



Activity Work Plan 2019-2022:

Primary Mental Health Care Funding

This Activity Work Plan template has the following parts:

1. The Primary Mental Health Care Activity Work Plan for the financial years 2019-20, 2020-2021 and 2021-2022. Please complete the table of planned activities funded under the following:
 - Primary Mental Health Care Schedule - Primary Mental Health and Suicide Prevention - Flexible Funding
 - Primary Mental Health Care Schedule - Indigenous Mental Health - Flexible Funding
 - Primary Mental Health Care Schedule - Per- and Poly- Fluoroalkyl Substances (PFAS) – Flexible Funding
2. The Indicative Budget for the financial years 2019-20, 2020-21 and 2021-22. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
 - Primary Mental Health Care Schedule - Primary Mental Health and Suicide Prevention - Operational and Flexible Funding
 - Primary Mental Health Care Schedule - Indigenous Mental Health - Flexible Funding
 - Primary Mental Health Care Schedule - Per- and Poly- Fluoroalkyl Substances (PFAS) – Flexible Funding

South Eastern Melbourne PHN

When submitting this Activity Work Plan to the Department of Health, the PHN must ensure that all internal clearances have been obtained and has been endorsed by the CEO.

Overview

This Primary Mental Health Care Activity Work Plan covers the period from 1 July 2019 to 30 June 2022. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

Important documents to guide planning

The following documents will assist in the preparation of your Activity Work Plan:

- Activity Work Plan guidance material;
- Primary Mental Health Care Minimum Data Set (PMHC-MDS) Documentation;
- The Fifth National Mental Health and Suicide Prevention Plan;
- PHN Needs Assessment Guide;
- PHN Program Performance and Quality Framework;
- Primary Health Networks Grant Programme Guidelines;
- Clause 3, Financial Provisions of the Standard Funding Agreement.

Formatting requirements

- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

1. (a) Planned activities for 2019-20 to 2021-22

- Primary Mental Health and Suicide Prevention Funding
- Indigenous Mental Health Funding
- Response to PFAS Funding

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2022.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	<i>Priority area 1: Low intensity mental health services</i>
ACTIVITY TITLE	<i>MH1 - MH Low Intensity Services</i>
Existing, Modified, or New Activity	<i>Existing Activity</i> <i>Mental Health Activity Work Plan 2016-2019: Priority Area 1.</i>
PHN Program Key Priority Area	<i>Mental Health</i>
Needs Assessment Priority	<i>Priority Reference Section 4.1 on page 50 (2018 Needs Assessment).</i>
Aim of Activity	<p><i>SEMPHN has commissioned a range of low intensity services as part of the mental health stepped care model ensuring that they represent less costly models of care and are aligned to the needs of the community.</i></p> <p><i>The aims of these activities are to provide evidence based psychological therapies via a range of modalities to suit consumer needs.</i></p> <p><i><u>1.1 Accessible Psychological Interventions (API)</u> - API services are flexible services that are intended to support consumers with a low to mild/moderate mental illness who will benefit from individual, family and/or group provision of psychological interventions from Allied Health professionals. They are designed to be flexible in their structure and delivery enabling them to be matched to each individual's needs.</i></p> <p><i><u>1.2 Connect</u> - the Connect activity provides accessible low-intensity peer support service for CALD adults in the Greater Dandenong region with, or at risk of, mild mental illness. This activity can be conducted via face to face, telephone and group sessions as well as access to online resources.</i></p> <p><i><u>1.3 eAPI</u> - the aim of this online platform is to improve access and choice to consumers by commissioning low intensity API (eAPI) services via an electronic platform, thus delivering psychological interventions using a variety of modalities that provide consumers with a choice that best suits them.</i></p>
Description of Activity	<i><u>1.1 Accessible Psychological Interventions (API)</u> - API will be delivered in the ten LGAs across the SEMPHN catchment. These evidence-based face to face sessions will be delivered via individual and/or group sessions.</i>

	<p><i>API services are tailored to suit the needs of each individual consumer and are documented through a Psychological Treatment Plan (PTP) developed by the Service Provider. The PTP is time-bound, goal directed and developed at an initial consultation with each consumer, setting out the treatment goals, modality, and duration.</i></p> <p><i>The range of interventions that can be delivered is consistent with those available under the Commonwealth Better Access to Mental Health Care program.</i></p> <p><i>API Service Providers will determine the appropriate allocation of services to each consumer. This will require balancing the need to provide clinically appropriate services with the efficient management of limited resources in order to maximise program impact and achieve targets for overall program reach.</i></p> <p><i><u>1.2 Connect</u> - the Connect program employs a unique mix of Dual Peer Mentors with both lived experience of depression and anxiety, combined with culturally diverse backgrounds and multi-lingual skills. Peer Mentors support individuals to develop skills, confidence and knowledge to improve their social and emotional wellbeing and community connections. This occurs in one-on-one face-to-face sessions over the telephone, and in group programs. The Connect program is being delivered from Greater Dandenong; this LGA has high rates of socio-economic disadvantage and cultural diversity and a high level of mental health needs, yet lower than average levels of help-seeking and service utilisation. Consumers may also be linked to appropriate community networks and engage with other support service providers where required (e.g. employment, financial or housing assistance).</i></p> <p><i><u>1.3 eAPI</u> - API commissioned providers will deliver psychological interventions via the use of an electronic platform. The e-Mental Health Service will provide a secure online platform to deal with demand, provide access to services in the after-hours and offer flexible modalities in a timely and effective manner, ensuring that stepped care model principles align with the e-Mental Health Service (person-centred, effective, flexible, efficient, timely, and coordinated).</i></p>
Target population cohort	<p><i>The low intensity services have a focus on particular population groups and characteristics of population groups that are recognised as having greater vulnerability in the context of mental health and drug and alcohol-related issues in the SEMPHN region. These include:</i></p> <ul style="list-style-type: none"> <i>• People from a low socio-economic status</i> <i>• Aboriginal and Torres Strait Islanders</i> <i>• Asylum seekers and refugees</i> <i>• People of diverse ethnicity and language groups</i> <i>• Culturally and linguistically diverse groups</i> <i>• Older people residing in Residential Aged Care Facilities</i>
Indigenous specific	<i>No</i>
Coverage	<ul style="list-style-type: none"> <i>• <u>API</u> low intensity services have a focus across the entire SEMPHN catchment</i> <i>• <u>Connects</u> primary focus is on Greater Dandenong with the aim to expand to other LGAs according to need</i>

