Brisbane MIND

Program Guidance

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BRISBANE NORTH

An Australian Government Initiative

Contents

1. Introduction

1.1 Purpose of the Program Guidelines

In 2025, Brisbane North PHN engaged consultancy group Impact Co to review the Brisbane MIND and Brisbane MIND4KiDs programs. The review assessed the appropriateness, efficiency, and effectiveness of both programs, and the final report presented 15 key insights along with several program options and recommendations.

One of the review's key recommendations was to strengthen clarity around the program's purpose, goals, and guiding principles, and to update the program guidance to include a clearly defined and well-articulated service model. These updated guidelines are intended to enhance consistency in service delivery, improve the consumer experience, and support provider clarity, quality improvement, and performance monitoring. They may also help inform future commissioning decisions.

This refreshed program guidance has been developed by Brisbane North PHN in consultation with the commissioned service providers currently delivering the model.

1.1 Scope and Application

The program guidance outlines the requirements, expectations, and operating parameters for the delivery of the Brisbane MIND and Brisbane MIND4KiDs programs. They apply to all commissioned service providers delivering services under this model. The guidelines are intended to be used alongside relevant PHN policies, contractual obligations, and national guidance to ensure consistent, safe, and consumer centred service delivery across the region.

1.3 Intended Audience

The program guidance is intended to be used by:

- Commissioned service providers delivering Brisbane MIND and Brisbane MIND4KiDs services including;
    - Clinical and nonclinical staff involved in assessment, intake, referral management, and service delivery
    - Program managers responsible for implementation, reporting, and oversight of the service.
- Brisbane North PHN staff involved in commissioning, contract management, monitoring, evaluation, and quality improvement
- Other PHN commissioned mental health, alcohol and other drug and suicide prevention services who interface with the program and require an understanding of the model and referral pathways.

1.4 Terminology

This document uses LGBTIQ+ when referring to Primary Health Network (PHN) programs and Department of Health–funded initiatives, reflecting mandated funding terminology. In broader community and service contexts, LGBTIQA+ is used to explicitly acknowledge asexual people. The "+" denotes the diversity of gender identities, sexual orientations and sexes beyond those listed.

2. Policy, Funding and Strategic Context

2.1 Department of Health, Disability and Ageing Guidance

Brisbane MIND and Brisbane MIND4KiDs are the local program names used by Brisbane North PHN for the delivery of Psychological Therapies for Underserviced Groups under the national PHN Primary Mental Health Care Flexible Funding Program. The Department's full implementation guidance provides the overarching policy framework for the commissioning of psychological therapies for people who face barriers to accessing Medicare Benefits Schedule (MBS) funded services.

Before 2016, these services were delivered through the Access to Allied Psychological Services (ATAPS) program. When ATAPS was discontinued and replaced with a new model of psychological supports for underserviced groups, Brisbane North PHN retained the names Brisbane MIND and Brisbane MIND4KiDs for continuity and local recognition.

Under Departmental guidance, PHNs are required to identify local service gaps, understand barriers to care, and commission psychological therapies targeted to people who are underserviced by MBS-funded mental health interventions. Within this framework, Brisbane MIND delivers short-term psychological therapies for people experiencing moderate mental illness and those at risk of suicide. These services operate as part of a broader network of integrated and wrap-around supports within the region, aligned with stepped-care principles and coordinated entry pathways.

Based on local consultation, data analysis, and the PHN Health Needs Assessment, Brisbane North PHN has identified the following underserviced population groups eligible for Brisbane MIND and Brisbane MIND4KiDs services:

- people at risk of suicide
- children aged 0–11 years
- people living in geographically isolated areas of the region (including Bribie Island and Kilcoy)
- culturally and linguistically diverse (CALD) communities
- lesbian, gay, bisexual, transgender, intersex and queer/questioning (LGBTIQ+) people
- people with a history of trauma or abuse

In addition to Brisbane MIND and Brisbane MIND4KiDs, Brisbane North PHN also commissions a range of other primary mental health services targeted to underserviced population groups. Further information on these programs is available on the PHN website.

2.2 Local Needs Assessment and Regional Plan

The Brisbane MIND program is guided by the regional priorities identified through the North Brisbane and Moreton Bay Joint Regional Needs Assessment (JRNA). The JRNA provides a comprehensive analysis of local health and service needs across North Brisbane and Moreton Bay, highlighting areas of high mental health demand, barriers to access, and the needs of priority population groups.

In addition to the JRNA, the program is underpinned by the PHN's Our Approach to Wellbeing framework, which outlines the region's shared vision and principles for improving mental health and wellbeing through prevention, early intervention, equity, and integrated care. Embedding Our Approach to Wellbeing ensures that service design and delivery reflect holistic, person-centred, culturally responsive, and community-informed approaches.

Aligning the Brisbane MIND guidelines with both the JRNA and Our Approach to Wellbeing ensures that commissioned psychological therapies directly respond to evidenced gaps in access, affordability and cultural responsiveness. This alignment strengthens the program's rationale, helps target underserviced communities, and supports an integrated regional approach consistent with Our Approach to Wellbeing.

2.3 Relationship to Other PHN-Commissioned Services - Stepped Care

The Brisbane MIND program forms one component of the broader stepped-care system commissioned by Brisbane North PHN. Under this model, mental health services across the region are structured so that people can access the right level of support at the right time, ranging from low-intensity early intervention to moderate-intensity psychological therapies (such as Brisbane MIND) and more intensive clinical or crisis responses where required. This approach is supported by the regional priorities identified in the Joint Regional Needs Assessment (JRNA), which highlights the need for integrated, well-coordinated pathways between service tiers and across providers to ensure timely, equitable access to care for people with varying levels of need.

Brisbane MIND providers are therefore expected to work collaboratively with other PHN-commissioned services, including low-intensity programs, crisis supports, youth and family services, psychosocial supports and navigation services, to ensure seamless transitions between levels of care. Consistent with the stepped-care framework, Brisbane MIND plays a key role in stepping clients up to more intensive supports when risk or complexity increases and stepping clients down when their needs can be met through lower-intensity or community-based options. Clear referral pathways, data sharing through rediCASE, and ongoing communication with other commissioned providers support this integration and help maintain a "no wrong door" approach across the region.

3. Program Overview and Intent

- Overview of the commissioned services

Table 1. Providers delivering each Brisbane MIND sub-program and target groups (April 2026)

Sub-program	Target group	Provider(s)	Service locations	Contact details
Brisbane MIND Suicide Prevention	People at risk of suicide	Health 4 Minds*	AT PsychHealth - Caboolture - Banksia Beach - Ningi - Woorim	Ph: 5432 4118
			Young Minds - The Gap - Stafford - Redcliffe - North Lakes	Ph: 3857 0074
			All About Kids - Wooloowin - Strathpine	Ph: 3262 6009
Brisbane MIND Trauma & Abuse	People with a history of trauma or abuse	Axis Clinic	New Farm	Ph: 3254 0333
		Health 4 Minds	Same locations listed above	Ph listed above
Brisbane MIND Regional	People residing in geographically isolated areas of the region (Bribie Island and Kilcoy area)	AT PsychHealth	Bribie Island	Ph listed above
		Stride	Caboolture with outreach to Kilcoy	Ph: 3447 6500
Brisbane MIND CALD	Culturally and linguistically diverse (CALD) communities	World Wellness Group	- Stones Corner - Fortitude Valley - Indooroopilly - Strathpine - Caboolture - outreach to all clients in the PHN region	Ph: 3333 2100
Brisbane MIND LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex and queer/questioning (LGBTIQ+) people	Queensland Council for LGBTI Health (QC)	Located at Teneriffe with service delivery by partner organisations across multiple locations within the region.	Ph: 3017 1777
		Open Doors Youth service	Located 5 Green Square, Fortitude Valley	Ph: 3257 7660
Brisbane MIND4KiDS	children (aged 0-11 years)	Stride Kids (Brisbane City, Brisbane Inner North & Inner West)	Stride Kids - Paddington with outreach	Stride Kids Ph: 3447 6500
		Yourtown (Moreton Bay North & Redcliffe – North Lakes & Pine Rivers)	Yourtown - Deception Bay with outreach	Ph: 3888 0758

**Health 4 Minds is a consortium comprising AT PsychHealth, Young Minds, and All About Kids.*

4. Service Model

4.1 Service Principles/Approach

Integrated and holistic care

Brisbane MIND providers must deliver care that considers the whole person, recognising the interaction between mental health, physical health, social determinants, family context, and community supports. Services should be integrated with other health and social systems to ensure seamless client journeys.

Wrap-around and coordinated support

Providers are expected to offer wrap-around support that includes proactive care coordination, warm referrals, and collaboration with other services. This ensures clients receive comprehensive and connected care that addresses both therapeutic and psychosocial needs.

