or changing components of service delivery are proposed, these should, wherever possible, be developed through co-design to ensure services are responsive, relevant and person-centered.



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H2H Intake and Assessment Phone Service	\$2,600,275.33	\$1,308,021.04	\$867,169.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
H2H Intake and Assessment Phone Service	\$2,600,275.33	\$1,308,021.04	\$867,169.00	\$0.00	\$0.00	\$4,775,465.37
Total	\$2,600,275.33	\$1,308,021.04	\$867,169.00	\$0.00	\$0.00	\$4,775,465.37

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 1100 - MH 1.1 - Brief Therapy - New Access service



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1100

Activity Title *

MH 1.1 - Brief Therapy - New Access service

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 ***

The National Mental Health Service Planning Framework's Planning Support Tool estimates that over 88,000 people in the PHN region will have a mild mental health condition in 22-23, and the Brisbane North PHN 2025-2027 Joint Regional Needs Assessment identified anxiety and depression as a key health issue in the community.

Combined with feedback heard throughout the Mental Health Regional Plan consultations (and previously Planning for Wellbeing consultations), there is a strong need to provide mental health services that intervene early and prevent the need for more moderate and severe psychological therapy services.

The NewAccess program provides an individual brief, structured and evidenced based psychological therapy for people experiencing mild depression and/or anxiety symptoms. The aim of the program is to reduce psychological distress by supporting people to take action to change things that cause life stress.

The program is available for people aged 12 years and above. NewAccess mental health coaching is a 6-session guided self-help program designed to provide you with skills to manage everyday life stresses. The program was developed by Beyond Blue and is delivered by RFQ. Coaches deliver Low-intensity Cognitive Behavioural Therapy, a structured, evidence-based psychological support.

The over-arching purpose of the Primary Mental Health Care Program in relation to brief therapies is to improve the targeting of

psychological interventions to most appropriately support people with mild mental illness at the local level through the development and/or commissioning of brief therapy mental health services.

A key focus of the NewAccess program is to enable greater access to brief psychological therapy for people living in the Brisbane North region. People can self-refer into the NewAccess program and do not need to have a diagnosed mental health condition, a GP referral or a mental health care plan.

The overall outcomes of the NewAccess program are for people to experience:

- decreased levels of anxiety, depression and psychological distress
- improved capacity to manage life stressors

Description of Activity *

This program is being decommissioned in FY25/26 in lieu of the Medicare Mental Health Check Up service. This service will be powered by St Vincents and Department of Health, Disability and Ageing. The PHN has commissioned a specialist service provider to deliver NewAccess to reach the mainstream population residing in the Brisbane North region. The NewAccess brief therapy service is embedded within a wider range of stepped mental health care services and supports for the individual as needed. Referral pathways to more moderate psychological therapy services have been established and included in the provider's service delivery model. Brief therapy services have been promoted via PHN communication and mental health distribution channels. A brief therapy GP and Health Professional Communication and Education Strategy has been co-designed and implemented to increase awareness, understanding and credibility about:

- where evidence based brief psychological therapies sit within the stepped model of primary mental health
- how brief therapy services can support people who are at risk of/experiencing mild mental health conditions or recovering from a more moderate/severe mental health condition
- who would benefit from accessing a brief psychological therapy
- what evidence based brief psychological therapies are available to people living in the Brisbane North region

The provider's service delivery and client outcomes are monitored by the PHN via the following processes:

- Quarterly progress and finance report (includes collection of participant feedback and complaints and consumer and carer involvement)
- Quarterly National Primary Mental Health Care Minimum Data Set (PMHC-MDS) reporting
- Participation in National PHN Evaluation activities

The New Access program is delivered across ten sessions:

- assessment: 60-minute initial assessment
- up to 6 x 20-30 minute subsequent sessions (face-to-face/phone/video call)
- end and follow-up: stepped up or down as needed
- check in at 4 weeks and 6 months. PMHC-MDS is collected via redicase

Target Cohort: Brisbane North residents aged 12 years and above who are experiencing mild depression and/ or anxiety symptoms.

Decommissioning: Please note, this activity is decommissioning with service closing and all existing clients completing treatment by 30 June 2026. The approach to decommissioning focuses on maintaining a positive relationship with the provider whilst balancing an evolving national low intensity landscape. Formal consultation with RFQ and Beyond Blue has occurred in line with the Decommissioning process plan. New Access will cease services is transitioned out with replacement by the Medicare Mental Health Check-up service.

The New Access model includes six sessions over six weeks and to ensure there is adequate transition and closure time, it is recommended that referrals close twelve weeks prior to contract end. This will support all existing clients to complete their treatment so clients will not need to be on-referred or transitioned to other services.

This also allows adequate time to document program learnings and to complete all contract deliverables.

Needs Assessment Priorities *

Needs Assessment

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Mental Health - Health Needs Level 1	2



Activity Demographics

Target Population Cohort

Brisbane North residents aged 12 years and above who are experiencing mild depression and/ or anxiety symptoms.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

RFQ works in partnership with Aboriginal and Torres Strait Islander organisations. They will seek advice on how to best support a resident who identifies as Aboriginal and Torres Strait Islander as required.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Brisbane North PHN consulted with a wide range of stakeholders in the development of a range of activities and for the development of the Planning for Wellbeing: A regional plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug treatment services 2018-2025. This outcomes of this activity contribute to the success of the regional plan. In 2017-18, consultation to inform the initial development of this activity highlighted the importance of not simply parachuting in new models of care which can further fragment service delivery, but to ensure any procurement increases coordination and connection across the system. Participants at co-design workshops consistently reported the silo nature of services, the fragmented nature of the service system and the need for service and system navigation. Achievement of an effective person-centred, stepped care model requires significant reform, and an understanding of how the various components within low-intensity services operate and coordinate with each other. Further consultation in the development of the procurement strategy for this activity involved:

- Online Discussion paper & Survey – Distributed to 750+ people, 400 + visitors to the online site, 60 downloads of discussion paper, 78 (10% response rate) survey responses
- Stakeholder meetings – 8 meetings with key stakeholders including Beyond Blue, Sane Australia, Brook RED, Peach Tree and

Institute for Urban Indigenous Health. From the engagement activities Brisbane North PHN identified three key strategy areas for low intensity mental health services needed in the Brisbane North region:

1. access to low intensity psychological services, in a variety of modalities
2. education and support for GP's and other primary health and
3. community service providers building the evidence base for low intensity services.

Collaboration

CBT Institute provide clinical supervision for coaches - 1 hour per week and group supervision 1.5 hours per month.

- Attend monthly budget meetings to discuss the financial performance of the program.
- Completes regular reporting to the CEO to ensure the model and financial structures are being upheld.
- Quarterly reports to Beyond Blue and PHN DDWM that include benchmarks.
- Regular meetings with CBT Institute with a focus on governance and quality improvement.
- Accreditation against the National Standards for Mental Health Services.
- Senior Executive Team meetings - risk, opportunity and strategy issues are discussed/ reviewed.
- Quarterly meetings with PHN contract manager to discuss reporting, areas for improvement and any risk and opportunity.
- RFQ clinical Governance framework.
- Weekly team meetings to share information / resources, troubleshoot and focus on quality improvement activities.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2026

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?

No

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

No

Decommissioning

Yes

Decommissioning details?

This program is being decommissioned in FY25/26 in lieu of the Medicare Mental Health Check Up service. The decommissioning process will involve close collaboration with the service provider, with service closing and all existing clients completing treatment by 30 June 2026. The approach to decommissioning focuses on maintaining a positive relationship with the provider whilst balancing an evolving national low intensity landscape. Formal consultation with RFQ and Beyond Blue has occurred in line with the Decommissioning process plan. New Access will cease services is transitioned out with replacement by the Medicare Mental Health Check-up service.

The New Access model includes six sessions over six weeks and to ensure there is adequate transition and closure time, it is recommended that referrals close twelve weeks prior to contract end. This will support all existing clients to complete their treatment so clients will not need to be on-referred or transitioned to other services. This also allows adequate time to document program learnings and to complete all contract deliverables.

Co-design or co-commissioning comments

Consultation to inform Procurement Strategy and Service Co-design:

- 2016-18 - Online Discussion paper & Survey – Distributed to 750+ people, 400 + visitors to the online site, 60 downloads of discussion paper, 78 (10% response rate) survey responses
- 2016-18 Stakeholder meetings – 8 meetings with key stakeholders including Beyond Blue, Sane Australia, Brook RED, Peach Tree and Institute for Urban Indigenous Health.
- 2017-18 Regional Plan consultation process Planning for Wellbeing
- 2018-19 Psychological Therapies Review (Low intensity included in this review)

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

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$344,598.04	\$337,524.99	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$344,598.04	\$337,524.99	\$0.00	\$0.00	\$0.00	\$682,123.03
Total	\$344,598.04	\$337,524.99	\$0.00	\$0.00	\$0.00	\$682,123.03

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 1200 - MH 1.2 - Problem Management Plus



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1200

Activity Title *

MH 1.2 - Problem Management Plus

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 1: Low intensity mental health services

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

The National Mental Health Service Planning Framework's Planning Support Tool estimates that over 88,000 people in the Brisbane North PHN region will have a mild mental health condition in 2022-23, and 50% of those people will seek treatment via a brief therapy service. There is also a need to provide mental health services that intervene early and prevent the need for more moderate and severe psychological therapy services.

Results from the PHN's brief therapy and regional plan consultation identified key issues for people from CALD communities including the need for better access to a range of services, the need for greater connection with community for people from CALD backgrounds, and the lack of affordability of services for people ineligible for assistance through Medicare. The Problem Management Plus (PM+) Program provides a brief psychological therapy group and individual services for people who identify as culturally and linguistically diverse (CALD) experiencing mild depression and/or anxiety symptoms.

The aim of the program is to: - increase access to a multicultural community based mental health program that supports social, emotional and mental well-being in a culturally responsive way - decrease psychological distress - support people who identify as CALD manage adverse life events The over-arching purpose of the Primary Mental Health Care Program in relation to brief therapies is to improve the targeting of psychological interventions to most appropriately support people with mild mental illness at the local level through the development and/or commissioning of brief therapy mental health services.

A key focus of the PM+ program is to enable access to psychological therapy for people who identify as culturally and linguistically diverse. People can self-refer into the PM+ program and do not need to have a diagnosed mental health condition, a GP referral or a mental health care plan.

The overall outcomes of the PM+ program are for people who identify as CALD to experience:

- decreased levels of anxiety, depression and psychological distress
- improved capacity to manage life stressors and adversity

Description of Activity *

The PHN will commission a specialist service provider to deliver an evidence-informed, CALD-specific mental health brief therapy program for people who identify as culturally and linguistically diverse (CALD).

This program will operate as part of the broader stepped-care mental health system, ensuring individuals and their communities can access the level of care most appropriate to their needs. Referral pathways to moderate-intensity psychological therapies will be formally established and incorporated into the provider's service model to ensure continuity of care. Brief therapy services will be promoted via PHN communication and mental health distribution channels.

A GP and Health Professional Communication and Education Strategy will be co-designed and implemented to build awareness, understanding, and confidence in relation to:

- the role of evidence-based brief psychological therapies within the stepped-care model
 - how brief therapy services can support people at risk of, or experiencing, mild mental health conditions, as well as those recovering from more moderate or severe conditions
 - identifying individuals who would benefit from brief psychological interventions
 - the range of evidence-based brief psychological therapies available to residents of the Brisbane North region
- The PHN will monitor the provider's service delivery and client outcomes through the following processes:
- Six-monthly progress and quarterly financial reporting, including collection of participant feedback, complaints, and evidence of consumer and carer involvement
 - Bi-monthly reporting to the National Primary Mental Health Care Minimum Data Set (PMHC-MDS)
 - Participation in national PHN evaluation activities
- There are two PM+ program options available based on client needs and preferences.

If client needs and preferences are more aligned with the individual sessions, Option A is selected.

If the client needs and preferences are more aligned with group sessions, Option B is selected.

Option A:

- 7 individual sessions which include:
- 2 face-to-face assessment and planning sessions (pre and post assessment)
- 5 x 90 minute weekly face-to-face intervention sessions (over 5 weeks)
- telephone support between sessions for clients who require extra level of support; and
- clients also offered additional support through existing group programs provided under the Culture in Mind wraparound model.

Option B:

- 7 x sessions
- 2 face-to-face individual assessment and planning sessions • 5 x group support sessions (up to 5 participants); and
- clients also offered additional support through existing group programs provided under the Culture in Mind wraparound model.

The PMHC-MDS is collected via redicase.

Target Cohort: This activity is targeted towards people of all ages who identify as culturally and linguistically diverse (CALD) within the Brisbane North PHN region.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Population Health - Health Needs Level 1	2-3
Mental Health - Health Needs Level 1	2



Activity Demographics

Target Population Cohort

This activity is specifically targeted to culturally and linguistically diverse populations of all ages, including refugees who have a mild mental illness or who may be at risk of developing a mental illness.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

World Wellness Group works in partnership with Aboriginal and Torres Strait Islander organisations. They will seek advice on how to best support a resident who identifies as Aboriginal and Torres Strait Islander as required.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Brisbane North PHN consulted with a wide range of stakeholders in the development of a range of activities and for the development of the Planning for Wellbeing: A regional plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug treatment services 2018-2025. The outcomes of this activity contribute to the success of the regional plan.

In 2017-18, consultation to inform the initial development of this activity highlighted the importance of not simply parachuting in new models of care which can further fragment service delivery, but to ensure any procurement increases coordination and connection across the system. Participants at co-design workshops consistently reported the silo nature of services, the fragmented nature of the service system and the need for service and system navigation.

Achievement of an effective person-centred, stepped care model requires significant reform, and an understanding of how the various components within low-intensity services operate and coordinate with each other.

Further consultation in the development of the procurement strategy for this activity involved:

- Online Discussion paper & Survey – Distributed to 750+ people, 400 + visitors to the online site, 60 downloads of discussion

paper, 78 (10% response rate) survey responses

- Stakeholder meetings – 8 meetings with key stakeholders including Beyond Blue, Sane Australia, Brook RED, Peach Tree and Institute for Urban Indigenous Health. From the engagement activities Brisbane North PHN identified three key strategy areas for low intensity mental health services needed in the Brisbane North region: 1. access to low intensity psychological services, in a variety of modalities 2. education and support for GP's and other primary health and community service providers building the evidence base for low intensity services.

Collaboration

The governance structures applied to support effective implementation of the Problem Management Plus Program is focused on weekly planning for the client engagement as well as entering client data into rediCASE on regular basis to capture the data required in this report. PM+ staff members also receive regular supervisions.

All MPT practitioners are attending 2 monthly peer supervision sessions including professional development training. These are facilitated by one of the clinical psychologists. PM+ staff members also attend regular supervision with program manager, attend team briefings to discuss challenges staff face as frontline workers. Ongoing sessions on upskilling and other professional development training including safety and risk identifications are being provided to the team.

MPSWs have fortnightly "catch up" sessions to debrief and discuss critical incidents. They also have weekly professional development training on "professional boundaries, confidentiality, Understanding the PHN service Framework.

Communication" and other related topics to improve, enhance client service delivery. World Wellness Group collaborates with general practitioners, community health services, mental health clinicians, and multicultural health providers, while also working with refugee support organisations and hospital services to ensure coordinated care for CALD communities. These partnerships help connect service users with culturally safe and accessible health pathways that reduce barriers and improve health equity.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2026

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?

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Consultation to inform Procurement Strategy and Service Co-design: • 2016-18 - Online Discussion paper & Survey – Distributed to 750+ people, 400 + visitors to the online site, 60 downloads of discussion paper, 78 (10% response rate) survey responses • 2016-18 Stakeholder meetings – 8 meetings with key stakeholders including Beyond Blue, Sane Australia, Brook RED, Peach Tree and Institute for Urban Indigenous Health. • 2017-18 Regional Plan consultation process Planning for Wellbeing • 2018-19 Psychological Therapies Review (Low intensity included in this review)

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

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$88,220.91	\$90,041.32	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$88,220.91	\$90,041.32	\$0.00	\$0.00	\$0.00	\$178,262.23
Total	\$88,220.91	\$90,041.32	\$0.00	\$0.00	\$0.00	\$178,262.23

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 1300 - MH 1.3 - Sunshine Parenting Program



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1300

Activity Title *

MH 1.3 - Sunshine Parenting Program

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 1: Low intensity mental health services

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

The National Mental Health Service Planning Framework estimates that approximately 93,000 people in the Brisbane North PHN region will experience a mild mental health condition in 2026–27, representing roughly 8% of the region's population. In addition, the Brisbane North 2021/22-2023/24 Health Needs Assessment identified the First 2000 Days as a key health issue for the region.

This has also been identified in the North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27. To further support this, results from the PHN's brief therapy and regional plan consultation demonstrated a strong need to support family's living in the Brisbane North region with perinatal mental health needs. This activity will improve access to low intensity services for mothers of infants aged 0 to 12 months at risk of and/or experiencing mild postnatal depression and/or anxiety symptoms.

The aim of the program is to reduce mother's psychological distress and support social inclusion by encouraging greater social connectedness. Brisbane North PHN will achieve this aim by continuing to commission structured, time-limited, evidence-based low intensity psychological services. The Sunshine Parenting Program (SPP) provides a brief psychological therapy group service for mothers (with infants aged between 0-12 months) at risk of and/or experiencing mild postnatal depression and/or anxiety symptoms. The aim of the program is to reduce mother's psychological distress and support social inclusion by encouraging greater social connectedness.