Consultation	<p><i>SEMPHN will continue to collaborate and consult with stakeholders, consumers and carers as an ongoing function.</i></p> <p><i>A Mental Health Consumers, Carers and Consumer Advocates Forum and interviews were conducted in 2017 that informed the design of the mental health stepped care model service elements. Broader service providers and stakeholder forums (with LHN and DHHS representation) were also delivered.</i></p> <p><i>Ongoing Communities of Practice Forums facilitate the sharing of learnings, outcomes and new processes across API, MHICC and low intensity providers.</i></p> <p><i>Consultation included DHHS and LHN, as well as mental health agencies that deliver services across the SEMPHN catchment, consumers and carers. Identified service design elements are at the core of this activity where a Governance Group oversaw the establishment and implementation of Connect.</i></p>
Collaboration	<p><i>SEMPHN will investigate opportunities for partnering and/or commissioning not-for-profit organisations to assist in refining the design and application of appropriate models of care.</i></p> <p><i>Central to SEMPHN's commissioning principles is the concept of co-design. Therefore, through the various stakeholder, consumer and carer consultations that SEMPHN has already undertaken and is planning to undertake in the future, will continue to inform the development of services.</i></p> <p><i>The establishment of a Communities of Practice that includes low intensity, API and MHICC providers promotes collaboration, the exchange of ideas, sharing and exploring new approaches while working within the same operational approach and outcomes in delivering mental health services within the SEMPHN catchment.</i></p>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	<i>Priority area 1: Low intensity mental health services</i>
ACTIVITY TITLE	<i>MH2 - MH Low Intensity Services RACF</i>
Existing, Modified, or New Activity	<i>Modified Activity</i> <i>Mental Health Activity Work Plan 2016-2019: Priority Area 1.</i>
PHN Program Key Priority Area	<i>Mental Health</i>
Needs Assessment Priority	<i>Priority Reference Section 4.1 on page 50 (2018 Needs Assessment).</i>
Aim of Activity	<p><i>SEMPHN has commissioned a range of low intensity services as part of the mental health stepped care model ensuring that they represent less costly models of care and are aligned to the needs of the community.</i></p> <p><i>The aims of these activities are to provide evidence-based psychological therapies via a range of modalities to suit consumer needs.</i></p> <p><i><u>1.4 Residential Aged Care Facilities (RACFs)</u> - the low intensity In-Reach Mental Health Services for residents in Residential Aged Care Facilities (RACFs) activity will deliver evidence-based psychological services to residents with low to moderate mental illness and increase capacity within RACFs and knowledge of staff of mental illness.</i></p>
Description of Activity	<p><i><u>1.4 Residential Aged Care Facilities (RACFs)</u></i></p> <p><i>Low Intensity In-Reach Mental Health Services for Residents in RACFs. SEMPHN will commission providers who are experienced in working with Older Persons in RACFs to deliver the following:</i></p> <ul style="list-style-type: none"> <i>Evidence based psychological services to residents with low to moderate mental illness</i> <i>Increase RACF staff knowledge of mental illness and raise Mental Health competency of staff</i> <i>Education and information sessions for residents on shared issues of concern such as coping with grief and loss</i> <i>Peer Workers to support a team approach to meeting the needs of older residents where appropriate (e.g. transition from home or supported accommodation to RACFs)</i>
Target population cohort	<p><i>The low intensity services have a focus on particular population groups and characteristics of population groups that are recognised as having greater vulnerability in the context of mental health and drug and alcohol-related issues in the SEMPHN region. These include:</i></p> <ul style="list-style-type: none"> <i>Older people residing in Residential Aged Care Facilities</i>
Indigenous specific	<i>No</i>
Coverage	<i>Initial scope of the <u>In-Reach Mental Health Services for Residents in RACFs</u> low intensity service is currently delivered in Mornington Peninsula and will be</i>