Trauma-informed practice

All services must be delivered using trauma-informed principles, ensuring emotional and physical safety, choice, empowerment, trust, and respect. Providers must avoid re-traumatisation and tailor approaches based on each client's lived experience.

Balancing severity, complexity, and duration of need

Providers must deliver care that is responsive to client severity and complexity while remaining aligned with the Brisbane MIND program's scope. Services should be flexible enough to adjust intensity and duration within program parameters, while supporting appropriate step-up or step-down pathways when needs exceed what the program can safely provide.

4.2 Integration and Collaboration

Integration with other commissioned services

Brisbane MIND providers must actively integrate their services with other PHN-commissioned programs to support seamless client pathways. This includes maintaining awareness of available services, coordinating referrals, and ensuring clients can move between programs without unnecessary duplication or delays.

Interfaces with primary care, acute services, and community supports

Providers are required to maintain strong working relationships with referring GPs, local hospitals, Medicare Mental Health Centres, community organisations, schools, and other relevant services. This includes timely communication, warm referrals, and collaborative planning to ensure continuity of care, especially for clients with complex needs.

Expectations for collaboration and information sharing

All providers must participate in collaborative practice, including sharing relevant clinical information (with consent), contributing to joint care planning, and engaging in PHN-led coordination activities. Information sharing must support client safety, service continuity, and integrated care while meeting privacy, ethical, and legal requirements.

5. Scope of Service

5.1 In Scope

Modalities delivered (e.g., psychological therapies, care coordination)

Brisbane MIND includes the delivery of evidence-based psychological therapies, care coordination activities, and related support functions that enable safe, effective, and person-centred mental health care. This

encompasses assessment, treatment planning, therapeutic intervention, progress monitoring, and liaison with other services as required.

Evidence-based interventions commonly delivered through Brisbane MIND include modalities such as Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), Interpersonal Therapy (IPT), psychoeducation, motivational interviewing, relaxation strategies, and skills-based interventions, tailored to client need and clinical suitability. Refer also to **9.1 Service Types.**

Modes of delivery (face-to-face, telehealth, outreach)

Services may be delivered through a range of approved modes, including face-to-face, telehealth (video or phone), and outreach, based on client preference, accessibility needs, and clinical suitability. Providers must ensure that all modes meet safety, quality, and privacy requirements.

Suicide prevention and early intervention support

Within program scope, providers may deliver suicide prevention interventions and early interventions support consistent with program guidelines and clinical best practice. This includes risk assessment, safety planning, brief therapeutic interventions, and coordinated referral to appropriate step-up services when required.

5.2 Out of Scope

Services not funded under this program

According to the Department's guidelines, activities that are not considered to be in scope for Brisbane MIND are those which:

- Duplicate or replace existing services provided by other organisations, including state and territory government services or disability support services;
- Provide a low intensity service involving self-referral, for example Medicare Mental Health Check In;
- Provide psychosocial support*
- Target broader services for people with dementia, delirium, tobacco use disorder and intellectual disability, given these conditions are not regarded as mental disorders for the purpose of the Mental Health Flexible Funding pool. It should be noted that services for people from within these groups with co-occurring mental disorder would be within scope;
- Provide a service which could, in the same location for the same population group, be provided through the MBS Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative.

*Please note that some Brisbane MIND providers are funded to provide psychosocial support. However, this activity is funded separately to the Brisbane MIND service. Psychosocial service activity is captured in a Brisbane MIND or Brisbane MIND4KiDS referral as a psychosocial service contact.

6. Eligibility and Access

This section outlines the general eligibility criteria for all programs and the program-specific inclusion criteria for **Brisbane MIND** and **Brisbane MIND4KiDS.**

How to read this section:
• General Eligibility Criteria (6.1) = apply to all referrals • Program-Specific Inclusion Criteria (6.1.1–6.1.2) = additional requirements that must also be met for each program

6.1 General Eligibility Criteria (applies to all programs)

- **Target population**

  People experiencing mild to moderate mental illness who would benefit from structured, short-term psychological therapy in a primary care setting; not clinically suitable for self-referred lower intensity

supports (e.g., self-help, digital, or self-referred low-intensity services), and who have barriers to access or underserviced through MBS-based psychological services.

- **Severity and complexity considerations**

  The National PHN Guidance on Initial Assessment and Referral (IAR) for Mental Healthcare should support GPs and commissioned services in targeting clients who should be eligible for psychological services from mental health professionals. These services generally align with IAR Level 3 (Moderate Intensity Services) under the national guidance.

  Some people with severe mental illness may benefit from short-term, focused psychological interventions as part of broader care; long-term psychotherapy may not be clinically appropriate or effective.

  People who have attempted, or are at risk of, suicide or self-harm are eligible and an important priority group for the program.

- **Geographic eligibility**

  Clients must live in the Brisbane North PHN region.

- **Referrer responsibilities**

  For both Brisbane MIND and Brisbane MIND4Kids, it is the referrer's responsibility to ensure the client (and family/guardians for Brisbane MIND4Kids) meets the general eligibility and relevant program-specific inclusion criteria before submitting a referral. If unsure, contact the provider directly or the Medicare Mental Health Phone Service.

- **Referral pathways**

  The preferred method is the My Mental Health Services e-Referral form (see "Referral Pathway"). If this is not possible, contact the Medicare Mental Health Phone Service for alternatives.

- **Treatment plan expectations**

  Where applicable, clients should have, or be supported to obtain, a Mental Health Treatment Plan (or child treatment plan). Providers should collaborate with the original referrer and client/family to facilitate this.

- **Priority and equity considerations**

  Under-serviced groups include LGBTQI+, CALD, people with a trauma or abuse history, residents of Bribie Island or the Kilcoy area, and people at risk of suicide. Some may experience socioeconomic disadvantage; however, ability to pay alone should not determine access.

6.2 Program-Specific Inclusion Criteria - Brisbane MIND and Brisbane MIND4Kids

6.2.1 Brisbane MIND

To be eligible for Brisbane MIND, clients must meet the General Eligibility Criteria (6.1) and the following program-specific inclusion criteria:

- Holds a current healthcare or pension card, or can demonstrate financial disadvantage (e.g., non-residents ineligible for a healthcare card; a person leaving a domestic violence situation).
- Aged 12 years or older.
- Has a non-acute, moderate mental health condition.
- Will benefit from structured, short-term psychological therapy in a primary care setting.
- Experiencing moderate symptoms/distress consistent with IAR-DST Level 3.
- Has or can acquire a Mental Health Treatment Plan

6.2.2 Brisbane MIND4Kids

To be eligible for Brisbane MIND4Kids, clients must meet the General Eligibility Criteria (6.1) and the following program-specific inclusion criteria:

- Child aged 0–11 years with moderate mental health difficulties who would benefit from short-term psychological services (diagnosis not required).
- Parent/guardian holds a healthcare or pension card or can demonstrate financial disadvantage.
- Child has, or can acquire, a child treatment plan (or Mental Health Treatment Plan). Some clients in certain groups may not be able to obtain an MHTP; providers should exercise discretion and work with the referrer and family.

6.3 Circumstances where the service may not be appropriate

6.3.1 Brisbane MIND

- the person is at acute or immediate risk of suicide or self-harm – please escalate care to tertiary or emergency services
- the person is already receiving equivalent supports (e.g. psychological therapy) through another service such as Public Mental Health or an NDIS-funded provider, and further provision would result in duplication of services.
- the person's primary presenting need relates to chronic dementia, delirium, tobacco use disorder and/or mental disability (please note that people with any of these health issues with a co-occurring mental disorder seeking support for their mental health disorder would be within scope)
- involved with workers compensation or motor vehicle compensation proceedings
- the person needs long-term, ongoing psychological support.

6.3.2 Brisbane MIND4Kids

- the child is at acute or immediate risk of suicide or self-harm – please escalate care to tertiary or emergency services
- the person is already receiving equivalent supports (e.g. psychological therapy) through another service such as Public Mental Health or an NDIS-funded provider, and further provision would result in duplication of services.
- the child is specifically seeking support for the treatment of developmental disorders, learning disorders, intellectual impairment, sensory processing, complex trauma or disability (please note that children with any of these health issues with co-occurring mental health difficulties seeking support for their mental health would be within scope)
- the person is seeking a formal diagnostic assessment service.

6.4 Equity of Access

Brisbane MIND is committed to ensuring that all eligible individuals, regardless of geography, culture, identity, or circumstance, can access timely, safe, and appropriate psychological support. Providers must actively identify and reduce barriers to access, using flexible and inclusive approaches that align with the needs of priority populations across the Brisbane North region.