The over-arching purpose of the Primary Mental Health Care Program in relation to brief therapies is to improve the targeting of psychological interventions to most appropriately support people with mild mental illness at the local level through the development and/or commissioning of brief therapy mental health services.

A key focus of the SPP program is to enable access to psychological therapy for mothers with infants aged 0-12 months. Mothers can self-refer into the SPP program and do not need to have a diagnosed mental health condition, a GP referral or a mental health care plan. The overall outcomes of the SPP program are for mothers to experience:

- decreased levels of perinatal anxiety and depression
- improved capacity to manage life stressors
- increased social connectedness

Description of Activity *

The PHN will commission a specialist service provider to deliver an evidence informed peer-delivered perinatal mental health brief therapy service/program to mothers with infants aged 0-12 months.

The perinatal mental health brief therapy service will be embedded within a wider range of stepped mental health care services and supports for the individual and their family as needed. Referral pathways to more moderate psychological therapy services will be established and included in the provider's service delivery model. Brief therapy services will be promoted via PHN communication and mental health distribution channels.

A brief therapy GP and Health Professional Communication and Education Strategy will be co-designed and implemented to increase awareness, understanding and credibility about:

- where evidence based brief psychological therapies sit within the stepped model of primary mental health
 - how brief therapy services can support people who are at risk of/experiencing mild mental health conditions or recovering from a more moderate/severe mental health condition
 - who would benefit from accessing a brief psychological therapy
 - what evidence based brief psychological therapies are available to people living in the Brisbane North region
- The provider's service delivery and client outcomes will be monitored by the PHN via the following processes:
- Quarterly progress and finance report (includes collection of participant feedback and complaints and consumer and carer involvement)
 - Bi-monthly National Primary Mental Health Care Minimum Data Set (PMHC-MDS) reporting
 - Participation in National PHN Evaluation activities
- The SPP is delivered via:
- 6 x 2-hour weekly participant group workshops (groups facilitated by 2 x Peer Workers with lived experience of perinatal mental health challenges)
 - optional service referral to psychologist available if required
- The Sunshine Parenting Program is delivered via face-to-face group sessions in two locations:

1. Peach Tree Moreton Bay - Morayfield 2. Peach Tree North Brisbane - Nundah PMHC-MDS

- Data is entered into rediCASE by service provider within 10 days of event occurring. The data is then used for bi-monthly National Primary Mental Health Care Minimum Data Set (PMHC-MDS) reporting. Target Cohort: Women aged 15-44 in the Brisbane North PHN region who are at risk of experiencing symptoms of distress or mild symptoms of mental illness (i.e. anxiety, depression) during a perinatal period. Women who have been experiencing symptoms of distress or mild symptoms of mental illness (i.e. anxiety, depression) during a perinatal period.

Target Cohort: Women who are at risk of experiencing symptoms of distress or mild symptoms of mental illness (i.e. anxiety, depression) during a perinatal period. Women who have been experiencing symptoms of distress or mild symptoms of mental illness (i.e. anxiety, depression) during a perinatal period. Women who have a history of moderate to severe mental health conditions at risk of relapse during a perinatal period.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Women's Health - Service Needs Level 2 and 3	8-10
Women's Health - Health Needs Level 1	3
Mental Health - Health Needs Level 1	2
Population Health - Service Needs Level 1	5



Activity Demographics

Target Population Cohort

Women who are at risk of experiencing symptoms of distress or mild symptoms of mental illness (i.e. anxiety, depression) during a perinatal period. Women who have been experiencing symptoms of distress or mild symptoms of mental illness (i.e. anxiety, depression) during a perinatal period. Women who have a history of moderate to severe mental health conditions at risk of relapse during a perinatal period.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Brisbane North PHN consulted with a wide range of stakeholders in the development of a range of activities and for the development of the Planning for Wellbeing: A regional plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug treatment services 2018-2025.

The consultation for Planning for Wellbeing also covered the development of activities included in this Activity Work Plan. This consultation occurred over a two year period between 2016 and 2018. Specific consultation to inform the procurement strategy of this activity consisted of:

- An online discussion paper and survey, Distributed to 750+ people, 400 + visitors to the online site, 60 downloads of discussion paper, 78 (10% response rate) survey responses
- A range of meetings held with key stakeholders including Beyondblue, Sane Australia, Brook RED, Peach Tree and the Institute for Urban Indigenous Health.

Collaboration

Governance of the SPP is managed by a Reference Group providing program support, expertise, and guidance. The overall decision-making authority remains with Peach Tree Perinatal Wellness as the contracted Lead Site agent.

The SPP management committee includes Viv Kissane (Peach Tree, CEO/Founder) and the Operations Manager. In the event of arising issues, the Reference Group will follow a 'grievance structure' whereby the Reference Group will approach the management committee and/or funding body to seek resolution. Risks associated with the SPP are managed through a Risk Register and associated processes. Specific risks identified by, or in relation, to the SPP Reference Group and its operation will be highlighted as they arise and included on an Issues Register. SPP Reference Group conflicts of interest will be addressed through this process, with members required to declare conflicts as soon as they become known.

The Issues Register will record program issues only, not participant issues, therefore maintaining strict participant confidentiality. SPP Reference Group meetings are held as required due to the nature of program start and ends dates and relevant information to be discussed.

It is assuring for the SPP team to know the Reference Group is available to more effectively strengthen and resolve program issues when needed. Peach Tree works in partnership with Aboriginal and Torres Strait Islander organisations. They will seek advice on how to best support a resident who identifies as Aboriginal and Torres Strait Islander as required.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2026

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?

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Consultation to inform Procurement Strategy and Service Co-design:

- 2016-18 - Online Discussion paper & Survey – Distributed to 750+ people, 400 + visitors to the online site, 60 downloads of discussion paper, 78 (10% response rate) survey responses
- 2016-18 Stakeholder meetings – 8 meetings with key stakeholders including Beyond Blue, Sane Australia, Brook RED, Peach Tree and Institute for Urban Indigenous Health.
- 2017-18 Regional Plan consultation process Planning for Wellbeing
- 2018-19 Psychological Therapies Review (Low intensity included in this review)

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

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Assessment and Referral					
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$104,989.96	\$143,895.27	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$104,989.96	\$143,895.27	\$0.00	\$0.00	\$0.00	\$248,885.23
Total	\$104,989.96	\$143,895.27	\$0.00	\$0.00	\$0.00	\$248,885.23

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 1301 - MH 13.1 - Brisbane Youth Service - Specialist Mental Health Services



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1301

Activity Title *

MH 13.1 - Brisbane Youth Service - Specialist 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 ***

The activity aims to target young people with persistent and complex mental health needs who ordinarily experience poor system navigation, treatment disengagement, and exclusion within a safe, familiar and youth-friendly environment.

Key program objectives are to enable free and timely access to complex mental health diagnostic assessment, appropriate treatment, and support service access for vulnerable and at-risk young people, leading to improved health, housing, social, functional, educational and vocational goals.

Description of Activity *

To address the need to improve access to mental health diagnostic processes and treatment for highly vulnerable and at-risk young people who ordinarily face service exclusion; funding to Brisbane Youth Service (BYS) will be given to support workforce enhancement of sessional clinicians, including Child and Adolescent Psychiatrist and/or Psychologist for the BYS Medical Clinic.

Work undertaken will include:

- Supporting workforce enhancement of sessional clinicians, including Child and Adolescent Psychiatrist and/or Psychologist for the BYS Medical Clinic
- Enable free, direct and timely access to complex mental health diagnostic assessment, appropriate treatment, and support

- service access for vulnerable young people
- Provide an integrated model of care, delivering multi-disciplinary treatment and support to highly complex, disadvantaged and vulnerable young people within a safe and youth-friendly environment
 - Increase the likelihood of successful engagement between vulnerable and at-risk young people and mental health treatment/services
 - Achieve improved levels of collaboration between BYS Medical Clinic team and broader health/support services
 - Improve capacity and support for GPs regarding medication and treatment for our complex clients to assist with safer provision of care
 - Relieve pressure from the public health system through capacity to support young people within a community-based and integrated model of care.

- Services delivered will include:
- Psychiatric and/or psychological treatment
 - Screening, assessment and diagnosis (including ADHD & ASD)
 - Brief solution focused therapy
 - Multi-disciplinary case conferencing
 - Individual and group support
 - Advocacy support
 - Transition planning and on-referral.

- PMHC MDS -
- Data is entered into rediCASE by service provider within 10 days of event occurring. The data is then used for bi-monthly National Primary Mental Health Care Minimum Data Set (PMHC-MDS) reporting

Target Cohort:
Young people who are ordinarily excluded from mental health services aged 12-25 years.

Decommissioning: Please note, this activity will be decommissioning. Internal consultation in Q3 2026 (30 March 2026) confirmed a decision to decommission the program. In line with decommissioning best practice, a minimum of three months formal notice is required to be provided to BYS prior to the contract end date. As the current contract end date of 30 June 2026 falls within this three-month window, an extension of the contract will be necessary. BYS was formally notified of the decision in writing on 27 April 2026 and subsequently in person on 29 April 2026. A comprehensive decommissioning plan has been developed and implemented, incorporating a detailed risk management strategy. Transition planning is underway, including consideration of the availability of top-up funding to support continued service delivery until program closure. This process also involves working with BYS to understand their approach to transitioning clients out of the program and ensuring appropriate supports are in place, as well as addressing the needs of staff impacted by the decommissioning. BYS will submit a final report, including an audited acquittal, by the end of October 2026. Upon contract completion, a communication plan will be implemented to inform the necessary stakeholders, followed by an internal evaluation of the decommissioning process and formal closure.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Children's Health - Service Needs Level 1	4
Children's Health - Health Needs Level 1	3
Mental Health - Health Needs Level 1	2



Activity Demographics

Target Population Cohort

Young people who are ordinarily excluded from mental health services aged 12-25 years.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Stakeholder meetings at the service with Brisbane Youth Service.
Regular contact with Brisbane Youth Service contacts during establishment.
Hospital based Psychiatric services
Psychological and psychiatric services

Collaboration

Stakeholder meetings at the service with Brisbane Youth Service.
Regular establishment with Brisbane Youth Service contacts.
Integrated model of care at BYS with Medical Clinic (nurse, GPs), other wrap around supports.
Hospital based Psychiatric services
Psychological and psychiatric services



Activity Milestone Details/Duration

Activity Start Date

30/06/2025

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?

No

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

No

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

No

Decommissioning

Yes

Decommissioning details?

Internal consultation in Q3 2026 (30 March 2026) confirmed a decision to decommission the program. In line with decommissioning best practice, a minimum of three months formal notice is required to be provided to BYS prior to the contract end date. As the current contract end date of 30 June 2026 falls within this three-month window, an extension of the contract will be necessary. BYS was formally notified of the decision in writing on 27 April 2026 and subsequently in person on 29 April 2026. A comprehensive decommissioning plan has been developed and implemented, incorporating a detailed risk management strategy. Transition planning is underway, including consideration of the availability of top-up funding to support continued service delivery until program closure. This process also involves working with BYS to understand their approach to transitioning clients out of the program and ensuring appropriate supports are in place, as well as addressing the needs of staff impacted by the decommissioning. BYS will submit a final report, including an audited acquittal, by the end of October 2026. Upon contract completion, a communication plan will be implemented to inform the necessary stakeholders, followed by an internal evaluation of the decommissioning process and formal closure.

Co-design or co-commissioning comments

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

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 1400 - MH 1.4 - Nexus Program



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1400

Activity Title *

MH 1.4 - Nexus Program

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 1: Low intensity mental health services

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

The National Mental Health Service Planning Framework's Planning Support Tool estimated that over 88,000 people in the PHN region would have a mild mental health condition in 2020, and 50% of those people will seek treatment via a brief therapy service.

Results from the PHN's brief therapy and regional plan consultation identified key issues for people from CALD communities including the need for better access to a range of services, the need for greater connection with community for people from CALD backgrounds, and the lack of affordability of services for people ineligible for assistance through Medicare. The Nexus program is a continuing service funded under the Department of Health, Disability and Ageing (DHDA) Primary Mental Health Care Program.

The over-arching purpose of the Primary Mental Health Care Program in relation to brief therapies is to improve the targeting of psychological interventions to most appropriately support people with mild mental illness at the local level through the development and/or commissioning of brief therapy mental health services. A key focus of brief therapy psychological services is to enable access to psychological therapy that does not require a GP referral or a mental health care plan. People can self-refer into brief therapies and do not need to have a diagnosed mental health condition to access the service.

Services are designed to support people through significant life transitions and/or events that may cause psychological distress, anxiety and depression (i.e. leaving school, moving house/countries, studying, changing jobs, unemployment, becoming a parent, being a parent, retirement, moving and/or living in an aged care facility) and to build/maintain resilience after recovering from a

more moderate/severe mental health condition.

The aim of this activity is to improve access to low intensity psychological services for people of a culturally and linguistically diverse background who may be at risk of suicide. This includes community based activities and liaison with the Metro North Hospital and Health Service and other providers to help ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide. This activity will ensure continuity of care for people who access suicide prevention services who may be at risk if the service is withdrawn by providing the necessary supports through commissioning services targeted to people from a refugee and culturally diverse background.

In partnership with Brisbane South PHN, Brisbane North PHN has contributed funding to support The Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) to deliver the NEXUS Program - a brief therapy suicide prevention program that aims to promote wellbeing and build resilience in young people who identify as culturally and linguistically diverse (CALD) by increasing three major preventative factors against suicide:

1. Connectedness 2. Locus of control 3. Perceived academic performance

The program involves:

- School, recreational and employment readiness activities
- Peer support and developmental groups
- Identification, monitoring and counselling of at-risk individuals
- Training of school staff Brisbane North PHN contributes a proportion (13.5%) of funding to this project, based on the percentage of clients residing in our region.

Description of Activity *

The PHN will partner with Brisbane South PHN to commission a specialist service provider to deliver an evidence informed brief therapy suicide prevention program that aims to promote wellbeing and build resilience in young people who identify as culturally and linguistically diverse (CALD).

The service will be embedded within a wider range of stepped mental health care services and supports for the individual and their family as needed. Referral pathways to more moderate psychological therapy services will be established and included in the provider's service delivery model. Brief therapy services will be promoted via PHN communication and mental health distribution channels.

A brief therapy GP and Health Professional Communication and Education Strategy will be co-designed and implemented to increase awareness, understanding and credibility about:

- where evidence based brief psychological therapies sit within the stepped model of primary mental health
- how brief therapy services can support people who are at risk of/experiencing mild mental health conditions or recovering from a more moderate/severe mental health condition
- who would benefit from accessing a brief psychological therapy
- what evidence based brief psychological therapies are available to people living in the Brisbane North region The provider's service delivery and client outcomes will be monitored by the PHN (in partnership with Brisbane South PHN) via the following processes:
- Quarterly progress and finance report (includes collection of participant feedback and complaints and consumer and carer involvement)
- Participation in National PHN Evaluation activities PMHC MDS -
- Data is entered into rediCASE by service provider within 10 days of event occurring.

The data is then used for bi-monthly National Primary Mental Health Care Minimum Data Set (PMHC-MDS) reporting In partnership with Brisbane South PHN, Brisbane North PHN has contributed funding to support The Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) to deliver the NEXUS Program - a brief therapy suicide prevention program that aims to promote wellbeing and build resilience in young people who identify as culturally and linguistically diverse (CALD) by increasing three major preventative factors against suicide:

1. Connectedness 2. Locus of control 3. Perceived academic performance The program involves:

- School, recreational and employment readiness activities
- Peer support and developmental groups
- Identification, monitoring and counselling of at-risk individuals
- Training of school staff
- Short term: Brisbane North and Brisbane South PHN will develop an increased awareness and understanding of the needs of the

CALD communities in our regions.

- Medium term: QPASTT will deliver a service which is culturally responsive to their community's needs.
- Medium term: Young people who engage in individual counselling or group based activities will experience an increase in feelings of connectedness with others and improvement in their wellbeing.
- Long term: Young people who engage in individual counselling or group based activities will experience improved feelings of wellbeing and increased internal locus of control. Brisbane North PHN contributes a proportion (13%) of funding to this project, based on the percentage of clients residing in our region. BSPHN responsible for all contract management. Quarterly progress reports sent to BNPHN by BSPHN. Any issues should be raised with BSPHN. PMHC-MDS requirements are handled by BSPHN.

Target Cohort: This activity is targeted at school aged young people who identify as culturally and linguistically diverse.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Population Health - Health Needs Level 1	2-3
Culturally and Linguistically Diverse Communities - Health Needs Level 1	2
Mental Health - Health Needs Level 1	2



Activity Demographics

Target Population Cohort

This activity is targeted at school aged young people who identify as culturally and linguistically diverse within the Brisbane North PHN region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consultation to inform the development of this activity initially occurred throughout the 2017-18 financial year.

This consultation involved:

- Suicide Prevention Forums – 102 people attended 2 Forums, including consumers, GP's, psychologists, HHS staff, community and private services provider, youth services, Aboriginal and Torres Strait Islander services and academic and research bodies
- stakeholder meetings – 5 meetings with stakeholders including Redcliffe Hospital Collaborative and HHS Mental Health services and Queensland Police Service. The feedback from the Forums helped us to identify the need for a trial follow up service model in the Redcliffe region.

Subsequent stakeholder meetings informed the key elements required for this model.