	<i>expanded to cover the remaining LGAs across the SEMPMM catchment from 1 July 2019.</i>
Consultation	<p><i>SEMPHN will continue to collaborate and consult with stakeholders, consumers and carers as an ongoing function.</i></p> <p><i>A Mental Health Consumers, Carers and Consumer Advocates Forum and interviews were conducted in 2017 that informed the design of the Mental Health Stepped Care Model service elements. Broader service providers and stakeholder forums (with LHN and DHHS representation) were also delivered.</i></p> <p><i>Ongoing Communities of Practice Forums facilitate the sharing of learnings, outcomes and new processes across API, MHICC and low intensity providers.</i></p> <p><i>Consultation included DHHS and LHN, as well as mental health agencies that deliver services across the SEMPMM catchment, consumers and carers. Identified service design elements are at the core of this activity where a Governance Group oversaw the establishment and implementation of Connect.</i></p>
Collaboration	<p><i>SEMPHN will investigate opportunities for partnering and/or commissioning not-for-profit organisations to assist in refining the design and application of appropriate models of care.</i></p> <p><i>Central to SEMPMM's commissioning principles is the concept of co-design. Therefore, through the various stakeholder, consumer and carer consultations that SEMPMM has already undertaken and is planning to undertake in the future, will continue to inform the development of services.</i></p>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Priority area 2: Child and youth mental health services
ACTIVITY TITLE	<i>MH3 - 2.1 headspace</i>
Existing, Modified, or New Activity	<i>Existing Activity</i>
PHN Program Key Priority Area	<i>Mental Health headspace</i>
Needs Assessment Priority	<i>Priority 2, Support of Young People requiring Mental Health Support on page 52 (2018 Needs Assessment).</i>
Aim of Activity	<p><i>SEMPHN currently manages funding for four headspace centres, namely Elsternwick/Bentleigh, Frankston, Dandenong, and Narre Warren to provide a mild to moderate approach to young people's mental health as well as provide physical, AOD, vocational and educational services.</i></p> <p><i>SEMPHN will review the local effectiveness of the model to:</i></p> <ul style="list-style-type: none"> <i>• Identify opportunities for better integration of the existing model with other youth mental health services in the region</i> <i>• Identify how this model integrates within a stepped model of care for people with mental ill-health</i> <i>• Identify opportunity for service demand management across the region</i> <p><i>SEMPHN will continue to monitor the local effectiveness of the model and provide guidance to General Practice on effective engagement of young people presenting with mental health issues.</i></p>
Description of Activity	<p><i>SEMPHN will continue to work with the lead agencies and headspace National to ensure fidelity to the model and that quality improvement activities are undertaken.</i></p> <p><i>The PHN will attend consortium meetings and planning days with the Centres to ensure activities are aligned with PHN priorities as identified in the Needs Assessment.</i></p> <p><i>SEMPHN, with input from the Clinical Advisory Group, will provide guidance to service providers as we transition to the Stepped Care Model and seek to integrate the headspace model with other mental health services in the region.</i></p>
Target population cohort	<i>Young people aged 12-25.</i>
Indigenous specific	<p><i>Yes</i></p> <p><i>Each headspace centre has specific strategies to engage with the local Indigenous young people which may include Indigenous specific groups or activities.</i></p>
Coverage	<i>Whole of SEMPHN catchment.</i>
Consultation	<i>Each lead agency will continue to hold quarterly consortium meetings which include young people and family representation. The consortium members</i>

	<p><i>provide strategic and operational input to the service delivery at the headspace centre. SEMPHN is a member of the headspace consortiums.</i></p> <p><i>Centres have youth advisory and family participation programs as part of the core component of the model which ensure lived experience expertise is integral.</i></p> <p><i>SEMPHN will continue to hold quarterly meetings with the lead agencies of the headspace centres to share clinical practice and quality improvement strategies, as well as ways to improve integration within a stepped model of care for young people in the catchment.</i></p> <p><i>SEMPHN will continue to engage with a range of key stakeholders, consortium partners, General Practice and community based primary health care organisations to improve integration between the headspace model and the broader primary mental health care services.</i></p>
Collaboration	<ul style="list-style-type: none"> • <i>Lead Agencies</i> • <i>LHNs</i> • <i>Consortium partners - broad range of community health care organisations who provide (in-kind) support and referral. Representation from young people and families provide their lived experience expertise</i> • <i>Providers of mental health, suicide prevention and postvention and recovery support services</i> • <i>General Practice - assessment and referral - care coordination</i> • <i>headspace National Office - model fidelity and procurement guidance and advice, and data support services</i>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Priority area 2: Child and youth mental health services
ACTIVITY TITLE	<i>MH4 – 2.2 headspace Youth Early Psychosis Program (hYEPP)</i>
Existing, Modified, or New Activity	<i>Existing Activity</i>
PHN Program Key Priority Area	<i>Mental Health headspace Youth Early Psychosis Program (hYEPP)</i>
Needs Assessment Priority	<i>Priority 2, Support of Young People requiring Mental Health Support on pages 52 to 53 (2018 Needs Assessment).</i>
Aim of Activity	<p><i>hYEPP provides an intensive, multidisciplinary, wrap-around service for young people who are at ultra-high risk of/or experiencing first episode psychosis. This service is operated using a hub and spoke model across four headspace centres, namely Elsternwick/Bentleigh, Frankston, Dandenong, and Narre Warren.</i></p> <p><i>SEMPHN will continue to work with the service provider to build workforce capacity and increase referral pathways to services across the catchment.</i></p> <p><i>SEMPHN will continue to review the local effectiveness of the model to: i) identify opportunities for better integration of the existing model with other youth mental health and general mental health services in the region; and ii) identify how this model integrates within a stepped model of care for people with mental ill-health.</i></p>
Description of Activity	<p><i>SEMPHN will monitor performance to ensure the service continues to meet the needs of young people who are at ultra-high risk of/or experiencing first episode psychosis.</i></p> <p><i>In addition, the service provider will focus on activities that achieve the following objectives:</i></p> <ul style="list-style-type: none"> <i>• Incrementally increase the FEP client numbers above the case load cap</i> <i>• Improve data collection and ensure compliance with HAPI</i> <i>• Increase referral pathways and access to hYEPP services</i> <i>• Ensure high model fidelity continues to be achieved with ongoing reviews with OYH and quality improvement activities are undertaken</i> <i>• Ensure young people are receiving the recommended tenure of care for FEP and UHR</i> <i>• Improve relationships with service providers</i> <i>• Build workforce capacity and improve the quality of services</i> <i>• Target a reduction in the duration of undiagnosed psychosis (DUPs)</i> <i>• Increase the knowledge and capacity of GPs in working with young people with UHR and FEP</i> <i>• Develop a shared care framework for hYEPP and GPs to enhance the support and treatment of shared clients</i>