Addressing Geographic Barriers

Providers must deliver services in ways that minimise the impact of distance, transport limitations, and local service availability. This may include:

- Offering telehealth and phone-based sessions where appropriate and clinically safe.
- Providing services in community-based settings that are closer to where clients live, such as neighbourhood centres, local health hubs, schools, or partner organisations.
- Considering outreach models - particularly for clients in regional or hard-to-reach areas - and ensuring these approaches maintain privacy, safety, and professional standards.
- Working with local organisations to build awareness of Brisbane MIND services and strengthen referral pathways in communities with limited mental health infrastructure.

Flexible Approaches to Improve Access

To ensure equitable service access, providers must adopt flexible options that reduce traditional barriers to care. These may include:

- Offering varied appointment modes (in-person, telehealth, video conferencing).
- Providing appointment times outside standard business hours when clinically appropriate.
- Tailoring communication strategies to meet diverse language, literacy, and cultural needs.
- Using appropriately qualified interpreters, cultural liaison workers, and peer workers to support engagement.
- Partnering with community organisations, schools, and health services to enhance visibility and build trust with underserved groups.

All providers are expected to monitor access trends, identify barriers, and implement strategies to improve equity within their service delivery model, ensuring clients can consistently access care regardless of background or circumstance.

7. Referral Pathways and Intake

7.1 Referral Sources

Brisbane MIND accepts referrals through a range of approved pathways, including self-referral (where applicable).

Following national program guidance, people accessing the service are generally expected to have a GP Mental Health Treatment Plan (MHTP) or a referral from a psychiatrist or paediatrician. Where access to a GP is limited, commissioned service providers may accept provisional referrals from other clinical referrals and services including the Medicare Mental Health phone service to allow early intervention to commence. A formal MHTP should be completed as soon as practicable. In these situations, Brisbane MIND providers are responsible for supporting the client to connect with a GP to finalise the MHTP and ensure integration with primary care.

All clinical referrers should submit referrals through the My Mental Health Services eReferral, a single electronic referral form used across mental health, AOD, and suicide prevention services. The eReferral is accessible via the e-link, HealthPathways, or can be installed directly into GP practice software. Further information is available on the Brisbane North PHN website. From time to time, referrals from GPs may be submitted by email or Medical Objects secure messaging. In these instances, these referrals will be managed and processed by the Medicare Mental Health phone service. Regardless of format, the priority is that high-quality referral information is provided, whether through a MHTP, referral letter, or the eReferral fields -to ensure timely and appropriate service delivery.

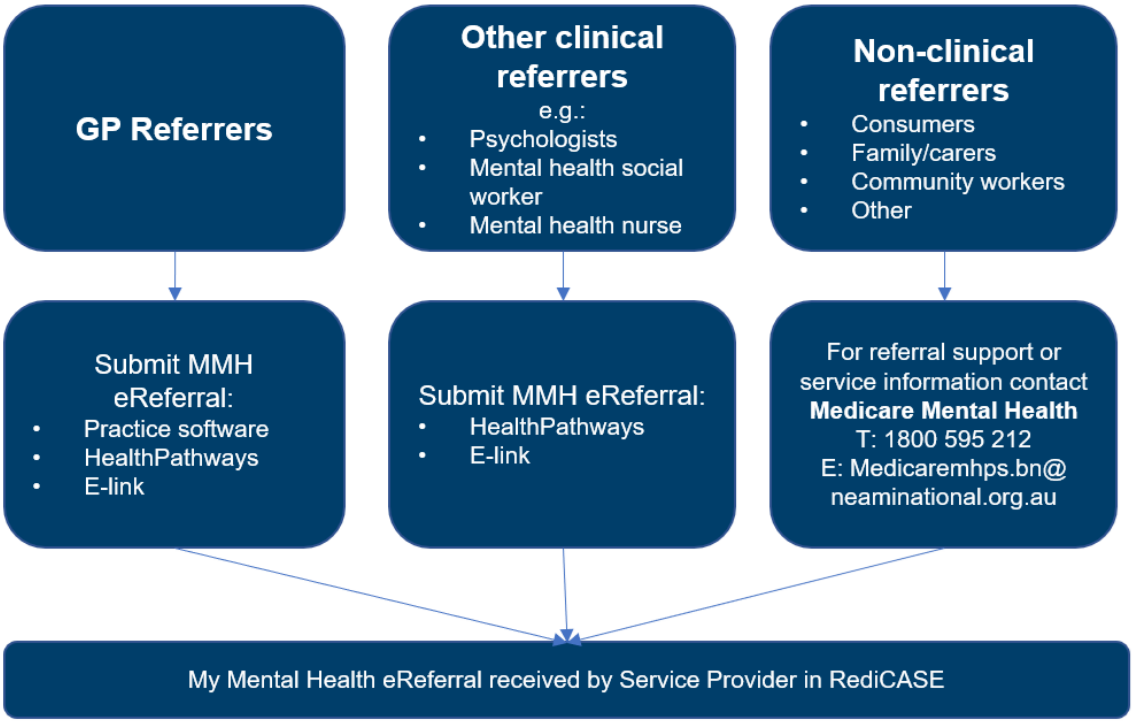


Figure 1. Referral pathways to Brisbane MIND*

7.2 Intake and Triage

Intake Processes

Referrals completed through the My Mental Health Services eReferral form should include a completed Initial Assessment (IAR-DST). The Initial Assessment and Referral Decision Support Tool (IAR-DST) provides an evidence-based approach for conducting initial assessment and referral of individuals presenting with mental health conditions in primary health care settings within Australia. The IAR-DST may be completed by the referring GP or the Medicare Mental Health phone service. The level of care determined by the assessment should guide referral to the most appropriate service.

All commissioned Brisbane MIND providers are required to manage referrals through the rediCASE client management system. rediCASE is the PHN's central platform for receiving referrals, managing client information, and reporting the Primary Mental Health Care Minimum Data Set (PMHCMDS) as mandated by the Department of Health. The system, developed by Redbourne and customised for Brisbane North PHN, supports the full referral and service workflow.

rediCASE enables providers to:

- receive internal and external referrals from GPs and other health professionals
- securely transmit and receive referral information and messages
- automatically route referrals to the most appropriate provider based on client needs
- record client contacts and treatment episodes
- collect and submit PMHCMDS data
- generate invoicing and payment activity
- produce service-level and PHN-level activity reporting

The My Mental Health Services Referral must be completed for a client to access Brisbane MIND. Once submitted, the nominated service provider receives an email notification indicating that a referral is awaiting acceptance in rediCASE. Providers are responsible for reviewing referrals promptly, confirming client eligibility, and determining suitability for Brisbane MIND services, regardless of the referral source.

Providers must acknowledge receipt of all referrals in accordance with the specified response timelines. This includes contacting both the original referrer and the consumer to confirm that the referral has been received and is being progressed. eReferrals must be processed in accordance with the rediCASE User Manual, Section 3.1: Receiving, viewing, and actioning a referral. Providers are expected to check and action referrals regularly to ensure timely intake.

Following acknowledgement and acceptance of the referral, the service provider will undertake their own local intake and assessment processes in line with their service model and clinical governance requirements. This may include further information gathering, risk assessment, and service matching to ensure the most appropriate care is provided.

Providers must utilise information already supplied through the My Mental Health Services eReferral to inform their intake processes. Every effort should be made to minimise duplication and avoid placing unnecessary burden on consumers, including reducing the need for individuals to re-tell their story. Where possible, a trauma-informed and person-centred approach should be applied, ensuring continuity of information and a seamless transition into care.

Referral Response Time

For Brisbane MIND and Brisbane MIND4KiDS referrals, providers must:

- attempt contact **within two business days**, and
- offer the initial appointment **within two weeks**

For suicide prevention referrals—including those reallocated from other Brisbane MIND streams, providers must:

- attempt to contact the person **within two business days** of receiving the referral, and
- offer an initial appointment **within three business days** of first contact.

7.3 Declining Referrals

Brisbane MIND operates under a no wrong door approach. Where a referral cannot be accepted, providers must ensure the consumer is promptly supported to access an appropriate alternative service, to avoid unnecessary delays in accessing support.

Wherever possible, this should occur through a warm referral. A warm referral is an active, supported connection to another service in which a professional directly assists the consumer to engage—rather than simply providing contact details. Warm referrals support continuity of care, minimise the need for consumers to repeatedly retell their story, and increase engagement with ongoing support.

7.3.1 Circumstances for Declining a Referral

A referral may be declined when:

- the consumer is ineligible for Brisbane MIND
- the consumer declines or disengages from service
- the consumer cannot be contacted after reasonable attempts

the consumer requires a different level of care the referral is a duplicate, and the consumer is already open to the service

- the consumer's clinical presentation exceeds the scope of the program and requires a higher level of care (e.g. acute or inpatient services)

7.3.2 Required Actions When Declining a Referral

When a provider declines a referral, the following steps must be completed in a timely manner and documented accordingly.