Additional feedback throughout all of the engagement also identified the need for:

- improved networking amongst existing service providers to improve patient outcomes
- workforce capacity training. This feedback was incorporated into the development of the service model.

Collaboration

Contract management , BSPHN responsible for all contract management. Quarterly progress reports sent to BNPHN by BSPHN.

Any issues should be raised with BSPHN.

Stakeholder and community consultation as part of the development of the Regional Plan identified key issues for people from CALD communities including the need for better access to a range of services, the need for greater connection with community for people from CALD backgrounds, and the lack of affordability of services for people ineligible for assistance through Medicare.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2026

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

Stakeholder and community consultation as part of the development of the Regional Plan identified key issues for people from CALD communities including the need for better access to a range of services, the need for greater connection with community for people from CALD backgrounds, and the lack of affordability of services for people ineligible for assistance through Medicare. Consultation to inform the development of this activity initially occurred throughout the 2017-18 financial year. This consultation involved:

- Suicide Prevention Forums – 102 people attended 2 Forums, including consumers, GP's, psychologists, HHS staff, community and private services providers, youth services, Aboriginal and Torres Strait Islander services and academic and research bodies
- stakeholder meetings – 5 meetings with stakeholders including Redcliffe Hospital Collaborative and HHS Mental Health services and Queensland Police Service. The feedback from the Forums helped us to identify the need for a trial follow up service model in the Redcliffe region. Subsequent stakeholder meetings informed the key elements required for this model. Additional feedback throughout all of the engagement also identified the need for:
- improved networking amongst existing service providers to improve patient outcomes
- workforce capacity training. This feedback was incorporated into the development of the service model. This program will be delivered by the Queensland Program of Assistance to Survivors of Torture and Trauma, through a joint arrangement with Brisbane South PHN. Both Brisbane North PHN and Brisbane South PHN will co-commission this service, with joint funding. Contractual management will be overseen by Brisbane South PHN in partnership with Brisbane North.

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

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$36,196.12	\$37,862.09	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$36,196.12	\$37,862.09	\$0.00	\$0.00	\$0.00	\$74,058.21
Total	\$36,196.12	\$37,862.09	\$0.00	\$0.00	\$0.00	\$74,058.21

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 2100 - MH 2.1 - Headspace



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2100

Activity Title *

MH 2.1 - Headspace

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 ***

Research indicates that 50 per cent of young people with a diagnosed mental health disorder had developed their disorder before the age of 14, and 75 per cent before the age of 25.

There is a clear need and opportunity to intervene early, reduce psychological distress and prevent the development of more advanced stage of mental illness. headspace encourages help seeking and delivers age-appropriate and holistic models of care to young people.

This activity aims to improve the mental health of young people aged 12 to 25. Brisbane North PHN will achieve this aim by working with headspace centres throughout the Brisbane North region to continue to provide early intervention services for young people with mild to moderate mental health issues. These services are delivered under four core streams: mental health, alcohol and other drugs, vocational/educational support and physical and sexual health. Headspace sites exist at Nundah, Redcliffe, Strathpine, Indooroopilly, Deception Bay and Caboolture with satellite centre on Bribie Island.

Description of Activity *

Headspace sites exist at Nundah, Redcliffe, Strathpine, Indooroopilly, Deception Bay and Caboolture with satellite centre on Bribie Island. Lead agencies will be contracted to continue to deliver Headspace services. A multidisciplinary workforce at headspace

provides support and interventions across 4 streams: mental health, alcohol and other drug, vocational education and physical and sexual health. headspace centres also deliver community awareness and engagement activities.

Activities include:

- Provide early intervention mental health services to young people (12-25 years), along with assistance in promoting young peoples' wellbeing, covering four core areas: mental health, physical health, work and study support and alcohol and other drug services.
- Ensure services are highly accessible and youth friendly.
- Deliver services in accordance with the Department of Health Guidelines for the headspace Model and the headspace Model Integrity Framework.
- Work within a stepped care framework, adjusting the level of intensity of service delivery to meet client needs and making onward referrals as appropriate and according to client needs.
- Deliver services in accordance with an Annual Work Plan approved by the company, including, but not limited to, the achievement of Key Performance Indicators (KPI's).
- Increase access to psychological therapies for young people experiencing barriers to accessing Medicare Benefits Schedule (MBS) based psychological interventions. All headspace centres collect the PMHC-MDS via hAPI.

Target Cohort: This activity is targeted to young people aged 12-25 with, or at risk of developing, mild - moderate mental health difficulties.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Mental Health - Health Needs Level 1	2
Mental Health - Health Needs Level 3	7



Activity Demographics

Target Population Cohort

This activity is targeted to young people aged 12-25 with, or at risk of developing, mild - moderate mental health difficulties.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The Headspace service model is a national model. As such, consultation on the development of the model has not occurred. Brisbane North PHN consulted with a wide range of stakeholders in the development of a range of activities and for the development of the Planning for Wellbeing:

A regional plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug treatment services 2018-2023.

The consultation for Planning for Wellbeing also covered the development of activities included in this Activity Work Plan. This consultation occurred over a two year period between 2016 and 2018. Further consultation to support the implementation of this activity was undertaken in 2018 as part of the child and youth mental health services review in the Brisbane North PHN region.

Collaboration

Youturn is the lead agency for headspace Caboolture and headspace Bribie Island Stride is the lead agency for headspace Nundah Open Minds is the lead agency for headspace Indooroopilly, headspace Strathpine, and headspace Redcliffe Each headspace centre has a headspace consortium. This is part of the headspace model.



Activity Milestone Details/Duration

Activity Start Date

30/06/2025

Activity End Date

29/06/2028

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2028

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

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



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$8,053,032.00	\$7,487,093.00	\$7,319,121.00	\$7,450,865.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$8,053,032.00	\$7,487,093.00	\$7,319,121.00	\$7,450,865.00	\$0.00	\$30,310,111.00
Total	\$8,053,032.00	\$7,487,093.00	\$7,319,121.00	\$7,450,865.00	\$0.00	\$30,310,111.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 2200 - MH 2.2 - Services for young people with or at risk of a severe mental illness - Moreton Bay North



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2200

Activity Title *

MH 2.2 - Services for young people with or at risk of a severe mental illness - Moreton Bay North

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 ***

There is a gap in service delivery for young people with, or at risk of severe mental illness - the missing middle - those who are considered too severe/complex for headspace and primary mental health care services yet do not meet threshold for Child and Youth Mental Health Services (CYMHS) and State-run adult mental health services. There is an additional gap for those that are disengaged and 'hard to reach'. Early intervention is important to prevent duration and severity of mental ill-health. Brisbane North PHNs' needs assessment indicates that the highest need for mental health services among this cohort reside in the Moreton Bay North region. Asha is a youth mental health service, which provides mobile outreach support to the region's most vulnerable young people (aged 12–25), in the Moreton Bay North and Redcliffe/North Lakes sub regions. This is a targeted service that supports vulnerable young people who either have, or are at risk of developing a severe mental illness. Asha applies a youth-appropriate holistic approach in working with young people. It focuses on engagement and relationship building as a means of achieving clinical outcomes, and places equal value on social inclusion, psychosocial and clinical outcomes. The multidisciplinary team employs allied health professionals as well as youth and family workers. Staff provide individualised case management and therapeutic interventions for eligible young people.

When the PHN refers to Youth enhanced services it includes funding to two of the headspace centres (Indooroopilly and Nundah) and Asha (Not a headspace service) and is aimed at supporting young people with more severe mental health issues. Activities are split into regions:

MH 2.2 Services for young people with or at risk of a severe mental illness – covers the Moreton Bay North region

MH 2.3 Services for young people with or at risk of a severe mental illness – covers other regions outside of Moreton Bay and includes the Nundah and Indooroopilly sites.

This activity refers to Youth enhanced services in Moreton Bay (MH 2.2). It does not include uplift. Uplift is responded to in NAB 2.1-2.6.

Description of Activity *

Engagement

- Pre-engagement: Establishing an initial relationship with the young person, focusing on areas/activities where young people are likely to be disengaged and or have experienced trauma.
- Engagement: Formal engagement is client driven and guided by client interests and goals. Flexible engagement and service options comprising office, telephone and external visitation options, including home visits.
- Outreach: activities across the region to connect with difficult to engage young people who are previously falling through the gap and increase treatment intake uptake.
- Initial assessment: initial assessment to determine the client's needs and suitability for the program.
- Case Formulation: Within 6-8 weeks of client entry into the program, a case is formulated based on the initial assessment that summarises the client's needs together with the nature and potential causes of their presenting problems
- Treatment Planning: ASHA staff then work with the young person to co-design a treatment plan which is reviewed frequently and adjusted as needed.

Case Management: Multimodal interventions that are tailored to the individual needs of the young person, including:

- Psychosocial/Case Management: Helping the young person to build support networks, gain practical living and social skills, advice on nutrition and diet, financial management (budgeting), accommodation support and navigation of service system as required
 - Therapeutic/Behavioural: provision of intensive Therapeutic support, including but not limited to:
 - i. Psycho-education and support
 - ii. Cognitive behavioural interventions
 - iii. Strengths and limitations training
 - iv. Harm reduction and risk management strategies
 - Groups: Development and delivery of both therapeutic and non-therapeutic groups for service users, and peer support groups for parents and/or siblings if required
- Clinical Monitoring Less intensive clinical support and regular check-ins with clinical worker that focus on assisting the young person to engage with education, training/ employment and leisure/recreation activities to sustain recovery and prevent relapse.

Care Coordination Service delivery staff make warm referrals to external services / programs as required, and work proactively with stakeholders to ensure seamless service delivery

Client Follow-up: Exit interview and follow-up sessions booked at the conclusion of a treatment episode to monitor client progress.

Allow for re-entry into the program if the young person requires

Interagency Collaboration & Partnerships Develop and maintain new collaborative partnerships with Government and Non-government Organisations and build on existing networks to increase capacity for MH treatment

Evaluation: Action Learning and Evaluation Action learning reviews to be implemented every quarter to ensure culture of continuous improvement embedded into the program. Action learning reviews to incorporate data review that will inform the evaluation ensuring the data is used in a more meaningful way. The service provider provides a PMHC-MDS extract on a quarterly basis for integration with the RediCASE system.

Target Cohort: This activity is targeted to young people aged 12 to 25 years residing in the Moreton Bay North region with, or at risk of developing, a severe mental illness and who are difficult to engage, hard to reach, vulnerable and socially disadvantaged.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Mental Health - Health Needs Level 1	2
Mental Health - Health Needs Level 3	7



Activity Demographics

Target Population Cohort

This activity is targeted to young people aged 12 to 25 years residing in the Moreton Bay North region with, or at risk of developing, a severe mental illness and who are difficult to engage, hard to reach, vulnerable and socially disadvantaged.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Redcliffe	31305
Caboolture Hinterland	31303
Narangba - Burpengary	31304
Bribie - Beachmere	31301
Caboolture	31302



Activity Consultation and Collaboration

Consultation

The following consultation was undertaken to inform the procurement strategy for services for young people with, or at risk of developing, severe mental illness.

- Headspace Centre meetings – meeting with lead agencies and key staff from each headspace centre in the region to workshop ideas for future service provision and local needs
- stakeholder meetings – 25 meetings with stakeholders including Act for Kids, Children's Health Queensland, Brisbane Youth Services, YourTown, Open Minds, Create Foundation and Mercy Services
- focus Groups – workshops with Caboolture, Nundah and Redcliffe headspace youth reference groups

- Advisory Group meetings – two meetings including workshopping activities with a cross sectoral stakeholder advisory group. This extensive consultation process informed the procurement strategy for services for young people with, or at risk of developing, severe mental illness and the key service design components as outlines in the description above.

In 2018-19, Brisbane North PHN worked with consumers, carers, service providers and other stakeholders to review activities and plan for the future. Consumer and carer representatives were actively recruited from the Peer Participation in Mental Health Services (PPIMS) network and community mental health services to contribute to the reviews, which focused on the following areas:

- Psychological services
- Infant, child and youth mental health services
- Services for people with severe mental illness. The outcomes of the review of infant, child and youth mental health services refined the service model outlined in this activity work plan.

Collaboration

Leading out of the work of the former Infant, Children and Young People Partnership Group, consultation and collaboration has now moved to the Regional Approach. Redcliffe Area Youth Space is the service provider delivering this program.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2027

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?

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

The following consultation was undertaken to inform the procurement strategy for services for young people with, or at risk of developing, severe mental illness.

- Headspace Centre meetings – meeting with lead agencies and key staff from each headspace centre in the region to workshop ideas for future service provision and local needs
- stakeholder meetings – 25 meetings with stakeholders including Act for Kids, Children’s Health Queensland, Brisbane Youth Services, YourTown, Open Minds, Create Foundation and Mercy Services
- focus Groups – workshops with Caboolture, Nundah and Redcliffe headspace youth reference groups
- Advisory Group meetings – two meetings including workshopping activities with a cross sectoral stakeholder advisory group. This extensive consultation process informed the procurement strategy for services for young people with, or at risk of developing, severe mental illness and the key service design components as outlines in the description above.

In 2018-19, Brisbane North PHN worked with consumers, carers, service providers and other stakeholders to review activities and plan for the future.

Consumer and carer representatives were actively recruited from the Peer Participation in Mental Health Services (PPIMS) network and community mental health services to contribute to the reviews, which focused on the following areas:

- Psychological services
- Infant, child and youth mental health services
- Services for people with severe mental illness. The outcomes of the review of infant, child and youth mental health services refined the service model outlined in this activity work plan.

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

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$1,522,533.52	\$1,553,950.37	\$1,498,148.74	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$1,522,533.52	\$1,553,950.37	\$1,498,148.74	\$0.00	\$0.00	\$4,574,632.63
Total	\$1,522,533.52	\$1,553,950.37	\$1,498,148.74	\$0.00	\$0.00	\$4,574,632.63

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 2300 - MH 2.3 - Services for young people with or at risk of a severe mental illness - other regions



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2300

Activity Title *

MH 2.3 - Services for young people with or at risk of a severe mental illness - other regions

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 ***

There is a gap in service delivery for young people with, or at risk of severe mental illness and in the 'missing middle' i.e. those who are considered too severe/complex for headspace and primary mental health care services yet do not meet threshold for Child and Youth Mental Health Services (CYMHS) and State-run adult mental health services. There is an additional gap for those that are disengaged and 'hard to reach'. Early intervention is important to prevent duration and severity of mental ill-health. Young people with, or at risk of, severe / complex mental illness have needs that may not be met by a 10 session Medicare model. These young people may not meet threshold for state mental health services. This activity aims to improve access to mental health services for young people aged 12 to 25 years of age who experience, or at risk of, a severe mental illness who can be managed at a headspace centre in regions other than Moreton Bay. This activity targets young people within the 'missing middle' cohort - those who require more intensive support than headspace primary, yet do not meet threshold for child youth mental health services or adult mental health services. The activity will include limited, intensive clinical support and coordinated team based care for each young person to meet both clinical and non-clinical needs. Brisbane North PHN will achieve this aim by commissioning holistic, evidence-based services for young people who require more intensive support than what primary headspace can offer, yet do not meet eligibility for state tertiary services. Outcomes include the reduction in future burden on mental health services as early interventions help change the young persons' mental health trajectory and engagement with activities such as attending work, school and university.

When the PHN refers to Youth enhanced services it includes funding to two of the headspace centres (Indooroopilly and Nundah) and Asha (Not a headspace service) and is aimed at supporting young people with more severe mental health issues. Activities are split into regions:

MH 2.2 Services for young people with or at risk of a severe mental illness – covers the Moreton Bay North region

MH 2.3 Services for young people with or at risk of a severe mental illness – covers other regions includes regions outside of Moreton Bay (Nundah and Indooroopilly centres).

MH 2.2/2.3 does not include uplift. Uplift is responded to in NAB activities: 2100 – 2600.

Description of Activity *

Youth enhanced severe (YES) program includes:

Engagement:

- Pre-engagement: Establishing an initial relationship with the young person, focusing on areas/activities where young people are likely to be disengaged and or have experienced trauma.
- Engagement: Formal engagement is client driven and guided by client interests and goals. Flexible engagement and service options comprising office, telephone and external visitation options, including home visits.
- Outreach: activities across the region to connect with difficult to engage young people who are previously falling through the gap and increase treatment uptake. Intake
- Initial assessment: initial assessment to determine the client's needs and suitability for the program.
- Case Formulation: Within 6-8 weeks of client entry into the program, a case is formulated based on the initial assessment that summarises the client's needs together with the nature and potential causes of their presenting challenges.
- Treatment Planning: Staff work with the young person to co-design a treatment plan which is reviewed frequently and adjusted as needed.

- YES services run out of the Nundah and Indooroopilly headspace centres

Case Management:

Multimodal interventions that are tailored to the individual needs of the young person, including:

- Psychosocial/Case Management: Helping the young person to build support networks, gain practical living and social skills, advice on nutrition and diet, financial management (budgeting), accommodation support and navigation of service system as required
- Therapeutic/Behavioural: provision of intensive Therapeutic support, including but not limited to: i. Psycho-education and support ii. Cognitive behavioural interventions iii. Strengths and limitations training iv. Harm reduction and risk management strategies
- Groups: Development and delivery of both therapeutic and non-therapeutic groups for service users, and peer support groups for parents and/or siblings if required Clinical Monitoring Less intensive clinical support and regular check-ins with clinical worker that focus on assisting the young person to engage with education, training/ employment and leisure/recreation activities to sustain recovery and prevent relapse.