Target population cohort	<i>Young people aged 12-25.</i>
Indigenous specific	<i>No</i>
Coverage	<i>The whole SEMPHN catchment.</i>
Consultation	<p><i>SEMPHN will continue to hold quarterly meetings with the service provider regarding service delivery, quality improvement activities, data, evaluation, reporting and budgets.</i></p> <p><i>SEMPHN will continue to attend OYH quarterly forums for ongoing hYEPP service development and improvement initiatives. Participation and input at these forums are provided by various stakeholders including service providers, partners, PHNs, DOH, researchers, academics, and young people and families with lived experience expertise.</i></p> <p><i>SEMPHN will continue to work collaboratively with service providers to ensure the external evaluation team have the support they need during the evaluation period.</i></p> <p><i>The service provider has youth and family participation programs as part of the core components of the model in which lived experience expertise is integral.</i></p> <p><i>SEMPHN will work with the service provider as a key stakeholder, the community and consumers in the future development of models of care in both early psychosis and more broadly the wider reform affecting youth mental health and alcohol and other drugs over the coming years.</i></p>
Collaboration	<p><i>The following stakeholders are involved in ongoing engagement and input into service delivery of hYEPP services across SEMPHN catchment:</i></p> <ul style="list-style-type: none"> <i>• Primary Lead Agencies</i> <i>• Lead Agencies</i> <i>• LHNs</i> <i>• Youth AOD providers</i> <i>• Consortium partners - broad range of community and health care organisations who provide support and referral. Representation from young people and families provide their lived experience expertise.</i>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Priority area 2: Child and youth mental health services
ACTIVITY TITLE	<i>MH5 - 2.3 Youth Severe and Complex (BounceBack)</i>
Existing, Modified, or New Activity	<i>New Activity</i>
PHN Program Key Priority Area	<i>Mental Health Youth Severe</i>
Needs Assessment Priority	<i>Priority 2, Support of Young People requiring Mental Health Support on page 53 (2018 Needs Assessment).</i>
Aim of Activity	<p><i>The main objective of the BounceBack (Youth Severe) service is to support young people (aged between 12-25) with a severe mental illness who have complex needs and will benefit from outreach, case management and coordination of their care over an extended period of time (6 to 12 months).</i></p> <p><i>These specialist services are provided by a multi-disciplinary team including specialist mental health clinicians, psychiatry, and peer and family workers.</i></p> <p><i>The services support young people and their families to achieve outcomes related to their mental and physical health, family and social relationships, and education and employment. As part of the Stepped Model of Care, BounceBack Services are designed to be highly flexible in their structure and delivery, enabling them to be matched to an individual's needs.</i></p> <p><i>The RISE (recovery, improve, support, empower) Model of Care within the BounceBack Services aims to effectively treat young people aged 12-16 who have a diagnosed severe anxiety and depressive disorder so that the young person can resume or increase participation in secondary school or appropriate training course.</i></p>
Description of Activity	<p><i>Key components of service delivery include:</i></p> <ul style="list-style-type: none"> <i>• Comprehensive biopsychosocial assessment to determine severity and complexity of needs</i> <i>• Active engagement, intensive mobile outreach, with location-based option</i> <i>• Multi-disciplinary team providing intensive case management</i> <i>• Psychological clinical interventions</i> <i>• Family work and liaison</i> <i>• Medical care and linkages with GPs</i> <i>• Functional recovery</i> <i>• Peer support</i> <i>• Small caseloads</i> <i>• Duration of service 6-12 months</i> <p><i>The more specific objectives of the program include:</i></p> <ul style="list-style-type: none"> <i>• To improve family capacity to support young people diagnosed with severe anxiety and depression to participate in secondary school education or training course</i>