Step 1 – Support Redirection / Warm Handover

Where appropriate and consistent with the service delivery model, the provider must support the consumer through a warm handover or guided redirection to an alternative and more suitable support pathway. The Medicare Mental Health phone service (1800 595 212) is available to assist with navigation

Where a warm handover is not feasible due to the service model or circumstance, it remains good practice to provide the referrer with alternative referral pathway options so they can continue to support the consumer.

Where the consumer cannot be contacted, the provider will attempt to notify the referrer of the attempted contact attempts made and advise them of alternative referral pathways they may wish to pursue on the consumer's behalf.

Step 2 – Notify the Referrer

Contact the original referrer using their preferred method (e.g. email, phone, or letter) to advise them of the decline outcome and, where applicable, the alternative pathway identified. Notification must occur within two business days of the decline decision, or within the provider's standard referral processing timeframes if these are shorter.

Step 3 – Update rediCASE

- Select *Decline* and choose the appropriate reason from the rediCASE dropdown menu (e.g. client ineligible, declined service).
- In the comments box, clearly document details of service navigation support provided. Specify whether the Medicare Mental Health phone service (1800 595 212) was recommended or contacted, and what was communicated to the consumer/referrer.
- Add an administrative note with clear, specific details — particularly where ineligibility is the reason for decline.
- Refer to **Appendix 1** for detailed guidance on reallocating referrals within rediCASE.

Step 4 – Capacity Constraints or Waitlist Pressures

Where a referral is being declined due to capacity constraints or waitlist pressures, providers must contact the PHN contract manager to discuss the issue *before* the referral is declined. This step must be completed and documented prior to any decline action being taken in rediCASE.

8. Demand Management

Each contracted Brisbane MIND provider is block-funded to deliver services throughout the entire contract period. Therefore, it is their responsibility to manage service demand to ensure that they maintain access for new referrals throughout the contract period. It is the responsibility of each provider to develop systems and processes to manage demand for their services. Examples of systems and processes to manage demand include referral to other providers, of e-mental health supports and to communicate these arrangements to both clients referred to the service and their referrers. It is also the responsibility of the provider to inform the PHN when these arrangements are required, and for what period. Brisbane MIND Suicide Prevention providers must inform the relevant PHN contact if the wait list for the program exceeds five business days (or seven calendar days).

Providers are expected to maintain a transparent and actively managed waitlist, including communicating estimated wait times to clients and referrers and offering interim supports such as low intensity or e-mental health options where appropriate. Providers should also ensure their demand-management processes support equitable access for priority population groups, consistent with the intent of the Brisbane MIND program. This includes monitoring referral patterns, caseload distribution and wait times to avoid unintentional barriers for underserviced communities.

Providers must notify the PHN as early as possible if demand pressures are likely to affect contracted service delivery, referral acceptance timeframes, or achievement of targets. Early communication enables joint problem-solving and system-level coordination across other PHN-commissioned services. Demand should also be managed through alignment with stepped-care pathways – for example, stepping clients down to low-intensity services when appropriate, or stepping clients up to more intensive supports when their needs exceed the scope of Brisbane MIND. Timely closure of inactive referrals in rediCASE further ensures that capacity is freed for new clients.

9. Service Delivery

9.1 Service Types

Brisbane MIND provides short-term, evidence-based psychological interventions targeted to priority population groups. Interventions must be appropriate to the client's needs, clinically justified, and aligned with recognised evidence-based practice (e.g., cognitive behavioural therapies). While services are time-limited, not all clients will require the same type or number of sessions. The clinician, in consultation with the client, determines the most suitable intervention based on presenting needs, severity, and the evidence base.

Evidence-based interventions within Brisbane MIND may include, but are not limited to:

- psychoeducation and motivational interviewing
- Cognitive Behavioural Therapies (CBT) and Acceptance and Commitment Therapy (ACT)
- relaxation and stress-management strategies
- skills training
- interpersonal therapy (IPT)

9.2 Treatment Suitability, Duration, and Transitions

Brisbane MIND provides short-term, moderate-intensity psychological therapy tailored to individual client needs. Most episodes of care occur within six months, with a maximum duration of up to 12 months. The type, number, and frequency of sessions should be determined by the clinician in consultation with the client, based on individual needs, severity, and evidence-based treatment approaches.

Assessing Suitability and Ongoing Monitoring
Clinicians must assess client suitability for Brisbane MIND at intake and continue to monitor suitability throughout treatment. If a client's needs fall outside the program's scope, the clinician must support transition

to a more appropriate service, whether of higher or lower intensity. Providers are expected to work collaboratively with referrers and other relevant services to ensure continuity of care and holistic support.

Clinicians are required to:

- Review client progress at clinically relevant intervals
- Update treatment plans according to client needs
- Complete outcome measures
- Provide progress reports to referrers, where appropriate and with client consent

End-of-Therapy Requirements and Transitions
At the conclusion of therapy, providers must:

- Close the referral in rediCASE
- Ensure all treatment documentation and outcomes are recorded
- Facilitate supported transitions to ongoing or alternative care, where required
- Collaborate with the referrer and other supports, with client consent

Transition planning is essential to maintain continuity of care and ensure alignment with a stepped-care approach. If a client requires support beyond the expected short-term duration, providers should first explore appropriate step-up or step-down services. Where alternative services are not accessible, additional Brisbane MIND sessions may be delivered, balancing overall program demand and available capacity.

9.3 Treatment conclusion

Treatment may be concluded when a client has reached their therapeutic goals, is able to manage symptoms using self-management strategies, or when a client chooses to no longer engage in treatment.

At the conclusion of treatment, the provider will provide a report to the clinical referrer (where appropriate) outlining treatment provided, progress against treatment plan, and any further follow-up recommendations or plans. Where required, the provider will assist the client to engage in ongoing support through community-based services, or other clinical services via a warm referral and handover process.

9.4 Care Coordination and Shared Care

Brisbane MIND providers are expected to deliver wrap-around care that coordinates and integrates services for clients. This includes liaising with relevant primary health care providers, allied health, family, carers, and other supports who may impact client care and outcomes. Providers should plan services that incorporate psychological therapy as part of a wider package of supports.

Individual Care Coordination
Providers must:

- Develop and regularly review treatment plans aligned with client goals and presenting needs
- Monitor clinical progress, risk indicators, and therapeutic engagement, adjusting care plans as required
- Ensure documentation and clinical handovers are timely and responsive

Shared Care and System Collaboration
A shared-care approach is central to Brisbane MIND operating within a stepped-care system. Providers are expected to:

- Work collaboratively with GPs, other allied health, community organisations, and other social supports
- Communicate progress, discharge, and changes in risk to referrers in a timely manner
- Coordinate with external supports when clients are accessing parallel services

Providers must implement shared-care practices consistently, ensuring proactive communication, coordinated treatment planning, and timely handover with other services. Awareness of system limitations is essential, and providers are expected to work with the PHN and partner services to support seamless care.

9.5 Step-up and step-down processes

Brisbane MIND is designed to support people with moderate mental health needs, with the expectation that clients may move between levels of care as their needs change. Providers must actively facilitate appropriate step-up to more intensive supports or step-down to lower-intensity or maintenance services when clinically indicated. This includes ensuring timely referrals, coordinated handover, and ongoing communication with relevant service and GP.

Providers must also recognise that effective step-up and step-down processes may be constrained by broader system limitations, including:.

- Scarcity of culturally safe and inclusive external services, which can make referrals particularly challenging for CALD, , and First Nations clients.
- Inconsistent pathways for children and young people, including gaps between Brisbane MIND4KiDs and Child and Youth Mental Health Services.

To strengthen transitions and improve service navigation, providers are expected to engage with emerging system structures, including Medicare Mental Health phone services and Centres (MMHCs), which offer enhanced opportunities for coordinated referral pathways and improved step-up and step-down integration across the region.

9.6 Telehealth and Outreach

Brisbane MIND providers are expected to be able to deliver adaptable and flexible service modalities to meet the needs of clients including telehealth and video conferencing when appropriate. It is up to each provider to determine the appropriate platforms and tools to enable use of telehealth services, and these should be made readily available and accessible to clients.

Brisbane MIND providers are expected to ensure services are delivered in accessible locations and facilities for clients. This may include use of existing community venues, hubs or other service locations to make accessing services more comfortable and available to clients.

9.6.1 Use of telehealth to improve access

Brisbane MIND providers must offer flexible and adaptable service modalities, including the use of telehealth and video-conferencing, to improve access for clients who may face barriers to attending in-person appointments. Providers are responsible for selecting appropriate platforms and tools that meet clinical, privacy, and usability standards. Telehealth options should be readily available, easy to navigate, and clearly communicated to clients as part of routine service delivery.