Care Coordination Service delivery staff make warm referrals to external services / programs as required, and work proactively with stakeholders to ensure seamless service delivery Client Follow-up: Exit interview and follow-up sessions booked at the conclusion of a treatment episode to monitor client progress.

Allow for re-entry into the program if the young person requires Interagency Collaboration & Partnerships Develop and maintain new collaborative partnerships with Government and Non-government Organisations and build on existing networks to increase capacity for MH treatment Evaluation: Action Learning and Evaluation Action learning reviews to be implemented every quarter to ensure culture of continuous improvement embedded into the program. Action learning reviews to incorporate data review that will inform the evaluation ensuring the data is used in a more meaningful way.

Target Cohort: This activity is targeted to young people aged 12 to 25 years residing in the Brisbane inner, west and north regions with, or at risk of developing, a severe/complex mental illness. headspace collects the PMHC-MDS for this extension via RediCASE.

Addressing Commentary on 'Uplift' and 'Enhanced headspace Activities' as per Departmental request - In our most recent submission we received the following feedback:

MH 2.3 - Services for young people with or at risk of a severe mental illness - other regions: It is unclear whether this activity covers two existing activities 'Uplift' and "Enhanced headspace Activities." Can you please provide further information to confirm this as the AWP does not describe the exact activity names.

Our response, which has been sent for confirmation to QLD PHN@health.gov.au on 31st March 2026: 11:01am:

When the PHN refers to Youth enhanced services, this includes funding for headspace Indooroopilly, headspace Nundah and Asha (a non-headspace provider) to support young people experiencing more severe mental health concerns. Activities are split into different regions:

- MH 2.2 Services for young people with or at risk of a severe mental illness – covers the Moreton Bay North region
- MH 2.3 Services for young people with or at risk of a severe mental illness – covers other regions includes regions outside of Moreton Bay (Nundah and Indooroopilly centres).

MH 2.2/2.3 does not include uplift. Uplift is responded to in NAB activities: 2100 – 2600.

When the PHN refers to uplift activity we are referring to the following activities:

- NAB-HE 2100 Headspace Enhancement - Caboolture
- NAB-HE 2200 Headspace Enhancement - Indooroopilly
- NAB-HE 2300 Headspace Enhancement - Nundah
- NAB-HE 2400 Headspace Enhancement - Redcliffe
- NAB-HE 2500 Headspace Enhancement - Strathpine
- NAB-HE 2600 Headspace Enhancement - North Brisbane

To avoid confusion, our recommendation is to change the NAB "Enhancement" wording to uplift in guidance documentation and PPERs.

As per Department response on 20 April 2026 at 9:18am. Clarification has been accepted by Department noting YES services run out of the Nundah and Indooroopilly headspace centres.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Mental Health - Health Needs Level 1	2
Mental Health - Health Needs Level 3	7



Activity Demographics

Target Population Cohort

This activity is targeted to young people aged 12 to 25 years residing in the Brisbane inner, west and north regions with, or at risk of developing, a severe/complex mental illness.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Brisbane Inner	30501
Sherwood - Indooroopilly	30403
The Gap - Enoggera	30404
Chermside	30202
Brisbane Inner - West	30504
Sandgate	30204
Brisbane Inner - North	30503
Bald Hills - Everton Park	30201
Nundah	30203
Kenmore - Brookfield - Moggill	30402



Activity Consultation and Collaboration

Consultation

In 2018-19, Brisbane North PHN worked with consumers, carers, service providers and other stakeholders to review activities and plan for the future.

Consumer and carer representatives were actively recruited from the Peer Participation in Mental Health Services (PPIMS) network and community mental health organisations to contribute to the reviews, which focused on the following areas:

- Psychological services
- Infant, child and youth mental health services
- Services for people with severe mental illness. The outcomes of the infant, child and youth mental health services review informed the service model outlined in this activity work plan.

Collaboration

Each headspace centre has a headspace consortium as a part of the headspace model.

They also have an advisory group, clinical reference group and youth reference group to inform their service. In addition to this they also have:

- Clinical and Operations manuals
- Lead Agency/headspace Policies and procedures
- headspace Practice Principles



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2027

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?

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Consumer and carer representatives were actively recruited from the Peer Participation in Mental Health Services (PPIMS) network to contribute to the reviews, which focused on the following areas:

- Psychological services
- Infant, child and youth mental health services
- Services for people with severe mental illness.

The outcomes of the review of infant, child and youth mental health services refined the service model outlined in this activity work plan.

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

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$306,963.56	\$313,297.63	\$302,047.26	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$306,963.56	\$313,297.63	\$302,047.26	\$0.00	\$0.00	\$922,308.45
Total	\$306,963.56	\$313,297.63	\$302,047.26	\$0.00	\$0.00	\$922,308.45

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 3100 - MH 3.1 - Commission evidence-based psychological therapies for children 0-11 years



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3100

Activity Title *

MH 3.1 - Commission evidence-based psychological therapies for children 0-11 years

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

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

The aim of this activity is to address service gaps by commissioning psychological therapy services for people in underserved and hard to reach populations, where there are barriers in accessing Medicare Benefits Schedule (MBS) based psychological interventions.

The aim is for individuals to get the number of sessions that they require without a maximum amount, the average number of sessions is tracked which assist in identifying who requires a service other than psychological therapies if they require long/ongoing support. Commissioned providers will be able to deliver therapeutic groups and support people to access evidence based e-mental health.

There will also be flexibility to provide a higher number of sessions for people with greater needs. The key focus of the program is to commission psychological services to complement MBS based mental health Services and address service gaps in target population groups. It is recognised and acknowledged that not everyone can access MBS mental health services. Non GP referral pathways will be established to address service gaps to reach clients not connected to mainstream general practice.

Description of Activity *

Brisbane MIND4KiDS provides short term psychological therapies and wrap around support to financially disadvantaged children

aged 0-11 and their families. The program is delivered by Yourtown (Moreton Bay North, Redcliffe-North Lakes and Pine Rivers sub-regions) and Stride (Brisbane Inner, North and West sub-regions) Referrals to psychological therapies will originate from general practitioners and comprise part of a GP Mental Health Treatment Plan.

There will be limited flexibility for provisional referrals from people who are eligible for the program and are referred through other established pathways. This activity will be achieved by contracting providers to deliver structured, time limited, evidence-based psychological therapies that are embedded into a wider range of services and supports that are funded or provided from other sources.

This will increase access to integrated services with 'wrap around' supports. The service model for this activity has been modified as a result of a review of the delivery of psychological therapies for underserved and hard-to-reach populations. Psychological therapies will be embedded within a wider range of wrap-around services and supports for the individual and their family as needed. Psychological therapies will not be provided in isolation, but rather as part of a wider range of services and supports that are funded or provided from other sources. Longer term outcomes for this activity include improved wellbeing for children aged 0-11 years experiencing moderate levels of distress who have benefited from accessing evidence-based psychological therapies.

Mental Health and Stakeholder Engagement:

- Engage with stakeholders to develop integrated, stepped Mental Health care responses
- Engage with service users through means such as face-to-face contact, phone support or video conferencing. Assessment, Intake and referral: • Receive referrals (e.g. self, school, medical professionals)
- Manage referrals via rediCASE
- Care coordination / Case intake and referral management for support and services
- On-referring ineligible service users to and/or those whose needs would be better met by, more appropriate services (Step up /down) Psychological Therapies:

Delivery psychological support sessions to children aged 0-11 living with moderate mental illness and their families, including:

i. Modalities such as Cognitive Behavioural Therapy and play-based therapy ii. Case work/care co-ordination including:

- Ongoing assessment and referral
- Goal setting
- Advocacy • Coaching / strengths-based skills training
- Access to information and resources • Referrals Client Interventions: Activity-based interventions in the home, school and social context Referrer and Community Engagement
- Promoting the Brisbane MIND 4 Kids program to services in the BNPHN region
- Working with partners to establish sites to meet with Brisbane MIND service users
- Communicating with caseworkers working with external organisations to inform, share, and disseminate information relevant to the MH needs of children aged 0-11
- Engaging with children and people with lived experience of mental ill-health in co-design and co-delivery of services Evaluation and reporting:
- Quarterly reporting to the PHN
- Collection of participant feedback and complaints
- Consumer and carer involvement Target Cohort: Children (0-11) with, or at risk of, moderate mental health difficulties within the Brisbane North PHN Region. The Brisbane Mind 4 Kids providers collect the PMHC-MDS via RediCASE

Target Cohort: Children (0-11) with, or at risk of, moderate mental health difficulties within the Brisbane North PHN Region.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Children's Health - Service Needs Level 1	4
Children's Health - Health Needs Level 1	3
Mental Health - Health Needs Level 1	2
Mental Health - Health Needs Level 3	7



Activity Demographics

Target Population Cohort

Children (0-11) with, or at risk of, moderate mental health difficulties within the Brisbane North PHN Region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Brisbane North PHN consulted with a wide range of stakeholders in the development of a range of activities and for the development of the Planning for Wellbeing:

A regional plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug treatment services 2018-2023.

The outcomes of this activity contribute to the success of the regional plan. In 2018-19, Brisbane North PHN worked with consumers, carers, service providers and other stakeholders to review activities and plan for the future. Consumer and carer representatives were actively recruited from the Peer Participation in Mental Health Services (PPIMS) network to contribute to the reviews, which focused on the following areas:

- Psychological services
- Infant, child and youth mental health services
- Services for people with severe mental illness.

As part of the review for infant, child and youth mental health services, Brisbane North PHN consulted with:

- People with a lived experience
- Consumers
- Carers • Psychology providers
- GPs and practice staff
- Mental health providers
- Metro North Hospital and Health Service
- Academics and policy experts
- Professional bodies.

The outcomes of the review into infant, child and youth mental health services informed the development of the service model outlined in this activity plan.

Collaboration

- Engage with stakeholders to develop integrated, stepped Mental Health care responses
- Engage with service users through means such as face-to-face contact, phone support or video conferencing.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2027

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?

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

In 2018-19, Brisbane North PHN worked with consumers, carers, service providers and other stakeholders to review activities and plan for the future.

Consumer and carer representatives were actively recruited from the Peer Participation in Mental Health Services (PPIMS) network to contribute to the reviews, which focused on the following areas:

- Psychological services
- Infant, child and youth mental health services
- Services for people with severe mental illness.

As part of the review for infant, child and youth mental health services, Brisbane North PHN consulted with:

- People with a lived experience
- Consumers
- Carers
- Psychology providers
- GPs and practice staff
- Mental health providers
- Metro North Hospital and Health Service
- Academics and policy experts
- Professional bodies. The outcomes of the review into infant, child and youth mental health services informed the development of the service model outlined in this activity plan.

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

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$660,521.59	\$403,629.54	\$460,897.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$660,521.59	\$403,629.54	\$460,897.00	\$0.00	\$0.00	\$1,525,048.13
Total	\$660,521.59	\$403,629.54	\$460,897.00	\$0.00	\$0.00	\$1,525,048.13

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 3200 - MH 3.2 - Commission evidence-based psychological therapies for 12-25 years



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3200

Activity Title *

MH 3.2 - Commission evidence-based psychological therapies for 12-25 years

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description

Aim of Activity *

The national mental health service planning framework's planning support tool estimates that over 88,000 people in the PHN region will have a mild mental health condition in 2020, an estimated 9 per cent of the PHN region's total population. Of this population, it is likely that over 47,000 people will require treatment. The prevalence of mental health issues has increased over the last five years, particularly among younger residents of the region. Rates of psychological distress and estimated mental and behavioural disorders are highest in Moreton Bay North (12.2 per cent) and Redcliffe-North Lakes (11.4 per cent).

One third of people living in the Moreton Bay North subregion are considered to be most disadvantaged. In 2016, the median family income per annum in Moreton Bay North was \$73,354 (\$1410 per week), which was \$26,429 less than the median family income (\$99,783 per annum) for the overall PHN region. People residing outside of the major metropolitan areas in the PHN region are more likely to access PBS subsidised antidepressants compared to people residing in the metropolitan areas, indicating that a higher need exists in the Moreton Bay North area.

During the COVID-19 period, it was identified that the mental health needs of young people were disproportionately higher than normal and required additional resources to address this need. headspace has received additional funding to deliver evidence-based psychological therapies for 12-25 year olds in the North Brisbane Region. The psychological therapies program for 12-25 year olds provides psychological therapy services to identified target population groups who have moderate mental illness and are

financially disadvantaged.

The target population groups include young people, aged 12-25 years.

The aim of the program is to reduce psychological distress and improve wellbeing for eligible clients. The headspace centers that receive Psychological Therapies funding are headspace Redcliffe, headspace Strathpine and headspace Caboolture.

Description of Activity *

Brisbane North PHN will commission the headspace Caboolture, Strathpine and Redcliffe Centres to deliver short term individual psychological therapy services to young people aged 12 to 25 years. Referrals to psychological therapies will originate from general practitioners and comprise part of a GP Mental Health Treatment Plan.

There will be limited flexibility for provisional referrals from people who are eligible for the program and are referred through other established pathways. Specific services will include a maximum of 12 sessions per person of individual psychological therapy. Commissioned providers will be able to deliver therapeutic groups and support people to access evidence based e-mental health.

There will also be flexibility to provide a higher number of sessions for people with greater needs. The service model for this activity was modified in 2019-20 as a result of a review of the delivery of psychological therapies for underserved and hard-to-reach populations. Psychological therapies will be embedded within a wider range of wrap-around services and supports for the individual and their family as needed.

Psychological therapies will not be provided in isolation, but rather as part of a wider range of services and supports that are funded or provided from other sources. Provide early intervention mental health services to young people (12-25 years), along with assistance in promoting young peoples' wellbeing, covering four core areas: - mental health, - physical health, - work and study support and - alcohol and other drug services. Ensure services are highly accessible and youth friendly.

Deliver services in accordance with Department Guidelines for the headspace Model and the headspace Model Integrity Framework. Work within a stepped care framework, adjusting the level of intensity of service delivery to meet client needs and making onward referrals as appropriate and according to client needs.

Deliver services in accordance with an Annual Work Plan approved by the PHN, including, but not limited to, the achievement of Key Performance Indicators (KPI's). Increase access to psychological therapies for young people experiencing barriers to accessing Medicare Benefits Schedule (MBS) based psychological interventions.

Target Cohort: Young people aged 12-25 with mild - moderate mental health difficulties within the Brisbane North PHN region. PMHC MDS: All headspace centres collect the PMHC-MDS via hAPI for bi-monthly and as needed reporting.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Children's Health - Health Needs Level 1	3
Mental Health - Health Needs Level 1	2



Activity Demographics

Target Population Cohort

Young people aged 12-25 with mild - moderate mental health difficulties within the Brisbane North PHN Region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Redcliffe	31305
Strathpine	31403
Caboolture	31302



Activity Consultation and Collaboration

Consultation

Brisbane North PHN consulted with a wide range of stakeholders in the development of a range of activities and for the development of the Planning for Wellbeing: A regional plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug treatment services 2018-2023.

The outcomes of this activity contribute to the success of the regional plan.

In 2018-19, Brisbane North PHN worked with consumers, carers, service providers and other stakeholders to review activities and plan for the future. Consumer and carer representatives were actively recruited from the Peer Participation in Mental Health Services (PPIMS) network and community mental health organisations to contribute to the reviews, which focused on the following areas:

- Psychological services
- Infant, child and youth mental health services
- Services for people with severe mental illness.

As part of the review for infant, child and youth mental health services, Brisbane North PHN consulted with:

- People with a lived experience
- Consumers
- Carers
- Psychology providers
- GPs and practice staff
- Mental health providers
- Metro North Hospital and Health Service
- Academics and policy experts
- Professional bodies.

The outcomes of the review into infant, child and youth mental health services informed the development of the service model outlined in this activity plan.

Collaboration

Each headspace centre has a headspace consortium as a part of the headspace model.

They also have an advisory group, clinical reference group and youth reference group to inform their service. In addition to this they also have:

- Clinical and Operations manuals
- Lead Agency/headspace Policies and procedures
- headspace Practice Principles



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2027

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?

No

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

No

Decommissioning details?**Co-design or co-commissioning comments**

In 2018-19, Brisbane North PHN worked with consumers, carers, service providers and other stakeholders to review activities and plan for the future.

Consumer and carer representatives were actively recruited from the Peer Participation in Mental Health Services (PPIMS) network and community mental health organisations to contribute to the reviews, which focused on the following areas:

- Psychological services
- Infant, child and youth mental health services
- Services for people with severe mental illness.

As part of the review for infant, child and youth mental health services, Brisbane North PHN consulted with:

- People with a lived experience
- Consumers • Carers • Psychology providers
- GPs and practice staff
- Mental health providers
- Metro North Hospital and Health Service
- Academics and policy experts
- Professional bodies. The outcomes of the review into infant, child and youth mental health services informed the development of the service model outlined in this activity plan.

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

Yes

**Activity Planned Expenditure****Planned Expenditure**

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$330,652.79	\$337,475.70	\$385,358.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$330,652.79	\$337,475.70	\$385,358.00	\$0.00	\$0.00	\$1,053,486.49
Total	\$330,652.79	\$337,475.70	\$385,358.00	\$0.00	\$0.00	\$1,053,486.49

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 3300 - MH 3.3 - Commission evidence-based psychological therapies to vulnerable populations



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3300

Activity Title *

MH 3.3 - Commission evidence-based psychological therapies to vulnerable populations

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

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

The national mental health service planning framework's planning support tool estimates that over 88,000 people in the PHN region will have a mild mental health condition in 2020 an estimated 9 per cent of the PHN region's total population. Of this population, it is likely that over 47,000 people will require treatment. The prevalence of mental health issues has increased over the last five years, particularly among younger residents of the region. Rates of psychological distress and estimated mental and behavioural disorders are highest in Moreton Bay North (12.2 per cent) and Redcliffe-North Lakes (11.4 per cent).