	<ul style="list-style-type: none"> • <i>To reduce anxiety and depression symptoms for young people</i> • <i>To increase the number of day's a young person attends secondary school</i> • <i>To improve overall quality of life of a young person diagnosed with severe anxiety and depression in RISE program</i>
Target population cohort	<i>Young people aged 12-25.</i>
Indigenous specific	<i>No</i>
Coverage	<i>Casey-Cardinia, Dandenong-Kingston, and Frankston-Mornington LGAs</i>
Consultation	<p><i>SEMPHN engaged with service providers and key stakeholders, including consumers and young people to inform and shape the model of care for young people with severe and complex ill health.</i></p> <p><i>SEMPHN hosted a forum in early March 2018, with a focus on collaboration and with a particular focus on models of care for young people experiencing severe and complex mental ill health in South Eastern Melbourne.</i></p> <p><i>SEMPHN has established a Governance Group for the BounceBack Service to provide advice and direction to the service providers and their partners in relation to the effective delivery of the service. Membership includes the service providers and their partners, the local LHNs, youth and family representation.</i></p> <p><i>The BounceBack teams will continue to consult with local secondary schools to educate and promote the RISE component of the service.</i></p> <p><i>Consultation would be aligned to that of BounceBack services.</i></p>
Collaboration	<ul style="list-style-type: none"> • <i>Consultant for Youth Mental Health Services</i> • <i>Service Providers</i> • <i>Service Delivery Partners</i> • <i>LHNs</i>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Priority area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
ACTIVITY TITLE	<i>MH6 - MH Accessible Psychological Interventions (API) Complex</i>
Existing, Modified, or New Activity	<i>Modified Activity</i> <i>Mental Health Activity Work Plan 2016-2019: Priority Area 3.</i>
PHN Program Key Priority Area	<i>Mental Health</i>
Needs Assessment Priority	<i>Priority Reference Section 4.3 on page 53 (2018 Needs Assessment).</i>
Aim of Activity	<i>Existing API services have been further refined and to support the service element which was based on feedback and evaluated outcomes. API Complex is a revised service element in the Stepped Care Model that ensures that evidence based psychological interventions adequately address service gaps in the provision of psychological therapies, for people in rural and remote areas and other under-serviced and/or hard to reach populations, making optimal use of the available service infrastructure and workforce.</i>
Description of Activity	<p><i>Outcomes from lead site activities, data from reported commissioned providers, formal evaluations, needs analysis and service mapping exercises have informed enhancements to the API service. API Complex is designed to target members of the community that are hard to reach and/or underserved.</i></p> <p><i>As a key service element of the Stepped Care Model, API Complex services are flexible services that are intended to support consumers with a mental illness who will benefit from individual, family and/or group provision of psychological interventions from Allied Health professionals. This also includes the use of the eAPI platform that provides consumers with a choice of receiving psychological interventions via the use of an electronic platform.</i></p> <p><i>API Complex will be delivered across the SEMPHN catchment by existing API providers, and available for population groups that are harder to reach or are underserved and cannot currently access Better Access or private psychological services.</i></p> <p><i>API providers are required to work within the context of the SEMPHN Stepped Care Model. Within this model, referrals are received, acknowledged and processed by the centralised Access and Referral Service and forwarded to the API Service Provider. Service Providers ensure the consumer is provided with a relevant service that includes interventions that match the consumer's presenting needs. Where Service Providers identify needs that are best addressed by other components of the stepped model, operational processes are in place to refer consumers to these services with the support of the Access and Referral Service. This allows SEMPHN to monitor quality, uptake and movement across the Stepped Care Model and access to these services.</i></p> <p><i>The Access and Referral Service facilitates referrals to the right providers across the SEMPHN catchment including the use of an electronic platform for delivering eAPI services. This approach ensures demand is appropriately managed, with different modalities for delivering psychological services offered</i></p>

	<p>to consumers to choose from (e.g., eAPI). The eAPI platform is a new service modality that is being offered via the existing API service and will connect consumers with psychological therapies that they would otherwise not be able to receive.</p> <p><u>Continuity of Care</u> - this is not a new service and continuity of care will be accessed by:</p> <ul style="list-style-type: none"> • Ongoing monitoring and reporting (to monitor model fidelity and service delivery) • Contractual data, formal evaluation and financial reporting • Formal feedback sessions on program outcome measures • Effective and efficient contact management • Attendances at Communities of Practice and other forums • Liaison with Access and Referral Service
Target population cohort	<p>API Complex has a focus on particular population groups and characteristics of population groups that are recognised as having greater vulnerability in the context of mental health and drug and alcohol-related issues in the SEMPHN region. These include:</p> <ul style="list-style-type: none"> • People from a low socio-economic status • Aboriginal and Torres Strait Islanders • Asylum seekers and refugees • People of diverse ethnicity and language groups • Children and adolescents • LGBT community • People who are homeless or at risk of homelessness • Women experiencing perinatal depression • People aged over 65 years • People with a dual diagnosis of mental illness and alcohol and other drug abuse issues • Culturally and linguistically diverse groups • People experiencing family violence
Indigenous specific	No
Coverage	The whole of the SEMPHN catchment.
Consultation	<p>SEMPHN will continue to collaborate and consult with stakeholders, consumers and carers as an ongoing function.</p> <p>A Mental Health Consumers, Carers and Consumer Advocates Forum and interviews were conducted in 2017 that informed the design of the Mental Health Stepped Care Model service elements. Broader service providers and stakeholder forums (with LHN and DHHS representation) were also delivered.</p> <p>SEMPHN conducted consumer, carer and stakeholder consultations during the design and development of the Mental Health Stepped Care Model (representatives included DHHS and LHN as well as mental health agencies that deliver services across the SEMPHN catchment, consumers and carers). Identified service design elements are at the core of this activity.</p>