9.6.2 Outreach to underserved populations

Providers must ensure that services are accessible to underserved and hard-to-reach populations. This may include delivering sessions in community-based locations such as neighbourhood centres, local hubs, schools, or other appropriate venues that improve comfort, cultural safety, and proximity for clients. Outreach approaches should be tailored to the needs of priority groups, including those facing geographic, cultural, or socioeconomic barriers.

9.6.3 Quality and safety considerations

All telehealth and outreach activities must align with professional, ethical, and clinical safety standards. Providers are required to ensure:

- Client privacy, confidentiality, and data security are maintained across all modalities.
- The environment (whether virtual or in-person) is conducive to safe and effective therapeutic engagement.
- Clinical risk management procedures are in place for remote and off-site service delivery, including clear escalation pathways.

Brisbane MIND providers must ensure that every mode of service delivery supports equitable access, client choice, and consistent quality of care across the program.

10. Cultural Safety and Inclusion

- Culturally safe practice expectations
- Aboriginal and Torres Strait Islander peoples
- CALD communities and interpreting services
- LGBTIQA+ inclusive care

Brisbane MIND is committed to delivering equitable, inclusive, culturally safe mental health services for all clients. Providers must embed culturally responsive practices across all aspects of service delivery, including engagement, assessment, therapeutic interventions, referral pathways, and workforce capability. Cultural safety is not optional; it is a minimum standard expected of all commissioned providers.

10.1 Culturally Safe Practice Expectations

All Brisbane MIND providers must ensure that services are delivered in a culturally safe manner, recognising the diverse identities, lived experiences, and community contexts of clients. This includes:

- Creating environments where clients feel respected, safe, heard, and free from discrimination or judgement.
- Actively addressing power imbalances and ensuring clients retain autonomy and control over their care decisions.
- Using trauma-informed, strengths-based, and person-centred approaches tailored to cultural, social, and historical contexts.
- Ensuring staff undertake ongoing cultural capability training, reflective practice, and supervision that strengthens culturally safe care.
- Embedding inclusive language and ensuring that service materials, intake processes, and communication practices do not exclude or marginalise cultural groups.
- Cooperating with community organisations, Elders, and culturally-specific service providers to support meaningful engagement.

Cultural safety must be consistently demonstrated across all service modalities, including telehealth, in-person sessions, group interventions, outreach, and community-based delivery.

10.2 Aboriginal and Torres Strait Islander Peoples

Brisbane MIND recognises Aboriginal and Torres Strait Islander peoples as the First Peoples of Australia and acknowledges their unique cultural, historical, and spiritual connections to Country. Providers must ensure that care for Aboriginal and Torres Strait Islander clients is culturally safe, respectful, and tailored to community expectations.

Providers are required to:

- Deliver care that acknowledges the impacts of colonisation, intergenerational trauma, and systemic discrimination.
- Provide flexible service approaches that prioritise relationship-building, cultural safety, longer engagement periods where needed, and the involvement of family or community supports when appropriate.
- Facilitate warm referrals and shared-care pathways with Aboriginal Community Controlled Health Organisations (ACCHOs), the Institute for Urban Indigenous Health (IUIH), and other First Nations-led services when clients choose to engage with them.
- Ensure interpreters, cultural advisors, Elders, and community liaison roles are used when requested or clinically beneficial.
- Promote choice by allowing clients to select a culturally appropriate clinician or service where possible.

Where providers do not have sufficient internal cultural capability, they must seek external guidance or partnership to uphold culturally safe care.

10.3 CALD Communities and Interpreting Services

Brisbane MIND providers must ensure culturally responsive and accessible services for clients from culturally and linguistically diverse (CALD) backgrounds. This includes:

- Using professional interpreters - never family members or untrained individuals - when language barriers impact safety, understanding, or therapeutic engagement.
- Making interpreting services available for both in-person and telehealth appointments, including Auslan interpreters for clients who are Deaf or hard of hearing.
- Providing translated materials or alternative communication formats where available, and ensuring clients understand their rights, consent processes, and treatment plans.
- Being aware of cultural norms, migration experiences, stigma surrounding mental health, and the impact of trauma associated with displacement, racism, or visa insecurity.
- Building relationships with multicultural organisations, bicultural workers, and community leaders to improve cultural safety and trust.

Services must adopt flexible engagement approaches that recognise cultural expectations around family, gender roles, confidentiality, and help-seeking behaviours.

10.4 LGBTIQA+ Inclusive Care

Brisbane MIND providers must ensure safe, affirming, and inclusive services for lesbian, gay, bisexual, transgender, intersex, queer, asexual and other diverse-sexuality and gender clients. Providers must:

- Use clients' correct names, pronouns, and identity terms, and ensure these are accurately recorded in systems.
- Provide care that affirms diverse sexualities, gender identities, bodies, and relationships.
- Ensure staff are trained in LGBTIQA+ inclusive practice, including awareness of minority stress, discrimination, stigma, and associated mental health impacts.
- Offer safe therapeutic environments where clients are not required to educate clinicians about their identity or experiences.
- Maintain strong referral pathways to LGBTIQA+-specific services and supports, including peer workers and community organisations.
- Provide privacy and confidentiality safeguards for clients who may not be 'out' in all areas of their life.

Cultural safety for LGBTIQA+ people includes avoiding assumptions about identity, family structures, or relationships and ensuring that all service settings explicitly communicate safety and inclusivity.

10.5 Interpreting services

Brisbane MIND providers have access to free professional interpreting services through the Australian Government's Translating and Interpreting Service (TIS National) to support culturally and linguistically diverse clients. Interpreting services for PHN-commissioned mental health programs are funded by the Department of Health and Aged Care and are available to all approved providers delivering Brisbane MIND services. This funding supports equitable access to mental health care for people with limited or no English proficiency and is currently in place until 30 June 2026.

TIS National provides:

- immediate phone interpreting (24/7),
- automated Telephone Interpreting Service (ATIS)
- pre-booked phone interpreting,
- video interpreting, and
- on-site interpreting (where appropriate).

To access TIS National, providers must register for a TIS National client code and select PHN-Funded Mental Health Program during registration.

Note: The Australian Government also offers a separate Free Interpreting Service (FIS) for certain provider types, including local governments and allied health professionals in eligible locations. However, PHN-funded mental health services should access interpreting through the TIS National PHN mental health funding stream.

11. Workforce and Capacity

The Service Provider must ensure that Brisbane MIND services are delivered primarily by suitably qualified, registered, and experienced mental health professionals. Workforce composition must be responsive to consumer need, culturally safe, and aligned with contemporary evidence-based practice.

Eligible Mental Health Professionals

- Psychologists registered with the Australian Health Practitioner Regulation Agency (AHPRA)
- Accredited Mental Health Social Workers who are members of the Australian Association of Social Workers (AASW) and certified by AASW as meeting the practice standards for mental health social workers
- Aboriginal and Torres Strait Islander Health Practitioners and Aboriginal and Torres Strait Islander Mental Health Workers trained and competent in mental health and social and emotional wellbeing practice
- Credentialed Mental Health Nurses who have been credentialled against the Australian College of Mental Health Nurses' credentialing criteria
- Endorsed Mental Health Occupational Therapists accredited by Occupational Therapy Australia as having a minimum of two years' experience in mental health, who adhere to the Australian Competency Standards for Occupational Therapists in Mental Health

Registration and Supervision Requirements

All clinicians and practitioners delivering services under Brisbane MIND must meet relevant professional registration, membership, credentialing, and competency requirements. Practitioners who do not meet these requirements, including low-intensity workers, may only deliver services under the direct supervision of an appropriately qualified and accredited clinical supervisor. Supervision arrangements must be documented and embedded within the provider's clinical governance framework.

Students and Provisional Psychologists

There is limited scope for the engagement of students and provisional psychologists as a minor component of the service model. Any such engagement must:

- Receive prior written approval from Brisbane North PHN
- Be supported by appropriate, discipline-specific supervision
- Be formally documented within the provider's clinical governance framework, including defined scope of practice, supervision arrangements, and risk management processes

Culturally Based Therapies and Cultural Support Workers

Personnel delivering approved culturally based therapies must be appropriately qualified, competent, and supervised in accordance with best-practice standards relevant to the specific therapeutic approach. Bicultural or cultural support workers delivering services as part of a co-therapy model must:

- Be appropriately trained and competent
- Operate strictly within their defined scope of practice
- Receive ongoing supervision commensurate with their role and responsibilities

Workforce Shortages and Alternative Arrangements

Where a provider experiences significant workforce shortages that may affect service delivery, the provider must notify Brisbane North PHN as soon as practicable. Subject to approval, alternative workforce arrangements may be considered where clinically appropriate. Where required, approval must also be obtained from the Department of Health, Ageing and Disability. Any alternative arrangement must be:

- Clinically justified
- Time-limited
- Supported by robust supervision, risk mitigation, and clinical governance arrangements

11.2 Scope of Practice

All practitioners delivering Brisbane MIND services must operate strictly within their defined professional scope of practice, consistent with national registration standards, professional codes, and recognised mental health competencies. Service providers must ensure that each practitioner's role, responsibilities and therapeutic activities align with their qualifications, registration status, and level of experience. Any task requiring specialist skills, advanced therapeutic interventions or independent clinical judgement must only be undertaken by appropriately credentialed mental health professionals. Clear delineation of scope of practice helps maintain clinical safety, protect consumers from inappropriate care, and ensure consistent, high-quality service delivery across the program.