One third of people living in the Moreton Bay North subregion are considered to be most disadvantaged. In 2016, the median family income per annum in Moreton Bay North was \$73,354 (\$1410 per week), which was \$26,429 less than the median family income (\$99,783 per annum) for the overall PHN region. People residing outside of the major metropolitan areas in the PHN region are more likely to access PBS subsidised antidepressants compared to people residing in the metropolitan areas, indicating that a higher need exists in the Moreton Bay North area. Higher levels of mental health needs exist among LGBTIQ, and culturally and linguistically diverse populations.

Higher rates of psychological distress is also evidenced within disadvantaged areas with poorer health determinates. High prevalence of mild mental health conditions exist including anxiety and depression.

In conjunction with target population groups identified in the guidelines, the PHN has also identified target population groups in the Population Health Report 2019 and through the Brisbane MIND Service Review 2018. These target population groups are:

- People at risk of suicide
- People with a history of trauma or abuse
- People who identify as LGBTIQ
- People from CALD backgrounds
- People from geographically isolated regions. (Bribie Island/ Kilcoy regions) The aim of this activity is to address service gaps by commissioning psychological therapy services for people in underserved and hard to reach populations, where there are barriers in accessing Medicare Benefits Schedule based psychological interventions.

This activity will be achieved by contracting providers to deliver structured, time limited, evidence-based psychological therapies that are embedded into a wider range of services and supports that are funded or provided from other sources.

This will increase access to integrated services with 'wrap around' supports. Longer term outcomes for this activity include improved wellbeing for people from underserved groups experiencing moderate levels of distress who have benefited from accessing evidence-based psychological therapies

Description of Activity *

Brisbane North PHN will commission providers to deliver short term individual psychological therapy services to underserved populations. Referrals to psychological therapies will originate from general practitioners and comprise part of a GP Mental Health Treatment Plan.

There will be limited flexibility for provisional referrals from people who are eligible for the program and are referred through other established pathways. Brisbane North PHN will commission providers to deliver short term individual or group psychological therapy services to underserved populations. Referrals to psychological therapies will originate from general practitioners and comprise part of a GP Mental Health Treatment Plan.

Psychiatrists and pediatricians are also encouraged to refer into the program. Provisional and non GP referral pathways will be established to engage with hard to reach population groups who traditionally do not engage with general practice. The service model for this activity has been modified as a result of a review of the delivery of psychological therapies for underserved and hard-to-reach populations.

Psychological therapies will be embedded within a wider range of wrap-around services and supports for the individual and their family as needed. Psychological therapies will not be provided in isolation, but rather as part of a wider range of services and supports that are funded or provided from other sources.

Activities across all Brisbane MIND target population and streams include:

Service user and community engagement:

- Promoting the Brisbane MIND program
- Engage with service users through means such as face-to-face contact, phone support or video conferencing. Assessment, Intake and referral:
- Receive referrals via rediCASE. Capture and report PMHC MDS
- Eligible clients undertake initial assessments and providers work with service users to determine their support needs and develop a case plan
- On-referring ineligible clients to more appropriate services (Step up /down)
- Promote awareness and use of the Medicare Mental Health service Delivery of psychological therapies including:
- Problem solving therapy
- Cognitive Behavioural Therapy
- Emotion modulation Therapy
- Anxiety management / supportive counselling / psychoeducation Referrer and community engagement:
- Promoting the Brisbane MIND program to referring services in the BNPHN region
- Working with partners to establish sites to meet with Brisbane MIND service users
- Communicating with caseworkers working with external organisations to inform, share, and disseminate information relevant to the needs of service users.
- Engaging with General Practice • Engage with NGO's to create non-GP pathways Sector capacity building:
- Promote, educate and influence the sector via education and professional development opportunities • Promote, monitor and influence clinical governance processes as part of continuous improvement. Evaluation and reporting:

- Quarterly reporting to the PHN
- Collection of participant feedback and complaints
- Consumer and carer involvement PMHC MDS: All providers will collect the PMHC MDS via RediCASE for reporting.

Target Cohort: Financially disadvantaged persons over the age of 12 within the Brisbane North PHN region who are part of the following groups:

- People at risk of suicide
- People with a history of trauma or abuse
- People who identify as LGBTIQ
- People from CALD backgrounds
- People from geographically isolated regions. (Bribie Island/ Kilcoy regions)

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Health Needs Level 1	2
Population Health - Service Needs Level 1	5
Service System - Service Needs Level 1	5



Activity Demographics

Target Population Cohort

The activity comprises part of the psychological therapies for underserved and hard to reach groups program, which is targeted to underserved and vulnerable populations within the Brisbane North PHN region.

The program will specifically target a range of vulnerable populations including:

- Culturally and linguistically diverse people
- People at risk of suicide
- People who have experienced trauma and abuse
- People who identify as LGBTIQ+
- People who live in geographically isolated regions of the PHN

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Brisbane North PHN consulted with a wide range of stakeholders in the development of a range of activities and for the development of the Planning for Wellbeing: A regional plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug treatment services 2018-2023.

These outcomes of this activity contribute to the success of the regional plan. In 2018-19, Brisbane North PHN worked with consumers, carers, service providers and other stakeholders to review activities and plan for the future. Consumer and carer representatives were actively recruited from the Peer Participation in Mental Health Services (PPIMS) network to contribute to the reviews, which focused on the following areas:

- Psychological services
- Infant, child and youth mental health services
- Services for people with severe mental illness.

As part of the review for psychological services, Brisbane North PHN consulted with:

- People with a lived experience • Consumers • Carers
- Psychology providers
- GPs and practice staff
- Mental health providers
- Metro North Hospital and Health Service
- Academics and policy experts
- Professional bodies. The outcomes of the review into psychological services informed the development of the service model outlined in this activity plan.

Collaboration

This activity is implemented by a network of providers, and with support from Brisbane North PHN, collaborate within the mental health, suicide prevention and alcohol and other drugs stepped care approach. Communication and collaboration with General Practitioners was undertaken to design the program.



Activity Milestone Details/Duration

Activity Start Date

14/06/2016

Activity End Date

29/06/2027

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?

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

In 2018-19, Brisbane North PHN worked with consumers, carers, service providers and other stakeholders to review activities and plan for the future.

Consumer and carer representatives were actively recruited from the Peer Participation in Mental Health Services (PPIMS) network to contribute to the reviews, which focused on the following areas:

- Psychological services
- Infant, child and youth mental health services
- Services for people with severe mental illness. As part of the review for psychological services, Brisbane North PHN consulted with:
 - People with a lived experience
 - Consumers
 - Carers
 - Psychology providers
 - GPs and practice staff
 - Mental health providers
 - Metro North Hospital and Health Service
 - Academics and policy experts
 - Professional bodies. The outcomes of the review into psychological services informed the development of the service model outlined in this activity plan.

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

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$1,871,564.37	\$2,157,230.57	\$2,463,301.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$1,871,564.37	\$2,157,230.57	\$2,463,301.00	\$0.00	\$0.00	\$6,492,095.94

Total	\$1,871,564.37	\$2,157,230.57	\$2,463,301.00	\$0.00	\$0.00	\$6,492,095.94
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Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 3400 - MH 3.4 - Commission evidence-based psychological therapies to people with severe mental illness



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3400

Activity Title *

MH 3.4 - Commission evidence-based psychological therapies to people with severe mental illness

Existing, Modified or New Activity *

Existing



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 this activity is to address service gaps by commissioning psychological therapy services for people in underserved and hard to reach populations, where there are barriers in accessing Medicare Benefits Schedule based psychological interventions.

The Brisbane MIND program provides psychological therapy and wrap around integrated services to identified target population groups who have moderate mental illness and are financially disadvantaged. The target population groups include; people with a history of trauma or abuse, people at risk of suicide and people living in geographically isolated areas.

The aim of the program is to increase access to psychological therapy for underserved groups, reduce psychological distress and improve wellbeing.

This particular comprehensive activity plan is focused on the suicide prevention, trauma or abuse and regional streams of the program. Note: With the recent evaluation review of the Brisbane MIND programs, the guidelines around service delivery are being updated to ensure greater consistency in service delivery and provision of wrap around supports.

In redefining and clarifying program guidelines, there is an opportunity to better meet mental health needs in the PHN region for those with moderate mental illness, and support integration across the mental health stepped care continuum.

Description of Activity *

This activity delivers services through mental health hubs that consist of single organisations that are able to provide access to existing infrastructure and a wider range of services, or single providers that are co-located with other services providers that can provide a range of supports.

Specific services will include therapeutic group work and limited individual sessions for assessment and review. Brisbane North PHN will commission providers to deliver short term individual or group psychological therapy services to underserved populations. Referrals to psychological therapies will originate from general practitioners and comprise part of a GP Mental Health Treatment Plan.

Psychiatrist and paediatricians are also encouraged to refer into the program. Provisional and non GP referral pathways are established to engage with hard to reach population groups who traditionally do not engage with general practice.

The service model for this activity has been modified as a result of a review of the delivery of psychological therapies for underserved and hard-to-reach populations. Psychological therapies will be embedded within a wider range of wrap-around services and supports for the individual and their family as needed.

Psychological therapies will not be provided in isolation, but rather as part of a wider range of services and supports that are funded or provided from other sources. Activities across all Brisbane MIND target population and streams include: Service user and community engagement

- Promoting the Brisbane MIND program
 - Engage with service users through means such as face-to-face contact, phone support or video conferencing. Assessment, Intake and referral
 - Receive referrals via rediCASE. Capture and report PMHC MDS
 - Eligible clients undertake initial assessments and providers work with service users to determine their support needs and develop a case plan
 - On-referring ineligible clients to more appropriate services (Step up /down)
 - Delivery of psychological therapies including:
 - Problem solving therapy
 - Cognitive Behavioural Therapy
 - Emotion modulation Therapy
 - Anxiety management / supportive counselling / psychoeducation
 - Referrer and community engagement
 - Promoting the Brisbane MIND program to referring services in the BNPHN region
 - Working with partners to establish sites to meet with Brisbane MIND service users
 - Communicating with caseworkers working with external organisations to inform, share, and disseminate information relevant to the needs of service users.
 - Engaging with General Practice
 - Engage with NGO's to create non-GP pathways
 - Sector capacity building
 - Promote, educate and influence the sector via education and professional development opportunities
 - Promote, monitor and influence clinical governance processes as part of continuous improvement. Evaluation and reporting:
 - Regular to the PHN
 - Collection of participant feedback and complaints
 - Consumer and carer involvement
- The integrated mental health hubs all collect and submit the PMHC-MDS via rediCASE.

Target Cohort: Financially disadvantaged persons over the age of 12 in the following streams: people with history of trauma or abuse, people at risk of suicide, residents of geographically isolated communities (Kilcoy and Bribie Island)

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Mental Health - Health Needs Level 1	2



Activity Demographics

Target Population Cohort

Financially disadvantaged persons over the age of 12 in the following streams: people with history of trauma or abuse, people at risk of suicide, residents of geographically isolated communities (Kilcoy and Bribie Island)

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Brisbane North PHN consulted with a wide range of stakeholders in the development of a range of activities and for the development of the Planning for Wellbeing: A regional plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug treatment services 2018-2025.

The outcomes of this activity contribute to the success of the regional plan.

In 2018-19, Brisbane North PHN worked with consumers, carers, service providers and other stakeholders to review activities and plan for the future. Consumer and carer representatives were actively recruited from the Peer Participation in Mental Health Services (PPIMS) network to contribute to the reviews, which focused on the following areas:

- Psychological services
- Infant, child and youth mental health services
- Services for people with severe mental illness.

As part of the review for psychological services and services for people with severe mental illness, Brisbane North PHN consulted with:

- People with a lived experience
- Consumers
- Carers
- Psychology providers
- GPs and practice staff
- Mental health providers
- Metro North Hospital and Health Service

- Academics and policy experts
- Professional bodies. The outcomes of the review into psychological services and services for people with severe mental illness informed the development of the service model outlined in this activity plan. Co-design occurred 2018/19 reported 2019/20. A review of the regional stream occurred in 2021-22. A review of all Brisbane MIND streams occurred in 2025.

Collaboration

This activity will be implemented by Brisbane North PHN, under the guidance of the Psychological Therapies Advisory group and the Collaboration in Mind partnership group. Membership of these groups are drawn from the Metro North Hospital and Health Service, Allied Health providers, Queensland Government agencies, consumers and families



Activity Milestone Details/Duration

Activity Start Date

14/06/2016

Activity End Date

29/06/2027

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?

No

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

No

Decommissioning

No

Decommissioning details?**Co-design or co-commissioning comments**

In 2018-19, Brisbane North PHN worked with consumers, carers, service providers and other stakeholders to review activities and plan for the future. Consumer and carer representatives were actively recruited from the Peer Participation in Mental Health Services (PPIMS) network to contribute to the reviews, which focused on the following areas:

- Psychological services
- Infant, child and youth mental health services
- Services for people with severe mental illness. As part of the review for psychological services and services for people with severe mental illness, Brisbane North PHN consulted with:
 - People with a lived experience
 - Consumers
 - Carers
 - Psychology providers
 - GPs and practice staff
 - Mental health providers
 - Metro North Hospital and Health Service
 - Academics and policy experts
 - Professional bodies.

The outcomes of the review into psychological services and services for people with severe mental illness informed the development of the service model outlined in this activity plan. Co-design occurred 2018/19 reported 2019/20. A review of the regional stream occurred in 2021-22. A review of all Brisbane MIND streams occurred in 2025.

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

Yes

**Activity Planned Expenditure****Planned Expenditure**

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$397,578.62	\$405,782.52	\$463,356.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$397,578.62	\$405,782.52	\$463,356.00	\$0.00	\$0.00	\$1,266,717.14
Total	\$397,578.62	\$405,782.52	\$463,356.00	\$0.00	\$0.00	\$1,266,717.14

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 3500 - MH 3.5 - Psychological treatment services for people living in residential aged care



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3500

Activity Title *

MH 3.5 - Psychological treatment services for people living in residential aged care

Existing, Modified or New Activity *

Existing



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 ***

Mental health services are not routinely available to older people living in aged care and are not within scope of the personal care or accommodation services that aged care facilities provide. There is evidence that residents of aged care have high rates of common mental illness, with an estimated 39 per cent of all permanent aged care residents living with mild to moderate depression.

Experience with other initiatives such as Better Access suggests that up to half of this group of older people with mild to moderate depression may wish to receive mental health services if they were available to them.

The funding provided to PHNs is intended to address this service gap.

The aim of this activity is to enable residents of aged care facilities with mental illness to access mental health services similar to those available in the community through improved access to psychologists, psychiatrists and general practitioners through the MBS Better Access initiative.

A key focus of the Psychology in Aged Care (PAC) Well-being program is to provide psychological therapy services into Residential Aged Care Facilities (RACFs) that does not require a GP referral or a mental health care plan. Residents (or their family members on behalf of the resident) can self-refer into the program and do not need to have a diagnosed mental health condition to access the service.

The aim of the program is to:

- reduce psychological distress and improve resident's wellbeing
- support residents (and their families where of direct benefit to the resident) through the transition to communal living that may cause psychological distress, anxiety and depression
- provide psychological therapy services to residents at risk of and/or experiencing mild-moderate mental health conditions
- enhance residents opportunities for social inclusion by encouraging greater social connectedness
- build RACF staff mental health literacy so that they can better identify and support residents mental health and well-being needs

Description of Activity *

The PHN commissioned a specialist service provider to deliver an evidence informed mental health program to residents living in aged care facilities.

The program provides services based on the stepped care continuum of primary mental health care with a particular focus on providing mild to moderate psychological therapies.

The service is embedded within a wider range of stepped mental health care services and supports for the resident and their family as needed. Referral pathways to more severe and complex psychological therapy services are included in the provider's service delivery model. The service is promoted via PHN communication and mental health distribution channels.

The provider's service delivery and client outcomes are monitored by the PHN via the following processes:

- Quarterly progress and finance report (includes collection of participant feedback and complaints and consumer and carer involvement)
- Bi-monthly National Primary Mental Health Care Minimum Data Set (PMHC-MDS) reporting
- Participation in National PHN Evaluation activities The psychological supports will consist of five weekly sessions of 60 minutes duration every six weeks, or as needed by the aged care facility.

These sessions will provide support to all new residents who are transitioning into aged care and adjusting to a new community living environment. Adjustment assessments will also take place during the low intensity sessions, and people who have been identified as having mild to moderate mental health needs will be stepped up into psychological therapy services. The psychological therapy service will consist of five sessions of evidence based psychological therapies per episode of care. The sessions will be delivered to aged care residents who have been identified as having mild to moderate mental health needs. Residents who have accessed a severe/complex State service will have access to psychological therapies post acute phase to support maintenance of well-being.

A range of external specialist consultants (i.e. gerontologist) will provide case consultancy as required and monthly professional development sessions to the workforce. The psychoeducation workshops will be available as required to aged care facility staff to support learning and development in topics that are relevant to the mental health needs of aged care residents. Family members and carers will also be able to attend the workshops, where it has been identified that the aged care resident's condition is directly impacted by family and carer relationships.