	<i>Ongoing Communities of Practice forums facilitate the sharing of learnings, outcomes and new processes across API, MHICC and low intensity providers.</i>
Collaboration	<p><i>SEMPHN will investigate opportunities for partnering and/or commissioning not-for-profit organisations to assist in refining the design and application of appropriate models of care.</i></p> <p><i>Central to SEMPHN's commissioning principles is the concept of co-design. Therefore, through the various stakeholder, consumer and carer consultations that SEMPHN has already undertaken and is planning to undertake in the future, will continue to inform the development of services.</i></p> <p><i>The establishment of a Communities of Practice that includes low intensity, API and MHICC providers, promotes collaboration, the exchange of ideas, sharing and exploring new approaches while working within the same operational approach and outcomes in delivering mental health services within the SEMPHN catchment.</i></p>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Priority area 4: Mental health services for people with severe and complex mental illness including care packages
ACTIVITY TITLE	<i>MH7 - MH Mental Health Integrated Complex Care (MHICC)</i>
Existing, Modified, or New Activity	<i>Existing Activity</i> <i>Mental Health Activity Work Plan 2016-19: Priority Area 4.3.</i>
PHN Program Key Priority Area	<i>Mental Health</i>
Needs Assessment Priority	<i>Priority Reference Section 4.2 on page 56 (2018 Needs Assessment).</i>
Aim of Activity	<p><i>SEMPHN commissioned mental health services for people with severe and complex mental illness. MHICC was developed following the evaluation of previous programs and services (MHNIP), detailed service mapping and needs analysis were undertaken as well as consumer, carer and community co-design efforts.</i></p> <p><i>The model was designed to support people with severe and complex mental illness and now MHICC is one of the key service elements that make up the SEMPHN Mental Health Stepped Care Model.</i></p> <p><i>MHICC services will continue to be delivered across the SEMPHN catchment and are intended to support consumers with a severe mental illness who have complex needs and will benefit from improved coordination of their care over an extended period.</i></p>
Description of Activity	<p><i>MHICC services consist of a package of four core service elements and are designed to be highly flexible in their structure and delivery, enabling them to be matched to each individual's needs.</i></p> <p><i>The four core elements are:</i></p> <ul style="list-style-type: none"> <i>Clinical nursing services</i> <i>Family support and liaison</i> <i>Care coordination and liaison (clinical and non-clinical services)</i> <i>Improving access to psychiatrist and psychological care</i> <p><i>MHICC services are focused on enabling, facilitating and coordinating delivery of the Consumer Care Plan. MHICC services are delivered by mental health nurses, psychologists, psychiatrists, and eligible mental health workers, social workers and occupational therapists.</i></p> <p><i>MHICC providers are required to work within the context of the SEMPHN Stepped Care Model. Within this model, referrals are received, acknowledged and processed by the centralised Access and Referral Service and forwarded to the MHICC Service Provider. Service Providers ensure the consumer is provided with a relevant service that includes interventions that match the consumers presenting needs. Where Service Providers identify needs that are best addressed by other components of the Stepped Care Model, operational processes are in place to refer consumers to these services with the support of</i></p>

	<p><i>the Access and Referral Service. This allows SEMPHN to monitor quality, uptake and movement across the Stepped Care Model and access to these services.</i></p> <p><i><u>Continuity of Care</u> - SEMPHN will facilitate Communities of Practice with Low Intensity, API and MHICC providers with the aim to continuously improve services as well as access to services for this cohort. Communities of Practice will focus on delivering services within the context of the Stepped Care Model. This will ensure consumers continue to receive service elements that are matched to meet their needs.</i></p> <p><i>Continuity of care will be assured through a number of ways such as:</i></p> <ul style="list-style-type: none"> <i>• Ongoing monitoring and reporting (to monitor model fidelity and service delivery)</i> <i>• Contractual data, formal evaluation and financial reporting</i> <i>• Formal feedback sessions on program outcome measures</i> <i>• Effective and efficient contact management</i> <i>• Attendances at Communities of Practice and other forums</i> <i>• Liaison with Access and Referral Service</i>
Target population cohort	<p><i>The MHICC target population cohort is for consumers who:</i></p> <ul style="list-style-type: none"> <i>• Are diagnosed with a mental disorder</i> <i>• Where the mental disorder significantly impacts the persons social, personal and work life functioning</i> <i>• Are at risk of needing hospitalisation in the future if appropriate treatment and care is not provided or have been to hospital at least once for treatment of their mental illness</i> <i>• Have complex needs</i>
Indigenous specific	No
Coverage	<i>The whole of the SEMPHN catchment.</i>
Consultation	<p><i>SEMPHN will continue to collaborate and consult with stakeholders, consumers and carers as an ongoing function.</i></p> <p><i>A Mental Health Consumers, Carers and Consumer Advocates Forum and interviews were conducted in 2017 that informed the design of the Mental Health Stepped Care Model service elements. Broader service providers and stakeholder forums (with LHN and DHHS representation) were also delivered.</i></p> <p><i>Ongoing Communities of Practice Forums facilitate the sharing of learnings, outcomes and new processes across API, MHICC and low intensity providers.</i></p>
Collaboration	<p><i>SEMPHN will investigate opportunities for partnering and/or commissioning not-for-profit organisations to assist in refining the design and application of appropriate models of care.</i></p> <p><i>Central to SEMPHN's commissioning principles is the concept of co-design. Therefore, through the various stakeholder, consumer and carer consultations that SEMPHN has already undertaken and is planning to undertake in the future, will continue to inform the development of services.</i></p> <p><i>The establishment of a Communities of Practice that includes low intensity, API and MHICC providers, promotes collaboration, the exchange of ideas, sharing</i></p>