11.3 Supervision and Support

All Brisbane MIND practitioners must have access to regular, structured supervision and professional support appropriate to their role, experience and clinical responsibilities. Supervision must be delivered by suitably qualified and experienced clinicians and reflect professional standards for frequency, documentation and clinical oversight. Providers must embed supervision arrangements within their clinical governance framework, ensuring mechanisms are in place for escalation, review of clinical risk, reflective practice, and competency development. Provisional psychologists, students, and any practitioner operating with conditions or limitations must receive enhanced supervision tailored to their developmental needs and aligned with regulatory requirements.

11.4 Workforce Sustainability and Capacity Management

Service providers must plan for sustainable workforce capacity to ensure continuity of care, resilience of service delivery, and long-term program stability. This includes proactive workforce planning, succession strategies, appropriate caseload management, and ensuring staff have access to training, professional development and wellbeing supports. Providers should monitor workforce pressures such as turnover, recruitment challenges and local shortages, and work collaboratively with the PHN to identify solutions. Sustainable staffing models must balance consumer demand with workforce capability, ensuring Brisbane MIND services remain safe, accessible and clinically robust.

12. Subcontracting and Partnerships

12.1 Use of subcontractors

Providers may utilise subcontractors to provide therapy with the approval of the PHN. If sub-contractors are utilised, providers must ensure clients are aware that subcontracting arrangements are temporary and may change without notice. Further, providers must ensure clients and referrers are aware of the subcontracting arrangements. Finally, contact with the client should occur via the commissioned provider in the first instance rather than the subcontracted provider.

12.2 Accountability and quality assurance

The commissioned provider retains full responsibility for the conduct, quality, safety, and clinical governance of all services delivered by subcontractors. This includes ensuring subcontractors meet all credentialing, qualification, supervision, reporting, and compliance obligations required under the Brisbane MIND contract. Providers must have formal agreements in place outlining performance expectations, risk management, data reporting, and adherence to program guidelines.

12.3 Integration and consistency of service delivery

Services delivered through subcontracting arrangements must remain fully integrated with the provider's broader service model. All client communication, scheduling, follow-up, and care coordination must occur through the commissioned provider as the primary point of contact. Subcontractor-delivered care must be consistent with the provider's therapeutic approach, cultural safety standards, documentation processes, and referral pathways to ensure continuity and a seamless client experience.

13. Funding Arrangements

Brisbane MIND service providers are contracted under a block-funded model. All program funding details are specified in the relevant Program Schedule. No additional payments or funding will be provided outside of the agreed contract, except where a contract variation or new Program Schedule has been formally approved.

Funding Principles

- Block funding covers all costs associated with service delivery, including staff salaries, administration, management, overheads, attendance at PHN meetings, and staff professional development and training.
- Providers are responsible for managing service delivery within the allocated funding.
- Where contracted deliverables and targets are not met, the PHN may negotiate an improvement plan with the provider.
- Any unspent funds at the end of a financial year may need to be returned to the PHN for reallocation, in full or in part.

No-Cost Service Provision

- Brisbane MIND services must be provided at no cost to clients.
- Providers must not charge clients for services under any circumstances, including co-payments, cancellations, travel, or other fees.

Financial Accountability

- Providers are accountable for managing the block funding efficiently and in accordance with contract obligations.
- All expenditure must align with the purpose of the program and support high-quality service delivery.

14. Suicide Prevention and Crisis Support

The Brisbane MIND – Service Scope

Brisbane MIND does not provide emergency response, inpatient treatment, or 24-hour crisis intervention. Clients requiring urgent or afterhours support must be assisted to access external crisis services. This information must be incorporated into routine care and safety planning.

Identification and Management of Risk

Brisbane MIND service providers are responsible for identifying, assessing, and managing client risk throughout service engagement. Risk assessment must be embedded in routine practice and documented in accordance with professional and organisational requirements.

Where a client presents with acute distress, suicidal ideation, or escalating risk beyond the scope of Brisbane MIND services, providers must initiate timely escalation and support access to appropriate external services.

Safety Planning

Safety planning is required for clients experiencing elevated distress or suicide risk. Plans must be developed collaboratively, reviewed regularly, and tailored to the client's circumstances.

Safety plans must clearly identify coping strategies, informal supports, and external crisis services, and reflect the scope and limitations of Brisbane MIND.

Referral and Escalation Pathways

When client needs exceed service capacity, providers must facilitate appropriate referral or escalation. This includes supported referral to crisis, acute, or higher-intensity services where required.

Escalation pathways must be clearly communicated to clients and documented in clinical records.

Interface with Acute and Crisis Services

Brisbane MIND operates within a stepped-care mental health system and relies on effective interface with crisis and acute services. Where acute risk is identified, providers must assist clients to access services capable of providing immediate assessment and intervention, including emergency services where necessary.

Crisis Support Options

Clients requiring urgent or afterhours support may be directed to:

- Emergency assistance: **000**
- Acute mental health crisis assessment (QLD): **1300 MH CALL (1300 642 255)**
- Lifeline: **13 11 14**
- Suicide Call Back Service: **1300 659 461**
- Safe Spaces: peer-led crisis alternatives (local PHN information)

All Hours Suicide Support Service (AHS)

The **All Hours Suicide Support Service (1800 859 585)** provides 24/7 telephone support for Brisbane MIND clients aged 15 years and over assessed as low to medium suicide risk.

Access

- Clinician-initiated referral (registration and request for outreach)
- Client self-referral

With client consent, AHS shares relevant information with the referring clinician on the next business day. AHS is a separate service from the Suicide Call Back Service.

Further information: https://ontheline.org.au/ahs/

15. Data Collection, Reporting and Outcomes

Service Activity and Contacts

Brisbane MIND providers are required to report data through regular reporting. Performance indicators and reporting items are negotiated with providers as part of their contract, along with Key Performance Indicators (KPIs) and targets. Further, the Primary Mental Health Care Minimum Data Set (PMHC-MDS) requires all episodes to have pre, peri and post-K10+, K5 and SDQ scores recorded.

Primary Mental Health Care – Minimum Data Set

All Brisbane MIND service providers are required to collect and report client data for every individual and group session delivered under Brisbane MIND. This information forms part of the de-identified Primary Mental Health Care Minimum Data Set (PMHC-MDS) which is reported to the Australian Government Department of Health as part of the PHN's contractual obligations to the Commonwealth. Assessment of the PMHC-MDS assists with program monitoring and evaluation. It is mandatory for all PHNs to comply with reporting this data set across all Primary Mental Health Care Activities.

Brisbane North PHN has implemented a database system (rediCASE) to manage data and program information across all Primary Mental Health Care Activities. Brisbane MIND service providers will use rediCASE to input data and view program information. Data must be entered within 10 calendar days of an occasion of service (ideally as close to real-time as possible).

15.1 Service Contacts

Service contacts are defined as the provision of a service by one or more PHN commissioned mental health service provider(s) for a client where the nature of the service would normally warrant a dated entry in the clinical record of the client.

A service contact must involve at least two persons, one of whom must be a mental health service provider. Service contacts can be either with the client or with a third party, such as a carer or family member, and/or other professional or mental health worker, or other service provider. Service contacts are

not restricted to face-to-face communication but can include telephone, internet, video link or other forms of direct communication.

Service provision is only regarded as a service contact if it is relevant to the clinical condition of the client. This means that it does not include services of an administrative nature (e.g., telephone contact to schedule an appointment).

Service providers are required to capture each contact with a client via service contacts in rediCASE to measure the number and type of services delivered to clients. The following service contact types (i.e., structured psychological intervention, clinical care coordination/liaison and Did Not Attend [DNA] scheduled appointment) should be used to capture delivery of psychological services and wrap around care as per the Brisbane MIND model.

Service contact types as currently captured in rediCASE and their corresponding programs are available in Table 2.

Table 2. Service Contact Type Options by Brisbane MIND Program

Service Contact Type	BMIND programs that it applies to
Assessment	All programs
Clinical care coordination/liaison	All programs
No Contact Took Place	All programs
Structured psychological intervention	All programs
Other Psychological intervention	All programs
Suicide Prevention Specific Assistance NEC**	LGBTIQ+
Child or Youth Specific Assistance NEC**	LGBTIQ+, BMIND4KiDS
Culturally Specific Assistance NEC**	CALD
Psychosocial Support	CALD, LGBTIQ+, BMIND4KiDS

*Definitions of service contact types are available in Appendix 2

NEC = Not elsewhere classified.