The activity is embedded within the stepped care continuum of primary mental health care. Aged care residents are assessed to ensure that their mental health needs are being met, or whether they would benefit from more intensive or less intensive care, depending on the circumstance.

Referrals into the activity can originate from a range of sources, with service providers triaging accordingly to ensure continuity of care. The program will offer services based on the stepped care continuum of primary mental health care with a particular focus on providing mild to moderate psychological therapies.

There are three components to the program: (1) low intensity psychological groups (2) psychological therapy services (3) Psychoeducation workshops.

The service provider submits the PMHC-MDS via a merge with the Redicase system on a monthly basis.

Target Cohort: Residents living in aged care facilities. Whilst the majority of these are older people it does also include people who are younger residents.

Needs Assessment Priorities *

Needs Assessment

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Mental Health - Health Needs Level 1	2
Mental Health - Health Needs Level 3	7



Activity Demographics

Target Population Cohort

The target population is residents living in aged care facilities that need support transitioning to living in a communal environment and residents at risk of and/or experiencing mild-moderate depression and/or anxiety symptoms.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Brisbane North PHN consulted with a wide range of stakeholders in the development of a range of activities and for the development of the Planning for Wellbeing: A regional plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug treatment services 2018-2025.

This outcomes of this activity contribute to the success of the regional plan. In 2018-19, Brisbane North PHN worked with consumers, carers, service providers and other stakeholders to review activities and plan for the future.

Consumer and carer representatives were actively recruited from the Peer Participation in Mental Health Services (PPIMS) network to contribute to the reviews, which focused on the following areas:

- Psychological services
- Infant, child and youth mental health services
- Services for people with severe mental illness.

As part of the review for psychological services, Brisbane North PHN consulted with:

- People with a lived experience
- Consumers
- Carers
- Psychology providers
- GPs and practice staff
- Mental health providers
- Metro North Hospital and Health Service
- Academics and policy experts
- Professional bodies. The outcomes of the review into psychological services informed the development of the service model outlined in this activity plan.

Collaboration

Change Futures has been delivering low intensity psychological services since January 2017. In this time, a Formal Governance Structure has been established to enable ongoing consultation, engagement and feedback about the service delivery model.

Feedback about how best to implement mental health services to Residents of Aged Care Facilities and how to support staff and carer's/family understanding and knowledge about resident's mental health care needs are key focus areas.

The Residential Advisory Groups will expand to Six Resident Advisory Groups and will be established in each of the PHN's sub-regions (Moreton Bay North, Redcliffe – North Lakes, Pine Rivers, Brisbane North, Brisbane Inner City and Brisbane West). Resident Advisory Groups will support the co-design, implementation and evaluation of an appropriate and responsive service.

Group members include:

- 3-4 residents
- 1 x RACF staff
- 1 x Family/carer representative/s; and
- Change Futures staff will facilitate and minute meetings

The Board of Change Futures is fully informed and supportive of the Psychology in Aged Care (PAC) Wellbeing program with regular reports provided and risks and impacts discussed.

The Executive Director meets weekly with all staff involved in delivering this program and during this meeting updates and information about the program is shared while staff raise issues around organisational and clinical matters. Case loads, data collection and outcome measurement are discussed weekly.

All staff also receive weekly clinical supervision with their primary supervisor while their work in the facility is monitored by the Regional Coordinators.

The Reporting Officer provides weekly updates on referrals received, sessions completed and RACFs involved. Data collection is monitored and missing data identified and discussed with the relevant staff member. Completion requirements of the training program are also monitored.

Any issues that are identified are referred to the clinical supervisor, the Regional Coordinator and the Executive Director to ensure the staff member is supported and any barriers to completing requirements identified. Intake Officers ensure that RACFs receive all relevant requirements such as criminal history checks as well as providing follow up information to RACFs after referrals have been received.



Activity Milestone Details/Duration

Activity Start Date

30/06/2025

Activity End Date

29/06/2027

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?

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

Change Futures has been delivering low intensity psychological services since January 2017. In this time, a Formal Governance Structure has been established to enable ongoing consultation, engagement and feedback about the service delivery model.

Feedback about how best to implement mental health services to Residents of Aged Care Facilities and how to support staff and carer's/family understanding and knowledge about resident's mental health care needs are key focus areas.

The Residential Advisory Groups will expand to Six Resident Advisory Groups and will be established in each of the PHN's sub-regions (Moreton Bay North, Redcliffe – North Lakes, Pine Rivers, Brisbane North, Brisbane Inner City and Brisbane West).

Resident Advisory Groups will support the co-design, implementation and evaluation of an appropriate and responsive service. Group members include:

- 3-4 residents
- 1 x RACF staff
- 1 x Family/carer representative/s; and
- Change Futures staff will facilitate and minute meetings.

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

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$1,161,511.01	\$1,184,312.00	\$1,203,498.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$1,161,511.01	\$1,184,312.00	\$1,203,498.00	\$0.00	\$0.00	\$3,549,321.01
Total	\$1,161,511.01	\$1,184,312.00	\$1,203,498.00	\$0.00	\$0.00	\$3,549,321.01

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 3700 - MH 3.7 - My Mental Health Initial Assessment & Referral



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3700

Activity Title *

MH 3.7 - My Mental Health Initial Assessment & Referral

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 ***

One in five Australian adults (aged 16 to 85 years) will experience a mental illness each year and almost half will experience a mental disorder in their lifetime.¹ Anxiety disorders and affective (mood) disorders are the most common, affecting approximately 14% and 6%, respectively, of the adult population each year, with these conditions often co-occurring. In addition, almost one in seven (14%) young people (aged 4 to 17 years) are estimated to have experienced a mental illness in the previous year. The experience of mental health conditions ranges across a wide spectrum.

The most common experience is of approximately 5.8 million people 'at risk' who do not meet criteria for a diagnosis but who have some mental health need. This includes people who have had a previous illness and are at risk of relapse without ongoing care, as well as those who have early symptoms and are at risk of developing a diagnosable illness. For these people, prevention, and early intervention through primary health care (mainly general practitioners), digital mental health and self-help services are most relevant. These services are predominantly the responsibility of the Commonwealth.

At the highest end of the spectrum of need, there are approximately 775,000 people with severe mental illness. For this group, the responsibility for clinical services is shared between the Commonwealth and states as well as private hospitals.

The National Disability Insurance Scheme provides support to eligible individuals experiencing the most significant disability associated with severe mental illness. People seeking mental health support may present with a range of interrelated factors that

can make it challenging to determine the most appropriate level of stepped care.
The IAR provides a standardised, evidence-based and objective approach to assist with mental health care recommendations.

In the 2021-22 Budget, the Australian Government announced a \$2.3 billion investment in mental health through the National Mental Health and Suicide Prevention Plan (the Plan) to lead landmark reform. The Plan includes \$34.2 million to expand and implement the Initial Assessment and Referral (IAR) tool in primary care settings.

As part of this funding, Primary Health Networks (PHNs) will each receive funding for an IAR Training and Support Officer (IAR TSO) to support General Practitioners (GPs) and clinicians in their network to learn about, use and embed the IAR in clinical practice. In 2025/26 funding for the training of GPs and other referred was ceased.

Approval was given for underspends to be used to continue with local training and promotion at the discretion of each PHN. Brisbane North PHN had decided to cease local training and only promote national training. One-off training sessions may be conducted with service providers and Hospital and Health Service staff as outlined in the QLD bilateral agreement.

Description of Activity *

The IAR Guidance and DST toolkit was developed to provide PHNs, referrers, and commissioned providers with guidance on the different levels of care and criteria to assist in determining an appropriate level of care using a holistic decision support tool to implement the least intensive level of appropriate care for consumers.

The IAR is undertaken by a clinician who is suitably qualified and experienced (or supervised non-clinical staff) to perform a mental health assessment to generate a recommended level of care.

This recommendation, combined with clinician knowledge, professional judgement and supported consumer decision-making guides the decision about a referral to a service that is most likely to provide the right type and intensity of treatment. Clinicians are also expected to apply their knowledge of local resources and services (e.g., waiting lists and service availability, health service pathways) when making referrals. Brisbane North PHN will rely on Central and Eastern Sydney PHN to deliver national training in the use of the IAR-DST to embed the tool in the sector.

The main focus of this project is to promote national IAR-FDST training to clinicians and practitioners across the Brisbane North PHN region. Websites- Information regarding IAR-DST training will be available on the following websites: PHN, Practice Support, HealthPathways and RACGP. Promotion- A training calendar will be established and made available on the PHN website.

Delivery- IAR training will be delivered online. Formal training currently takes 2 hours.

CPD- To incentivise training, GPs will receive CPD points on the completion this training. (RACGP Educational Activities 1hr, Reviewing Performance 1hr) (ACCRM- 2hrs CPD)

Refresher training- It is anticipated the training will only need to be completed once. Participants are welcome to attend the again, however they will not be remunerated again. Evaluation- Participants will be encouraged to provide feedback, during and after the training.

There will be provision for participants to feedback comments in regards to the conduct of the IAR training as well as specific feedback on the IAR tool and guidelines. IAR Training and Support Officer (TSO) requirements-

- Brisbane North PHN will retain the TSO function
- The capability to deliver local online and face-to-face training will remain, however the capacity to do this will be reduced significantly.
- TSO will continue to attend monthly Community of Practice. The IAR tool forms part of the H2H component of PMHC-MDS and is collected through redicase.

Target Cohort: Brisbane North PHN is now holding training sessions to help GPs, GP Registrars, Psychiatrists, Psychologists, Practice nurses, Mental health nurses, Allied health Professionals, Acute Care Team clinicians, headspace intake staff, supervised non-clinical intake, triage, low intensity or peer staff and Metro North Health staff and clinicians seeking level of care confirmation for services in the primary care setting.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Mental Health - Health Needs Level 1	2



Activity Demographics

Target Population Cohort

Brisbane North PHN is now holding training sessions to help GPs, GP Registrars, Psychiatrists, Psychologists, Practice nurses, Mental health nurses, Allied health Professionals, Acute Care Team clinicians, headspace intake staff, supervised non-clinical intake, triage, low intensity or peer staff and Metro North Health staff and clinicians seeking level of care confirmation for services in the primary care setting.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Details and methods for engaging with GP's and other health professionals have been developed in collaboration with the Primary Care team, along with GPLO's and the CAG, which will provide valuable insight to the needs of GP's and ensure the training is most appropriate.

Collaboration

Department of Health- Develop IAR-DST and future adaptations. Integrate IAR-DST within other systems and evaluate the project. Central and Eastern Sydney PHN - Coordinate national IAR training and monthly community of practice. Clinicians Advisory Group (CAG) - Provide advice and guidance to the project GPLO/OLO network - Provide advice and guidance to the project Clinical Council - Provide advice and guidance to the project (RACGP) The Royal Australian College of General Practitioners - Provide accreditation platform and guidance ACRRM - Provide accreditation platform and guidance PHN Cooperative - Collective voice to the PHN CEO's and Dept General Practice - Targeted participants, users of IAR-DST, feedback and advice Metro North Hospital and Health Service - Adopt IAR-DST, embed into systems and processes. MHAOD Commissioned Providers - Participants of training, promotion of use.



Activity Milestone Details/Duration

Activity Start Date

30/06/2025

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: No

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

No



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$464,222.60	\$244,982.71	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$464,222.60	\$244,982.71	\$0.00	\$0.00	\$0.00	\$709,205.31

Total	\$464,222.60	\$244,982.71	\$0.00	\$0.00	\$0.00	\$709,205.31
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Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 4100 - MH 4.1 - Commission innovative PMHC services for people with severe mental illness



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

4100

Activity Title *

MH 4.1 - Commission innovative PMHC services for people with severe 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 ***

Australia's mental health system has significant gaps in accessibility and service delivery for people with moderate to severe mental health needs. One in five adults (22%) experience a mental disorder annually, with 15% (2.9 million people) requiring moderate to severe support—many of whom do not seek care due to geographical, financial, and systemic barriers.

Medicare-subsidised services often lack the multidisciplinary, holistic approach needed for complex mental health conditions, leading to delays in care, fragmented service pathways, and crisis escalations. MMHCs bridge the gap by providing free, multidisciplinary, and place-based mental health support.

To compliment these supports, where people require medium- to long-term support, Mental Health Clinical Care Coordination, delivered by Mental Health Nurses and other Accredited Allied Health professionals, work with individuals who are experiencing severe, complex mental health challenges, as well as their carer/s and community, to integrate health and social care services, ensuring coordinated access across sectors to meet individual needs, support goal attainment and improve outcomes.

The Brisbane North PHN has commissioned four regionally located small Medicare Mental Health Centres (MMHCs), ensuring continued access to community-based mental health support across the region. The Centres include the Inner North MMHC (Lutwyche) and the Redcliffe MMHC, both delivered by Communifv. The Caboolture MMHC delivered by Stride for Mental Health.

and the Strathpine MMHC delivered by Neami National.

The Centres are designed to be locally focused, safe and welcoming environments that serve as highly visible and accessible entry points for individuals experiencing psychological distress.

To bolster the small MMHC funding, Brisbane North PHN has also continued to fund the medium to longer term integrated services for those with severe and complex mental health, including Mental Health Clinical Care Coordination.

The continuation of these services facilitates sustained community access to early intervention, reduces pressure on acute and emergency services, and supports improved mental health outcomes for the Brisbane North and Moreton Bay region.

Medicare Mental health centers are also reported within activities in CPS (PSD 1.1) and NAB (MH-H2H 3.2) to cover all required components of reporting against this service.

Description of Activity *

Brisbane North PHN will continue to commission clinical mental health nurse services to support the needs of people with severe and complex mental illness who are best managed in primary health care. The mental health nurse services will be located within service 'hubs' and complement separately funded clinical and non-clinical mental health services for people living with severe mental illness.

In addition to the service delivery goals outlined within Medicare Mental Health Centers (MMHC) activities in CPS (PSD 1.1) and NAB (MH-H2H 3.2), the Caboolture, Strathpine and Inner North MMHCs will deliver tailored, medium to longer-term Mental Health Clinical Care Coordination. This support will work with individuals, as well as their carer/s and community, to integrate health and social care services, ensuring coordinated access across sectors to meet individual needs, support goal attainment and improve outcomes.

MH Clinical Care Coordination will be located within the Medicare Mental Health Centres (MMHCs) and complements the existing MMHC supports, with a focus on improving access, navigation and continuity of care across health and social service systems for people experiencing severe and complex mental health. This activity will fund the care coordination and mental health nurse components present within the service hubs.

This includes the following services:

- Agreed clinical care within the scope of practice of the mental health nurse, in accordance with the agreed treatment plan
- Monitoring a client's mental state
- Liaising with carers and families as appropriate
- Administering and monitoring medication compliance
- Providing information on and assisting in addressing physical health needs where appropriate.
- Continuity of care will be assured for this activity by the use of a single multiagency care plan for people with severe and complex mental illness including wrap around psychosocial, psychological and functional supports.
- The integrated mental health hubs all collect and submit the PMHC-MDS via RediCASE.

Continuity of care will be assured for this activity by the use of a single multiagency care plan for people with severe and complex mental illness including wrap around psychosocial, psychological and functional supports.

The integrated mental health hubs all collect and submit the PMHC-MDS via RediCASE. Target Cohort: This activity is broadly targeted to people of all ages within the Brisbane North PHN region who are experiencing a severe mental illness.

The activity will meet the following components for mental health nursing in line with eligibility criteria including:

- a diagnosed mental disorder (according to criteria defined in the Diagnostic and Statistical Manual of Mental Health Disorders – Fifth Edition or the World Health Organisation Diagnostic and Management Guidelines for Mental Health Disorders in Primary Care: ICD-10 Chapter V Primary Care Version) which is severe and either episodic or persistent in nature
- the mental disorder significantly impacts at least two areas of the persons social, personal and/or occupational functioning
- the person has, or is at risk of developing, a physical health problem
- the mental disorder has resulted in hospital treatment in the previous 2 years or there is a risk of hospitalisation within the next 12 months if clinical care by a mental health nurse is not provided
- the patient is expected to need ongoing treatment and management of their mental disorder over the next two years
- a primary care based GP or psychiatrist is the main person responsible for the patients clinical mental health care

- they are not currently receiving clinical care coordination from another service
- they are over 18 years of age (services for young people with severe mental illness are being procured through a separate process)
- the patient provides consent to treatment from a mental health nurse.

Target Cohort:

General Population in the Brisbane North PHN region for Medicare Mental Health Centers.

Priority Population:

- Adults (18+) experiencing mental distress or crisis.
- Adults and their supports seeking mental health system guidance.
- Adults (18+), with complex, severe mental illness, and families, needing psychosocial support, excluding NDIS-eligible individuals.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Mental Health - Health Needs Level 1	2



Activity Demographics

Target Population Cohort

General Population in the Brisbane North PHN region for Medicare Mental Health Centers.

Priority Population:

- Adults (18+) experiencing mental distress or crisis.
- Adults and their supports seeking mental health system guidance.
- Adults (18+), with complex, severe mental illness, and families, needing psychosocial support, excluding NDIS-eligible individuals.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Medicare Mental Health Centres have strong relationships thanks to the engagement between the previous Integrated Mental Health Hubs with organisations such as the Institute of Urban Indigenous Health (IUIH) and Moreton Bay Aboriginal and Torres Straight Island Community Health Clinics (MATSICHS) that provide referral pathways and culturally appropriate support.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Brisbane North PHN consulted with a wide range of stakeholders in the development of a range of activities and for the development of the Planning for Wellbeing: A regional plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug treatment services 2018-2025. This outcomes of this activity contribute to the success of the regional plan.