	<i>and exploring new approaches while working within the same operational approach and outcomes in delivering mental health services within the SEMPHN catchment.</i>
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Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	<i>MH8 - 5.1 Community-based Suicide Prevention Activities</i>
Existing, Modified, or New Activity	<i>Existing Activity</i>
PHN Program Key Priority Area	<i>Community suicide prevention</i>
Needs Assessment Priority	<i>Priority 5.1, Community based Suicide Prevention Activities on pages 57 to 58 (2018 Needs Assessment).</i>
Aim of Activity	<i>The aim of Support After Suicide is to provide timely, appropriate and effective support to people of all ages who are bereaved by suicide in order to reduce adverse outcomes and reduce the risk of suicide.</i>
Description of Activity	<p><i>The services provided by Support After Suicide include:</i></p> <ul style="list-style-type: none"> <i>• Counselling and group programs to people bereaved by suicide including children, young people, men and families</i> <i>• Promoting awareness, understanding and knowledge about suicide prevention and suicide bereavement to the community, professionals and the bereaved</i>
Target population cohort	<i>People bereaved by suicide.</i>
Indigenous specific	<i>No</i>
Coverage	<i>Services are available to the entire SEMPLHN catchment with targeted activity to individuals in areas of high need in Port Phillip, Frankston, Dandenong and Cardinia.</i>
Consultation	<i>Support After Suicide is a member of Postvention Protocol Response Teams in Frankston and Dandenong which have multi-sectorial representation of local organisations and services.</i>
Collaboration	<ul style="list-style-type: none"> <i>• Ongoing collaboration with the local organisations and services involved in the Postvention Protocol teams</i>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	<i>MH9 - 5.2 The Way Back</i>
Existing, Modified, or New Activity	<i>New Activity</i>
PHN Program Key Priority Area	<i>Suicide Prevention</i>
Needs Assessment Priority	<i>Priority 5.1, Community based Suicide Prevention Activities, on pages 57 to 58 (2018 Needs Assessment).</i>
Aim of Activity	<i>The Way Back Support Service is a low-cost, low-stigma suicide prevention model that delivers person-centred, non-clinical care and practical support in the critical three months after a suicide attempt through assertive outreach. The service aims to prevent repeat suicide attempts and suicide deaths. The service adopts a culturally sensitive, strengths-based and collaborative approach to care.</i>
Description of Activity	<p><i>Following a referral to the Support Service, Support Coordinators contact the client within 24-48 hours and work with them to:</i></p> <ul style="list-style-type: none"> <i>• Develop a safety plan</i> <i>• Set goals</i> <i>• Provide support, coaching and motivation to encourage individuals to build skills and motivation to stay alive</i> <i>• Stay connected to informal and formal supports that strengthen their mental health and promote recovery</i> <i>• These services may include clinical care, safe and secure housing, financial or relationship counselling, getting back to study or work or keeping in touch with family and friends</i>
Target population cohort	<i>People who present to Casey or Dandenong hospital with a suicide attempt.</i>
Indigenous specific	<p><i>Yes</i></p> <p><i>The service provider will consult with Indigenous community and have a targeted approach for working with them.</i></p>
Coverage	<i>Casey, Cardinia, and Dandenong LGAs.</i>
Consultation	<i>A Governance Group is established for The Way Back Support Service to provide advice and direction to the Operations Group in relation to overseeing the effective delivery of the service. All stakeholders are members of the group which meet monthly to quarterly (depending on phase of service development).</i>
Collaboration	<ul style="list-style-type: none"> <i>• Service delivery partners</i> <i>• Service provider</i> <i>• Lived experience representation</i>