15.1.1 Structured psychological intervention

These interventions include structured interactions between a client and a service provider using a recognised, psychological method, for example, cognitive behavioural therapy techniques, family therapy or psycho-education. Structured psychological therapies can be delivered on either an individual or a group basis, typically in an office or community setting. Structured Psychological Therapies include but are not limited to:

- Psycho-education (including motivational interviewing)
- Cognitive-behavioural therapies
- Relaxation strategies
- Skills training
- Interpersonal therapy

15.1.2 Clinical care coordination/liaison

Activities focused on working in partnership and liaison with other health care and service providers and other individuals to coordinate and integrate service delivery to the client with the aim of improving their clinical outcomes. Consultation and liaison may occur with primary health care providers, acute health, emergency services, rehabilitation and support services, family, friends, other support people and carers and other agencies that have some level of responsibility for the client's treatment and/or well-being.

15.1.3 Did Not Attend (DNA) scheduled appointment (coded as No Contact Took Place)

Providers may upload DNA or late cancellation appointments which will count towards reportable session activity. It is expected that providers proactively engage with clients to minimise the risk of non-attendance and provide flexible and accessible service options.

Brisbane North PHN will develop quarterly or six-monthly reporting requirements for all service providers across all Primary Mental Health Care Activities as part of our contracting arrangements. Guidance and

support for the reporting process will be discussed and communicated to all providers throughout the year via the relevant PHN contract manager.

15.2 Outcome Measurement

Brisbane North PHN requires that Brisbane MIND providers use outcome measures for all clients. The following outcome tools are mandatory under the PMHC-MDS and must be collected for each client who receives a service through Brisbane MIND:

- The K10+ for adults
- the K5 where deemed appropriate for Aboriginal and Torres Strait Islander peoples
- the Strengths and Difficulties Questionnaire (SDQ) for children and young people.

Outcome measures must be administered at minimum:

- at the **commencement** of therapy (baseline)
- at the **completion** of therapy
- and additionally, when **clinically indicated** during treatment

Clinicians may choose to use additional assessment tools to support clinical practice; however, these supplementary measures are not collected through the PMHC-MDS.

A **pre- and post-matched pair** is created when both a baseline and a completion outcome measure are recorded and the episode is closed 'Treatment Concluded' for a client at the end of their treatment episode. Matched pairs are a critical component of the PMHC-MDS and provide essential evidence of the effectiveness and impact of the Brisbane MIND program. The Department of Health has set non-negotiable national targets for matched-pair completion, and Brisbane North PHN will monitor provider performance against these targets.

15.3 Incidents and Risk Reporting

Brisbane North PHN requires all Brisbane MIND service providers to identify, record, and report incidents in accordance with the Program Schedule and the PHN Incident Reporting Policy. All providers must comply with this Policy and notify their designated PHN contract manager of any relevant incidents.

15.3.1 Incident Reporting Requirements

Brisbane MIND providers must ensure that any incident relating to **client safety, service delivery, staff conduct, privacy, data security, or broader program risk** is documented and reported as required. This includes actual incidents as well as *near miss events*.

Providers must maintain internal processes that support the timely identification, recording, management, and review of incidents. All staff - including subcontractors - must understand their responsibilities under these processes. Incident reports must contain sufficient detail to enable appropriate follow up, analysis, and implementation of corrective actions. Providers must maintain accurate records and make these available to Brisbane North PHN upon request.

15.3.2 Timeframes and Escalation

Providers must notify their PHN contract manager of any relevant incident within the timeframes outlined in the PHN's Incident Reporting Policy. As a minimum:

- Critical or high-risk incidents (e.g., serious harm, significant clinical risk, major privacy breach) must be reported to the PHN as soon as practicable, and no later than 24 hours after the provider becomes aware of the incident.
- Moderate or low-risk incidents must be reported within five business days, or within the timeframe specified by the Program Schedule.

Where immediate client safety is at risk, providers must follow their organisational escalation procedures first (e.g., emergency services, crisis teams) before notifying the PHN.

Providers are responsible for implementing corrective actions, participating fully in PHN-led reviews, and supporting open disclosure processes where applicable. Continued communication with the PHN is required until the incident is resolved or otherwise closed.

16. Quality, Feedback and Continuous Improvement

Brisbane North PHN is committed to strengthening service quality through active engagement with consumers, carers, and service providers. Continuous improvement is supported through multiple feedback channels, routine monitoring, and collaborative learning across the Brisbane MIND program.

16.1 Consumer Feedback Mechanisms

Brisbane North PHN is implementing consistent consumer feedback processes across Primary Mental Health Care activities, including the use of the **Your Experience of Service (YES) Survey)**. Ongoing consultation with Brisbane MIND providers will support the implementation, integration, and refinement of this survey within service settings.

Service providers must maintain accessible and culturally appropriate mechanisms for collecting feedback from clients and carers. These mechanisms should promote transparency, support quality improvement, and enable consumers to share their experiences safely.

16.2 Complaints Management

All Brisbane MIND providers are required to have **robust, clearly documented feedback and complaints policies and procedures**. These must be easily accessible to consumers and carers, preferably through publication on the provider's website.

Providers must also clearly identify on their websites which services or programs are funded by Brisbane North PHN. Feedback received by the PHN about PHN funded services will be referred to the relevant provider for review and resolution in the first instance.

Feedback regarding services delivered by the same organisation but **not funded by Brisbane North PHN** falls outside the scope of this guideline and should be directed to the provider's internal complaints process.

Clients who are not satisfied with the outcome of a complaint made to a service provider, or who feel unable or unsafe to provide feedback directly to the provider, may raise their concerns with Brisbane North PHN in accordance with the **PHN Complaints and Feedback Policy**.

16.3 Continuous Quality Improvement

Brisbane MIND providers are expected to engage actively in continuous quality improvement processes, including the routine review of service delivery practices, clinical outcomes, consumer feedback, and program data. Providers must be willing to implement changes that enhance safety, effectiveness, accessibility, and cultural responsiveness.

16.4 Learning and Service Development

Brisbane North PHN supports a culture of shared learning across the Brisbane MIND network. Providers are encouraged to:

- participate in PHN facilitated training, communities of practice, and capability building initiatives
- contribute insights, innovations, and practice learnings
- collaborate in service development activities that support ongoing improvement

This collective learning approach helps ensure that Brisbane MIND continues to meet the needs of local communities and deliver high-quality, person centred mental health care.

17. Role of the PHN

17.1 Ongoing Program Support

The PHN provides ongoing strategic and operational support to ensure the effective delivery of Brisbane MIND services. This includes maintaining clear program guidance, facilitating training and communities of

practice, supporting providers to interpret and implement national and local policy changes, and offering advice on clinical governance, referral pathways, and data requirements. The PHN also works closely with providers to troubleshoot system issues (such as rediCASE functionality or referral bottlenecks) and supports a collaborative service environment that enables providers to deliver safe, person-centred care.

17.2 Performance Monitoring

The PHN is responsible for monitoring provider performance to ensure accountability, service quality, and alignment with contractual obligations. This includes reviewing activity data, demand patterns, KPIs, outcome measures, matched-pair completion rates, and contract deliverables. The PHN engages in regular contract meetings with providers to discuss performance trends, identify risks, and support improvement where required. Performance monitoring also helps inform future commissioning decisions and ensures that Brisbane MIND services remain equitable, efficient, and responsive to community need.

17.3 Service Development and Collaboration

The PHN plays a key role in ongoing service development, working in partnership with providers, consumers, and system partners to strengthen the Brisbane MIND model over time. This includes supporting innovation, piloting new approaches, responding to emerging needs identified through the Joint Regional Needs Assessment (JRNA), and promoting integrated care pathways across the mental health, AOD, primary care, and community sectors. The PHN facilitates collaboration across the service network to share learnings, build capability, and improve service consistency and cultural safety.

17.4 Communication and Escalation Pathways

Clear communication pathways are maintained by the PHN to support timely problem solving, escalation of risks, and system-level coordination. Providers are expected to contact their assigned contract manager for operational queries, report emerging issues early (such as workforce shortages, demand pressures, or clinical risk concerns), and follow agreed escalation procedures for incidents or critical matters. The PHN ensures that information flows efficiently between services, referrers, and system partners, enabling a coordinated and safe response to client needs.

17.5 Contacts

The PHN provides dedicated contacts for program management, clinical system support, and referral processes to ensure providers know exactly where to seek assistance. Each Brisbane MIND stream has an allocated contract manager who supports day-to-day program oversight, while technical queries related to rediCASE, data reporting, and IAR processes are directed to the relevant PHN system leads. These contacts enable providers to access timely guidance and maintain strong alignment with program expectations.