In 2018-19, Brisbane North PHN worked with consumers, carers, service providers and other stakeholders to review activities and plan for the future.

Consumer and carer representatives were actively recruited from the Peer Participation in Mental Health Services (PPIMS) network to contribute to the reviews, which focused on the following areas:

- Psychological services
- Infant, child and youth mental health services
- Services for people with severe mental illness. As part of the review for services for people with severe mental illness, Brisbane North PHN contracted an engagement consultant to hold a number of sessions. These sessions focused on reviewing the current landscape and workshopping potential solutions to identified problems. Representation at these workshops consisted of:
 - People with a lived experience
 - Consumers
 - Carers
 - Psychology providers
 - GPs and practice staff
 - Mental health providers
 - Metro North Hospital and Health Service
 - Academics and policy experts
 - Professional bodies.

The outcomes of the review into services for people with people with severe mental illness informed the development of the service model outlined in this activity plan.

Collaboration

This activity will be implemented by Brisbane North PHN, under the guidance of the Collaboration in Mind partnership group. Membership of this group is drawn from the Metro North Hospital and Health Service, Allied Health providers, Queensland Government agencies, peak bodies, consumers and families.

Collaboration between the group will be upheld by Medicare Mental Health Operational meetings and Medicare Mental Health Governance meetings. MMHCs will maintain ongoing consultation with their local communities to identify trends, emerging needs, and service requirements. Where new of changing components of service delivery are proposed, these should, wherever possible, be developed through co-design to ensure services are responsive and relevant.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2027

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?

No

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

No

Decommissioning

No

Decommissioning details?**Co-design or co-commissioning comments**

In 2018-19, Brisbane North PHN worked with consumers, carers, service providers and other stakeholders to review activities and plan for the future. Consumer and carer representatives were actively recruited from the Peer Participation in Mental Health Services (PPIMS) network to contribute to the reviews, which focused on the following areas: • Psychological services • Infant, child and youth mental health services • Services for people with severe mental illness. As part of the review for services for people with severe mental illness, Brisbane North PHN contracted an engagement consultant to hold a number of sessions. These sessions focused on reviewing the current landscape and workshopping potential solutions to identified problems. Representation at these workshops consisted of: • People with a lived experience • Consumers • Carers • Psychology providers • GPs and practice staff • Mental health providers • Metro North Hospital and Health Service • Academics and policy experts • Professional bodies. The outcomes of the review into services for people with people with severe mental illness informed the development of the

service model outlined in this activity plan.

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

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$2,212,986.81	\$1,886,204.00	\$1,818,471.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Mental Health Flexible	\$2,212,986.81	\$1,886,204.00	\$1,818,471.00	\$0.00	\$0.00	\$5,917,661.81
Total	\$2,212,986.81	\$1,886,204.00	\$1,818,471.00	\$0.00	\$0.00	\$5,917,661.81

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 5300 - MH 5.3 - Commission suicide prevention services for Aboriginal and Torres Strait Islander people



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5300

Activity Title *

MH 5.3 - Commission suicide prevention services for Aboriginal and Torres Strait Islander people

Existing, Modified or New Activity *

Existing



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 ***

Aboriginal and Torres Strait Islander people are experiencing high levels of mental health/suicide issues and there is a need for a whole of region integrated and coordinated response. The Brisbane North PHN Health Needs Assessment determined that Aboriginal and Torres Strait Islanders are priority populations that need priority support and resourcing. The Primary Mental Health Care Program aims to improve mental health and suicide prevention planning, commissioning, and integration of services at a regional level to improve outcomes for people with or at risk of mental illness and/or suicide. Brisbane North PHN will achieve this aim by commissioning a suicide prevention service that is specifically targeted to Aboriginal and Torres Strait Islander people.

Description of Activity *

This activity will continue to commission a service provider specific to Aboriginal and Torres Strait Islander people. The provider will work together to ensure appropriate follow-up and support arrangements are in place, at the regional level, for individuals after a suicide attempt.

This approach is also designed to support other people at high risk of suicide and includes Aboriginal and Torres Strait Islander people.

This activity will deliver culturally responsive suicide prevention services to Indigenous people, and promote and sustain social and emotional wellbeing.

The service provider will 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 services) and encourage and promote a systems based regional approach to Suicide Prevention for Aboriginal and Torres Strait Islander people, including follow-up and support arrangements after an attempt.

The service will continue to be part of a broader, holistic, integrated mental health and alcohol and drug service for Indigenous people. Brisbane North PHN will continue to commission the Institute for Urban Indigenous Health to deliver this activity. Ensuring enhanced 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 services.

As well as encourage and promote a systems based approach to Suicide Prevention for Aboriginal and Torres Strait Islander people, including follow-up and support arrangements after an attempt.

Activities delivered across all Social Health Programs for the target population include:

1. Integrated Regional Service Delivery

- 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 services).

- Encourage and promote a systems-based regional approach to Suicide Prevention for Aboriginal and Torres Strait Islander people, including follow-up and support arrangements after an attempt.

2. Clinical & Therapeutic Services

- Provide crisis intervention, support and opportunistic engagement

- Provide therapeutic modalities ranging from brief intervention to specialised care

- Provide psychoeducation and information (individual and community level)

- Provide alcohol and other drugs counselling and support

- Provide Paediatric Psychological Assessment Service

3. Care Planning & Coordination

- Provide Team care planning

- Provide family centred care planning

- Provide social health care coordination (including place-based)

- Provide transitional care planning

4. Case Management & Support

- Provide general and targeted group programs

- Provide social support and advocacy services such as housing and crisis accommodation.

- Provide intensive case management (social and cultural determinants)

- Direct referrals to internal and external services

5. Governance, Quality & Safety

- Provide clinical governance, risk management and quality improvement.

Target Cohort: Aboriginal and Torres Strait Islander people of all ages experiencing mental health issues and in need of suicide prevention services.

PMHC MDS - IUIH collects data through an agreement for access to rediCASE to support the collection of PMHC-MDS, the data is then uploaded into Logicy portal by the 10th day of each month for bi-monthly reporting of the service. This activity is coupled with MH 6.1 as part of an integrated, holistic approach to First Nations mental health needs.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Aboriginal and Torres Strait Islander Health - Health Needs Level 1	2-3
Mental Health - Health Needs Level 1	2



Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander people of all ages experiencing mental health issues and in need of suicide prevention services.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Brisbane North PHN engages with the Indigenous sector via the Institute for Urban Indigenous Health in the ongoing development and implementation of this activity. Brisbane North PHN will also continue to engage with the Indigenous sector through the Aboriginal and Torres Strait Islander Engagement Steering Group and Brisbane North Elders Network. The target group are Aboriginal and Torres Strait Islander people that are experiencing mental health issues and attend a mainstream or a community controlled health clinic.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consultation to inform the development of this activity initially occurred throughout the 2017-18 financial year. This consultation involved: • Suicide Prevention Forums – 102 people attended 2 Forums, including consumers, GP's, psychologists, HHS staff, community and private services providers, youth services, Aboriginal and Torres Strait Islander services and academic and research bodies • stakeholder meetings – 5 meetings with stakeholders including Redcliffe Hospital Collaborative and HHS Mental Health services and Queensland Police Service. The feedback from the Forums helped us to identify the need for a trial follow up service model in the Redcliffe region. Subsequent stakeholder meetings informed the key elements required for this model. Additional feedback throughout all of the engagement also identified the need for: • improved networking amongst existing service providers to improve patient outcomes • workforce capacity training. This feedback was incorporated into the development of the service model.

Collaboration

Regular meetings are held with the service provider (Institute of Urban Indigenous Health [IUIH]) on the progress of the activity and discussion of some referrals coming through from Redicase for monitoring. IUIH collaborates closely with its regional network of Aboriginal Community Controlled Health Services - ATSICHS Brisbane, Kalwun Health Service, Yulu-Burri-Ba, Moreton ATSICHS and the Pamela Mam Health Centre — to deliver coordinated primary health, social and wellbeing services across South East Queensland. IUIH also partners with mainstream health and hospital services, Primary Health Networks, QAIHC and other community providers to strengthen integration, care coordination and culturally safe pathways across mental health, SEWB,

chronic disease and family health services.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2027

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?

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

In 2017, the PHN worked with the Institute for Urban Indigenous Health to identify needs and service gaps in Aboriginal and Torres Strait Islander mental health services. Following this, the PHN entered into a direct tender negotiation with the Institute for Urban Indigenous Health for the delivery of integrated mental health, suicide prevention and alcohol and drug treatment services.

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

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$100,635.01	\$664,639.00	\$573,286.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$100,635.01	\$664,639.00	\$573,286.00	\$0.00	\$0.00	\$1,338,560.01
Total	\$100,635.01	\$664,639.00	\$573,286.00	\$0.00	\$0.00	\$1,338,560.01

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 6100 - MH 6.1 - Commission mental health services for Aboriginal and Torres Strait Islander people



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

6100

Activity Title *

MH 6.1 - Commission mental health services for Aboriginal and Torres Strait Islander people

Existing, Modified or New Activity *

Existing



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 ***

Aboriginal and Torres Strait Islander people are experiencing high levels of mental health/suicide issues and there is a need for a whole of region integrated and coordinated response. The Brisbane North PHN Health Needs Assessment determined that Aboriginal and Torres Strait Islanders are priority populations that need priority support and resourcing. The aim of this activity is 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. These services include social and emotional wellbeing, suicide prevention and alcohol and other drug services. Also aiming to improve mental health and suicide prevention planning, commissioning, and integration of services at a regional level to improve outcomes for people with or at risk of mental illness and/or suicide.

Description of Activity *

Brisbane North PHN will continue to commission a service provider for the delivery of an integrated social and emotional health and wellbeing program, suicide prevention and alcohol and drug treatment services for Aboriginal and Torres Strait Islander people living in the Brisbane North PHN region.

- a Senior Social Health Professional to carry out intake assessments
- a Child Psychologist to deliver services and respond to the demand for children-centred services
- a Psychologist to extend and deliver services

- a Social Health Care Coordinator to work closely with other Care Coordinator type roles (i.e. ITC,) to support clients with complex chronic and mental health conditions
- a Mental Health Nurse (Registered Nurse) to deliver services.

The activity will also 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 services.

As well as encourage and promote a systems based approach to Suicide Prevention for Aboriginal and Torres Strait Islander people, including follow-up and support arrangements after an attempt. The aim of this activity is 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 closely connected supports including social and emotional wellbeing, suicide prevention, and alcohol and other drug services. It also seeks to encourage and promote a systems-based approach to suicide prevention for Aboriginal and Torres Strait Islander people, including effective follow-up and support arrangements after an attempt.

Activities delivered across all Social Health Programs for the target population include:

1. Integrated Regional Service Delivery

- 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 services).
- Encourage and promote a systems-based regional approach to Suicide Prevention for Aboriginal and Torres Strait Islander people, including follow-up and support arrangements after an attempt.

2. Clinical & Therapeutic Services • Provide crisis intervention, support and opportunistic engagement

- Provide therapeutic modalities ranging from brief intervention to specialised care
- Provide psychoeducation and information (individual and community level)
- Provide alcohol and other drugs counselling and support
- Provide Paediatric Psychological Assessment Service

3. Care Planning & Coordination

- Provide Team care planning
- Provide family centred care planning
- Provide social health care coordination (including place-based)
- Provide transitional care planning
- Provide general and targeted group programs

4. Case Management & Support

- Provide social support and advocacy services such as housing and crisis accommodation.
- Provide intensive case management (social and cultural determinants)
- Direct referrals to internal and external services
- Provide clinical governance, risk management and quality improvement.

Target Cohort: Aboriginal and Torres Strait Islander people of all ages experiencing mental health issues and in need of suicide prevention services. These services form part of an integrated social and emotional health and wellbeing approach, together with suicide prevention and alcohol and other drug treatment services.

PMHC MDS: IUIH collects data through an agreement for access to rediCASE to support the collection of PMHC-MDS, the data is then uploaded into Logicy portal each month for reporting of the service.

This activity is bundled with MH 5.3.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Aboriginal and Torres Strait Islander Health - Service Needs Level 1	3,5
Mental Health - Health Needs Level 1	2



Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander people of all ages experiencing mental health issues and in need of suicide prevention services.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Brisbane North PHN engages with the Indigenous sector via the Institute for Urban Indigenous Health in the ongoing development and implementation of this activity. Brisbane North PHN will also continue to engage with the Indigenous sector through the Aboriginal and Torres Strait Islander Engagement Steering Group. The target group are also Aboriginal and Torres Strait Islander people that are experiencing mental health issues and attend a mainstream or a community controlled health clinic.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Brisbane North PHN consulted with a wide range of stakeholders in the development of a range of activities and for the development of the Planning for Wellbeing: A regional plan for North Brisbane and Moreton Bay focusing on mental health, suicide prevention and alcohol and other drug treatment services 2018-2025. This outcomes of this activity contribute to the success of the regional plan. In 2017, the PHN worked with the Institute for Urban Indigenous Health to identify needs and service gaps in Aboriginal and Torres Strait Islander mental health services. Following this, the PHN entered into a direct tender negotiation with the Institute for Urban Indigenous Health for the delivery of integrated mental health, suicide prevention and alcohol and drug treatment services. A plan of activity and a contract has been agreed. The Institute for Urban Indigenous Health (IUIH) will subcontract some of the service delivery to Brisbane Aboriginal and Torres Strait Islander Community Health Service. Brisbane North PHN will continue to engage the wider Aboriginal and Torres Strait Islander via IUIH as part of the implementation of the regional plan.

Collaboration

Regular meetings with the service provider (Institute of Urban Indigenous Health [IUIH]) are held to ensure the activity is progressing as well as monitor any Redicase referrals that may come through. IUIH collaborates closely with its regional network of Aboriginal Community Controlled Health Services - ATSICHS Brisbane, Kalwun Health Service, Yulu-Burri-Ba, Moreton ATSICHS and the Pamela Mam Health Centre — to deliver coordinated primary health, social and wellbeing services across South East Queensland. IUIH also partners with mainstream health and hospital services, Primary Health Networks, QAIHC and other community providers to strengthen integration, care coordination and culturally safe pathways across mental health, SEWB, chronic disease and family health services.



Activity Milestone Details/Duration

Activity Start Date

30/06/2025

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?

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

In 2017, the PHN worked with the Institute for Urban Indigenous Health to identify needs and service gaps in Aboriginal and Torres Strait Islander mental health services. Following this, the PHN entered into a direct tender negotiation with the Institute for Urban Indigenous Health for the delivery of integrated mental health, suicide prevention and alcohol and drug treatment services. A plan of activity and a contract has been agreed. The Institute for Urban Indigenous Health (IUIH) will subcontract some of the service delivery to Brisbane Aboriginal and Torres Strait Islander Community Health Service. Brisbane North PHN will continue to engage the wider Aboriginal and Torres Strait Islander via IUIH as part of the implementation of the regional plan.

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

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$879,302.00	\$900,405.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$879,302.00	\$900,405.00	\$0.00	\$0.00	\$0.00	\$1,779,707.00
Total	\$879,302.00	\$900,405.00	\$0.00	\$0.00	\$0.00	\$1,779,707.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 10001 - MH 10.1 - Norfolk Island - Mental Health Services



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

10001

Activity Title *

MH 10.1 - Norfolk Island - Mental Health Services

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health

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

Brisbane North PHN started working with the Norfolk Island community in July 2022 and commenced a health needs assessment (HNA) consultation process. A range of risk behaviours, health conditions, service needs and priority populations emerged within a complex social, historical and political context that is unique to Norfolk Island.

Historical context: Norfolk Island is a remote external territory of Australia located in the Pacific Ocean and situated between New Zealand and New Caledonia. It has a total land area of 35 km².

There is an estimated residential population of 2000 people as of 2022. The population is ageing (with a median age of 52.2 years) and is also diverse. Norfolk Island was previously occupied by the seafaring Polynesians, then as a British convict settlement from 1788 until 1814, and a subsequent phase of convict settlement between 1825 and 1855.

In 1856 the Island was settled by the Pitcairn Island descendants of the Bounty mutineers and Tahitians. Norfolk Island is now home to a diverse group of people including people with family ties to the United Kingdom and Tahiti (both through Pitcairn descent and directly), elsewhere in Australia, the United States of America, Canada, New Zealand, Fiji, the Philippines, and other Pacific islands. Of the total residents in 2022, 81.5% were Australian citizens, however 48.7% of people spoke a language other than English at home. Norfolk, a creole language that originates from a blend of English and Tahitian is the co-official language of Norfolk Islanders. Political context: Until 2015, the island had largely operated as an independent community.

However, the Norfolk Island Legislation Amendment Act 2015 resulted in governance reform that saw the integration of some* commonwealth laws, including Medicare and Pharmaceutical Benefits scheme access for residents. Soon after the Norfolk Island Health Service Plan, prepared by KPMG on behalf of the Department of Infrastructure and Regional Development was developed.

The consultation for the health plan identified five key themes:

- (1) The Norfolk Island context;
- (2) Health promotion and wellness;
- (3) Healthy and active ageing;
- (4) Healthy children and families; and
- (5) Specialist services. Of particular interest within the healthy children and families theme was an increased focus on children, young people and their families' well-being in Norfolk Island's unique context.

[*Whilst Norfolk Island is governed by some commonwealth laws around health and education, not all apply. For example, there are no drink driving, seat belt wearing, domestic violence laws and people can start driving at 15 years old. There is no tax on tobacco products which means people can purchase a packet of cigarettes for \$11].

Norfolk Island was then transitioned to the jurisdiction of Brisbane North PHN in June 2022, following an Intergovernmental Agreement (IGA) in October 2021. This agreement supports the provision of Queensland services to Norfolk Island when previous arrangements with the New South Wales Government ceased on 31 December 2021. Given this, Metro North Health has taken the responsibility of providing support and services to the islands main healthcare service, the Norfolk Island Health and Residential Aged Care Service (NIHRACS).

Social context: The unique historical and political context of Norfolk Island impacts on the social context that residents are living in and is relevant (and connected) to the risk behaviours, health and service needs and priority population groups that emerged during the 2022-23 Norfolk Island HNA.

A range of community stakeholders reported low levels of health literacy around a broad range of risk behaviours and problematic health conditions.

Risk behaviours include: tobacco, sexual health, sedentary lifestyles, alcohol and other drugs, obesity, road safety, social disconnection, food security and nutrition. Problematic health conditions for Norfolk Island residents include behavioural and developmental disorders, mental health and wellbeing, cardiovascular disease, diabetes, sleep disorders, cancer, dementia, kidney disease, musculoskeletal disease and chronic pain.

Low levels of health literacy were raised in the context of Norfolk Island's unique social setting (i.e. remoteness, historical and political backdrop). Norfolk Island residents gained access to MBS and Australian Government support for health and education in 2016 which means community access to public health and health promotion strategies is predicted to be approximately 20 years behind Australia. The need for a long-term and sustainable approach to whole of community health promotion strategies is critical to address levels of health literacy and improved overall health and wellbeing. In addition to health literacy, a significant need emerged to support children, young people and their families mental health in a way that responds to the unique complexities of living in a remote and small community.

Mental Health Service:

The community expressed a strong need for a mental health service that can be delivered from neutral community settings with confidential access points. In consultation around problematic health conditions, community stakeholders raised several service and system needs that are both connected and linked to people's experience of health and wellbeing. For example, because of the Island's remoteness, residents experience access issues to specialist care, primary care, psychosocial support, palliative care, respite services and programs like the National Disability Insurance Scheme (NDIS).

Linked to this experience is the need for improved service navigation, coordination and integration, a more consistent and reliable health workforce and the need for better quality data to articulate people's health and wellbeing experiences.

These 2022-23 Norfolk Island HNA findings reinforce, align and build on the five themes that emerged from the community consultation conducted in 2019 by the Department of Infrastructure, Transport, Cities and Regional Development to develop the Norfolk Island Health Service Plan.

Aims:

The Norfolk Island Mental Health Service aims to:

- Provide children, young people and families access to mental health clinician services, including psychological therapies, and activities supporting mental health and suicide prevention, awareness, help seeking and resilience building.

The Health and wellbeing program aims to:

- Improve access to health and wellbeing activities that increases health literacy, awareness and access to activities and services that meets the needs of the community through a health promotion plan. Activities and services align with those prioritised in the health needs assessment including mental health as well as chronic disease management, drug and alcohol misuse, aged care, immunisation and My Health Record. The health and wellbeing and mental health activity includes implementing a whole of community approach to improving health literacy (including mental health), access to services and overall health and wellbeing through a health promotion plan.

The health and wellbeing activity includes implementing a whole of community approach to health and wellbeing through a health promotion plan.

Description of Activity *

The activity will fund the following:

Mental health clinician and Mental Health Services:

- Co-locate with appropriate community services to provide short-term psychological services to eligible children, young people (aged 0-25 years) and their families living on Norfolk Island (i.e. Norfolk Island Central School, Banyan Park Early Learning Centre, appropriate community organisations, Norfolk Island Health and Residential Aged Care Services).
- Receive self-referrals as well as referrals from General Practitioners, Paediatricians, and other approved provisional referrers.
- Confirm referred clients meet prescribed eligibility criteria for the Norfolk Island program and are appropriate for short-term psychological therapies.
- Refer on referrals not deemed appropriate to a more appropriate service.
- Manage the intake of referrals and client sessions to ensure continuous service delivery through contracted period and within the allocated budget.
- Embed psychological therapies within a wider range of wrap-around services and supports for the individual and their family as needed.
- Provide psychoeducation group sessions to support children, young people and their families' mental health literacy in community services and organisations (i.e. Norfolk Island Central School, Banyan Park Early Learning Centre, NI Connect Holiday Programs, Life Without Barriers sessions etc).
- Work within a stepped care framework, making onward referrals as appropriate and according to client needs.
- Ensure people's improved wellness and reablement is measured via the K10 and other appropriate outcome measure tools as deemed appropriate.
- Comply with any guidelines or procedures released by the PHN in relation to the Norfolk Island program.

Health and Wellbeing Services:

- Work collaboratively with the Norfolk Island community to develop, implement and evaluate a health promotion plan that is based on best practice health promotion values and principles and The Ottawa Charter for Health Promotion as defined by the World Health Organisation.

This includes working with the community and relevant organisations and service providers to:

- o Identify and map the current health and wellbeing activities and programs accessible to people living on Norfolk Island.
- o Identify gaps and prioritise health and wellbeing activities according to community needs (as identified in the Health Needs Assessment* (HNA) and ongoing community consultation processes).

*The HNA builds on a range of existing community consultation processes that have taken place on Norfolk Island since 2015 (i.e. Central Eastern Sydney PHN HNA (2016), KPMG Norfolk Island Health Needs Assessment Consultation Report (2019), R & S Muller Enterprise

- Norfolk Island Hospital Enterprise Health Services Survey Report (2015), NIHRACS Health Service Planning Consultation Processes (current)

- o Ensure the health promotion plan has a strategy mix that aligns with all five Ottawa Charter action areas and other relevant best practice health promotion theory and evidence base.

1. Develop personal skills
2. Strengthen community action
3. Create supportive environments

4. Reorient (health) services to be health promoting

5. Build healthy public policy

- Partner with relevant community members, organisations and service providers to implement, monitor and evaluate health and wellbeing activities.
- Use Process, Impact and Outcome evaluation processes to monitor, track and amend health promotion activities and strategies as required throughout the life of the health promotion plan.

Additional funding for 25/26 FY has been given via variation, this will be utilised to update the current Health Needs Assessment, and codesign activity with partners and stakeholders aligned to the Health Needs Assessment, Clinical Services Capability Framework and the Norfolk Island Health Service Plan.

Target Cohort:

Mental Health: The intended target population is children, young people (0-25 years) and their families of Norfolk Island.

PMHC MDS:

Mental Health Clinician collects the PMHC-MDS in rediCASE.

Health and Wellbeing:

The target population for the health and wellbeing work is the whole of Norfolk Island community that designs activities around four key population groups: children, young people and their families; adults (women and men); older people and whole of community.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Mental Health - Health Needs Level 1	2
Population Health - Service Needs Level 1	5



Activity Demographics

Target Population Cohort

Mental Health: The intended target population is children, young people (0-25 years) and their families of Norfolk Island. Health and Wellbeing: The intended target population for the health and wellbeing work is the whole of Norfolk Island community that designs activities around four key population groups: children, young people and their families; adults (women and men); older people and whole of community.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No



Activity Consultation and Collaboration

Consultation

Activities for both the Mental Health Clinician and Health and Wellbeing team were developed based on the consultation findings from the 2022-23 Norfolk Island Health Needs Assessment conducted by Brisbane North PHN. All health and wellbeing activities are required to be co-designed with the Norfolk Island community.

Collaboration

Work collaboratively with the Norfolk Island community to develop, implement and evaluate a health promotion plan that is based on best practice health promotion values and principles and The Ottawa Charter for Health Promotion as defined by the World Health Organisation.

This includes working with the community and relevant organisations and service providers to:

- o Identify and map the current health and wellbeing activities and programs accessible to people living on Norfolk Island.
- o Identify gaps and prioritise health and wellbeing activities according to community needs (as identified in the Health Needs Assessment* (HNA) and ongoing community consultation processes). *The HNA builds on a range of existing community consultation processes that have taken place on Norfolk Island since 2015 (i.e. Central Eastern Sydney PHN HNA (2016), KPMG Norfolk Island Health Needs Assessment Consultation Report (2019), R & S Muller Enterprise - Norfolk Island Hospital Enterprise Health Services Survey Report (2015), NIHRACS Health Service Planning Consultation Processes (current)
- o Ensure the health promotion plan has a strategy mix that aligns with all five Ottawa Charter action areas and other relevant best practice health promotion theory and evidence base.

1. Develop personal skills
2. Strengthen community action
3. Create supportive environments
4. Reorient (health) services to be health promoting
5. Build healthy public policy

- Partner with relevant community members, organisations and service providers to implement, monitor and evaluate health and wellbeing activities.
- Use Process, Impact and Outcome evaluation processes to monitor, track and amend health promotion activities and strategies as required throughout the life of the health promotion plan.

Other stakeholders involved include:

Norfolk Island Health and Residential Aged Care Service Metro North Norfolk Island Support Program (MN NISP) Norfolk Island Anglicare Norfolk Island Mental Health Advocacy Group Norfolk Island Support and Education Development Unit (NISEDU) Wagnii Women's Advocacy Group Life Without Barriers



Activity Milestone Details/Duration

Activity Start Date

30/06/2025

Activity End Date

29/06/2027

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?

Yes

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Activities for both the Mental Health Clinician and Health and Wellbeing team were developed based on the consultation findings from the 2022-23 Norfolk Island Health Needs Assessment conducted by Brisbane North PHN. All health and wellbeing activities are required to be co-designed with the Norfolk Island community.

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

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$547,200.00	\$314,640.00	\$0.00	\$0.00
Norfolk Island	\$339,122.00	\$314,640.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$547,200.00	\$314,640.00	\$0.00	\$0.00	\$861,840.00
Norfolk Island	\$339,122.00	\$314,640.00	\$0.00	\$0.00	\$0.00	\$653,762.00
Total	\$339,122.00	\$861,840.00	\$314,640.00	\$0.00	\$0.00	\$1,515,602.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 12001 - MH 12.1 - Open Doors - Trans Femme Support



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

12001

Activity Title *

MH 12.1 - Open Doors - Trans Femme Support

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

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

The majority of services will be delivered to people residing in the Brisbane North PHN region. Services will aim to address improved mental health and wellbeing outcomes for trans femme young people through peer-led, culturally safe psychosocial support and community connection. The service also aims to achieve the following:

- Identifying early signs and symptoms of common mental health conditions in themselves
- Identifying positive help-seeking behaviour
- Providing information to safe and supportive referral pathways
- Referrals into specialist organisations Increasing sense of self-worth and contribution to community
- Engaging safely with their peers and communities
- General life skills Building pathways into employment and/or education
- Increasing hopefulness for the future .
- Support mental health and wellbeing of Trans Femme young people through Peer led support services

Description of Activity *

Young people exploring lesbian, gay, bisexual and transgender issues do so in a cultural environment that can disadvantage, discriminate against or marginalise them both directly and indirectly, making them more vulnerable to emotional, physical, sexual and economic abuse, homelessness, self harm and suicide than their peers.

Open Doors Youth Service will establish a peer lead support program specifically for young transgender women aged between 12 – 25 in the Brisbane North PHN Region. Support will also be made available to the families of these young people by way of access to a specialised Parents and Carers Support Group.

Support groups will also facilitate psychosocial workshops throughout the year focusing on:

- Identifying early signs and symptoms of common mental health conditions in themselves.
- Identifying positive help-seeking behaviour.
- Providing information to safe and supportive referral pathways.
- Referrals into specialist organisations.
- Increasing sense of self worth and contribution to community.
- Engaging safely with their peers and communities.
- General life skills.
- Building pathways into employment and/or education.
- Increasing hopefulness for the future.
- The Parent Support Group is a Peer Support Group for parents to come together, share stories and learn from each other how to navigate the very complex environment that is involved with raising a young transgender child.

The service will also provide 1 on 1 case management and counselling in addition to social support groups that will focus on connecting young transgender women (trans femme identifying and feminine questioning) aged 12-25 with their community. PMHC MDS -

- Data is entered into rediCASE by service provider within 10 days of event occurring.

The data is then used for bi-monthly National Primary Mental Health Care Minimum Data Set (PMHC-MDS) reporting

Target Cohort: Trans Femme identified young people aged between 12 – 25 in the Brisbane North PHN Region.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Mental Health - Health Needs Level 1	2
Population Health - Service Needs Level 1	5



Activity Demographics *

Target Population Cohort

Trans Femme identified young people aged between 12 – 25 in the Brisbane North PHN Region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Ongoing stakeholder meetings with Open Doors staff to monitor and evaluate progress. Regular contact with Open Doors staff during establishment and set up of the activity. Trans Femme support program is a peer led support program for Trans women to develop and provide the needs required for this program – storage lockers for clothing and hygiene products, makeup products. The program grew out of grass-roots responses to emerging needs.

Collaboration

Open Doors - Service Provider which includes staff and volunteers ODYS engages with a range of youth-focused health, mental health, and community services to support LGBTIQ+ young people aged 12–24. This includes partnerships with primary and mental healthcare providers, alcohol and other drug (AOD) services, social support and homelessness providers, sexual health services, schools, and family support agencies to ensure coordinated and culturally appropriate care for young people and their families



Activity Milestone Details/Duration

Activity Start Date

30/06/2025

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?

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?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH - 17000 - MH 17.1 - PHN Cooperative - IAR TSO



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

17000

Activity Title *

MH 17.1 - PHN Cooperative - IAR TSO

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 1: Low intensity mental health services

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

Up to 2023, this national support function was provided by DoHAC who contracted Morgan Campbell Health Consultants. Following the cessation of Morgan Campbell Health Consultants' role, DoHAC has now funded the PHN Cooperative to re-establish these functions under a PHN-led approach. The aim of this activity is to provide PHN-led national support, mentoring, and capacity building for all PHN IAR Training and Support Officers and GP Champions who are delivering IAR training and support.

Central Eastern Sydney PHN has been contracted to deliver the activity and has a project team including:

- Clinical Director: an appropriately qualified clinician to lead the national clinical liaison and support function of the project. The role would be recruited from the currently employed IAR workforce of GPs, clinicians and trainers, and may provide PHN liaison for collaboration with DoHAC on the alignment of the IAR within GP mental health training and practice via the RACGP and GPMHSC.
- Project Manager to provide day to day management of the project activities - IAR-TSO
- Administration support role as appropriate

Description of Activity *

The IAR TSO National Support project will support the quality and outcomes of the IAR-TSO Program through the following activities:

- a national IAR community of practice - a central practice leadership, clinical liaison, and mentoring function for TSOs

- coordinate a national IAR Training program for PHNs who have training gaps.
- Identify PHNs with gaps in their IAR workforce who are unable to deliver local IAR training.
- Engage other PHN IAR trainers to deliver training into regions of need.

The National Support Project will include the following: - Deliver a Community of Practice for national networking, knowledge sharing, quality activities and Branch-PHN-provider engagement.

- Employ a Clinical Director to provide practice leadership for TSOs, and lead Community of Practice knowledge sharing and quality activities.
- Administer the National IAR Training funding pool (\$250,000) to ensure PHNs are remunerated for provision of additional IAR training.

Target Cohort: The national IAR TSO program workforce including Training and Support Officers and IAR GP Champions employed by PHNs.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Mental Health - Service Needs Level 1	3-5
Mental Health - Health Needs Level 1	2



Activity Demographics

Target Population Cohort

The national IAR TSO program workforce including Training and Support Officers and IAR GP Champions employed by PHNs.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consultation will occur through monthly national IAR community of practice meetings.

Collaboration

Following an EOI, a lead PHN will be commissioned by BNPHN to implement the activities. The lead PHN will employ the project team and Clinical Director. Led by the employed Clinical Director, the activity will establish a central practice leadership group, comprised of a pool of appropriately qualified clinicians and IAR trainers to offer clinical liaison, mentoring and training support activities to the national IAR workforce. The IAR TSO National Support Project is required to coordinate with Murray PHN to ensure alignment between national activities and the Victorian project work. National governance will be provided by the PHN Cooperative, MHAOD Coordination Committee in its role overseeing national mental health capacity building projects, as illustrated below.



Activity Milestone Details/Duration

Activity Start Date

30/06/2024

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): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

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

Two establishment co-design workshops with PHNs have been completed to define activity implementation and develop a position description for the role of Clinical Director.

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

No



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$789,747.00	\$0.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PHN Lead Site Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Norfolk Island	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$789,747.00	\$0.00	\$0.00	\$0.00	\$0.00	\$789,747.00
Total	\$789,747.00	\$0.00	\$0.00	\$0.00	\$0.00	\$789,747.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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MH-Op - 1000 - MH-Op 1.0 - Mental Health Operational



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-Op

Activity Number *

1000

Activity Title *

MH-Op 1.0 - 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



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Mental Health Operational	\$2,266,195.00	\$2,122,457.12	\$1,805,153.00	\$766,309.00	\$0.00
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Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Operational	\$2,266,195.00	\$2,122,457.12	\$1,805,153.00	\$766,309.00	\$0.00	\$6,960,114.12
Total	\$2,266,195.00	\$2,122,457.12	\$1,805,153.00	\$766,309.00	\$0.00	\$6,960,114.12

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created
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