Team member	**Role**	**Contact details**
Veronica Martinez Harris *Coordinator*	Contract Manager, Brisbane MIND Suicide Prevention, Trauma and Abuse, and Regional	t: 07 3490 3478 e: Veronica.Harris@brisbanenorthphn.org.au
David Larsen *Coordinator*	Contract Manager, Brisbane MIND Lesbian, gay, bisexual, transgender, intersex and queer/questioning (LGBTIQ+) people and Culturally and Linguistically Diverse communities (CALD), Brisbane MIND 4 Kids	t: 07 3490 3492 e: David.Larsen@brisbanenorthphn.org.au
Stephen Giles *Coordinator- Initial Assessment and Referral and rediCASE*	Provision of rediCASE training, support with more complex rediCASE and IAR system queries	Via rediCASE Support Request Form: rediCASE Support Request Form | My voice Brisbane North PHN

18. Review and Updates

- How the guidance will be reviewed
- How updates will be communicated
- Provider input into future revisions

Appendix 1

Reallocating RediCASE Referrals

Brisbane North PHN supports a 'no wrong door' approach to managing referrals received through rediCASE. Where a Brisbane MIND referral cannot be accepted, or a consumer is found to be ineligible or better supported elsewhere, providers are expected to support access to an appropriate alternative service consistent with Section 7.3 Declining Referrals.

The rediCASE system includes functionality to support this approach by allowing referrals to be reassigned, on-referred, or redirected depending on the stage of the referral and the provider's system permissions. This appendix outlines when reallocation may be appropriate and the steps required to facilitate this within rediCASE.

For advice or assistance, providers may contact Brisbane North PHN via the rediCASE Engagement form or the Medicare Mental Health Phone Service (1800 595 212).

When is Reallocation Appropriate?

Reallocation or redirection may be appropriate where:

- the consumer does not meet the program inclusion criteria and would be better supported in another PHN-commissioned program
- the consumer resides outside the service provider's catchment area and needs to be reallocated to another location
- the consumer cannot be seen within an appropriate timeframe and could access support more quickly elsewhere
- another service is more appropriate to the consumer's presenting needs, such as psychosocial supports

Regardless of the reason, the decision to reallocate a referral should be made in consultation with the original referrer and consumer wherever possible.

Scope

This appendix applies to the reallocation of referrals within services commissioned by Brisbane North PHN.

Where referral to a non-PHN service — including privately funded services such as Better Access — is more appropriate, the referral must be declined in rediCASE. The provider is then responsible for supporting the consumer's onward pathway directly, in consultation with the consumer and referrer.

General Requirements

When a referral is reallocated or redirected, providers must ensure that:

- the rationale and agreed action are recorded in rediCASE as an Admin Note
- the original referrer is notified of the outcome
- the consumer is supported to understand and access the alternative pathway, consistent with the warm handover principles outlined in Section 7.3

Reallocation Options by Referral Stage

The process for reallocating a referral depends on where it sits in the referral workflow. The three scenarios below outline the available options.

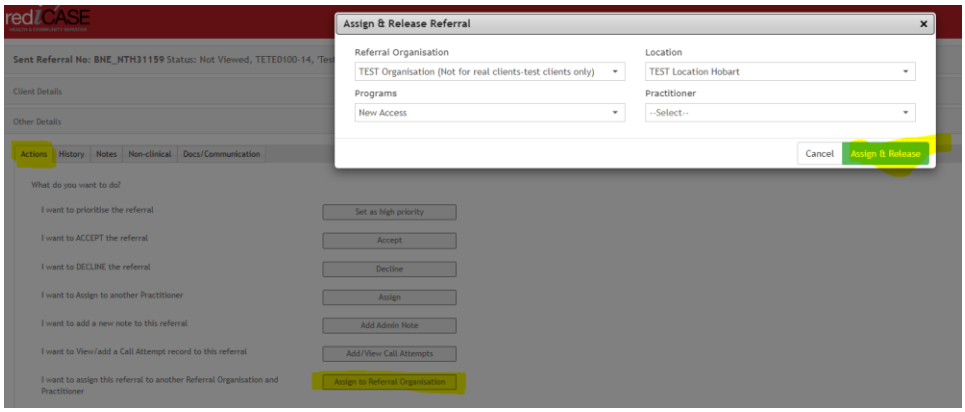
Scenario 1 – Referral Not Yet Accepted

Before a referral is accepted, it may be reassigned to another Brisbane North PHN-commissioned service within rediCASE.

This functionality is currently available to providers set up as Sub Companies, including:

- Health 4 Minds (AT PsychHealth, Young Minds, All About Kids)
- Queensland Council for LGBTI Health (QC)

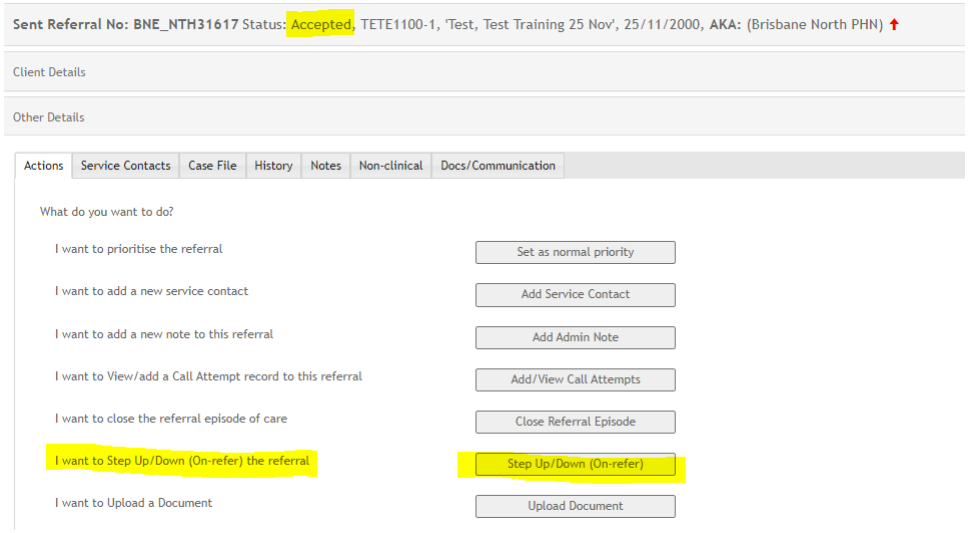
Please see the image below for instructions:



Providers without this functionality must contact the Medicare Mental Health Phone Service (1800 595 212) to support reallocation.

Scenario 2 – Referral Accepted and Service Commenced

Where a referral has been accepted and services have commenced, the referral may be on-referred (also referred to as 'step up / step down'). This allows the original provider to reallocate the referral to a more suitable Brisbane North PHN-commissioned service within rediCASE.



Scenario 3 – Referral Accepted but Service Not Yet Commenced

Where a referral has been accepted but services have not yet commenced, it cannot be reassigned or on-referred directly.

In this circumstance, the referral must be duplicated and reallocated, and the original referral made inactive in rediCASE. This functionality is currently only available to the Medicare Mental Health Phone Service and Brisbane North PHN

Providers should contact the Medicare Mental Health Phone Service (1800 595 212) or Brisbane North PHN via the rediCASE Engagement form to facilitate this process.

Referral to Medicare Mental Health Following a Declined Referral

When a Brisbane MIND referral cannot be accepted, providers must support access to alternative services through the Medicare Mental Health phone service wherever appropriate, consistent with the 'no wrong door' approach. There are three ways to do this:

Option 1 – Direct On-Referral via rediCASE (where enabled)

Where system permissions allow, providers may complete a direct on-referral to the Medicare Mental Health Phone Service through rediCASE. Following the decision to decline the original referral:

1. Select *Assign to Referral Organisation* from the Actions tab.
2. Choose *Medicare Mental Health Phone Service* as the receiving organisation and program.
3. Add an administrative note outlining:
    - the reason the referral could not be accepted, and
    - the type of service navigation or support required, including any relevant clinical or contextual information.

This option enables Medicare Mental Health to provide timely navigation support without the consumer needing to restart the referral process.

Option 2 – New Referral via rediCASE

Where direct on-referral functionality is not available, providers should submit a new referral in rediCASE addressed to the Medicare Mental Health Phone Service. The provider should be listed as the referrer and include clear information about the consumer's needs and the type of navigation or follow-up support required.

Option 3 – Phone Referral

Providers may also refer consumers by contacting the Medicare Mental Health Phone Service directly on **1800 595 212**, available Monday to Friday, 8:30am–5:00pm (excluding public holidays).

Training and Support

Brisbane North PHN offers rediCASE training sessions throughout the year for new and existing staff. For more information, submit and enquiry via the rediCASE Engagement form. For more complex technical queries, contact Redbourne on **1300 778 700**.