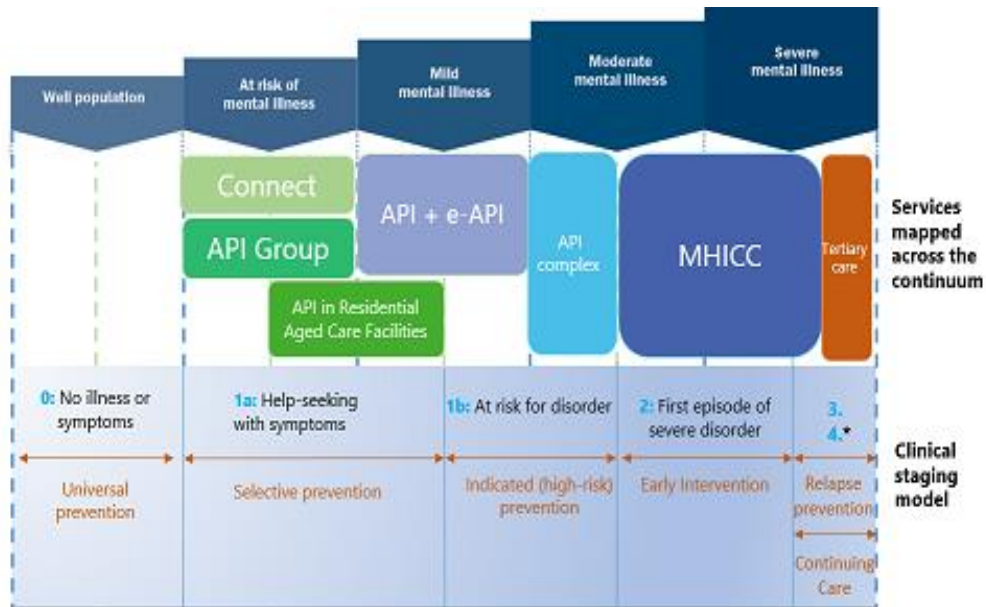
Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	<i>MH10 - 5.3 Place-based Trial</i>
Existing, Modified, or New Activity	<i>Existing Activity</i>
PHN Program Key Priority Area	<i>Suicide Prevention</i>
Needs Assessment Priority	<i>Priority 5.1, Community-based Suicide Prevention Activities on pages 57 to 58 (2018 Needs Assessment).</i>
Aim of Activity	<p><i>SEMPHN will implement a strategy consisting of community-based suicide prevention activities that take into account The Black Dog Institute's LifeSpan Model. In addition to the nine lifespan strategies, three domains have been added that are informed by the needs of the community. These are:</i></p> <ul style="list-style-type: none"> <i>• Actions to lower the impact of a death by suicide (postvention): recognising that postvention is part of suicide prevention given the heightened risk of those exposed to a death by suicide</i> <i>• Suicide prevention among groups or individuals with higher risk: recognising the need to target actions on the identified at-risk population in Frankston-Mornington Peninsula (FMP)</i> <i>• Actions to understand and enhance the protective factors for individuals and community: recognising a community appetite to act on enhancing wellbeing and protective factors</i> <p><i>The aim of the Suicide Prevention Strategy is to unite efforts and expertise in the region to work together in a collective impact approach to reduce suicide and suicide attempts in the long-term.</i></p>
Description of Activity	<p><i>There are planned activities for the 12 domains, such as the following:</i></p> <ul style="list-style-type: none"> <i>• Convene Suicide Prevention Advisory Group</i> <i>• Delivery of an education and training program for sporting clubs and community groups</i> <i>• Delivery of engagement and training in the region</i> <i>• Borderline Personality Disorder Training – upskilling GPs and Allied Health professionals to manage ongoing risk with BPD clients</i> <i>• Commission suicide prevention training for primary care and whole of GP practice</i> <i>• Offer a suite of training options for influencers</i> <i>• Capacity building for lived experience</i> <i>• Ongoing promotion of safe language and reporting across the service sector and community</i> <i>• Deliver training for communications in organisations and media</i> <i>• Link those with lived experience into whole strategy and various activities</i>

Target population cohort	<i>People in the Frankston-Mornington LGAs</i>
Indigenous specific	<i>No</i>
Coverage	<i>Frankston-Mornington LGAs</i>
Consultation	<p><i>The principle aims of the Suicide Prevention Advisory Group are to: (i) Provide high-level strategic oversight of the trial; (ii) Progress a broad population health and systems-based approach to suicide prevention; (iii) Build capacity and enhance system effectiveness and efficiency.</i></p> <p><i>Membership of the advisory group includes representatives from SEMPHN management, lived experience, DHHS, Local Government, Clinical Mental Health, Community Mental Health, Bereavement support services, Victoria Police and the Education sector.</i></p> <p><i>People with lived experience have been involved with the trial from the outset. In particular, a local FMP Suicide Prevention Network contributes through a representative sitting on the FMP Advisory Group and by inviting the Suicide Prevention Lead to attend monthly meetings.</i></p> <p><i>As the Suicide Prevention Strategy for Frankston and Mornington Peninsula commences implementation, particular care will be taken to ensure that lived-experience input is sought for specific activities such as the work engaging men in the region.</i></p>
Collaboration	<i>The Suicide Prevention Lead engages across State and Local Government sectors and with Non-Government Organisations.</i>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	<i>Priority area 6: Aboriginal and Torres Strait Islander mental health services</i>
ACTIVITY TITLE	<i>MH11 - MH Aboriginal and Torres Strait Islander Mental Health Services</i>
Existing, Modified, or New Activity	<i>Modified Activity</i> <i>Mental Health Annual Activity Work Plan 2016-2019, Priority Area 6.</i>
PHN Program Key Priority Area	<i>Mental Health</i>
Needs Assessment Priority	<i>Priority Reference Section 6 on page 59 (2018 Needs Assessment).</i>
Aim of Activity	<p><i>This activity aims to enhance access and better integrate Aboriginal and Torres Strait Islander mental health services at a local level facilitating a joint approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services.</i></p> <p><i>SEMPHN aims to develop a service model that extends across the youth and adult lifespan with a focus on the mental health of the Aboriginal and Torres Strait Islander cohort.</i></p> <p><i><u>Youth</u> - existing specific activities are commissioned and will continue to be delivered with a focus on Aboriginal and Torres Strait Islander youth with the aim to improve access to integrated pathways and provide assertive outreach for socially isolated and disengaged youth.</i></p> <p><i><u>Men</u> - the next phase of this activity is to engage a provider that will work with the Aboriginal and Torres Strait Islander people and leverage off appropriate gathering places and programs such as Integrated Team Care (ITC) to develop and roll out a Men's Hub.</i></p> <p><i><u>Women</u> - SEMPHN will identify next steps that will focus on services for Women's mental health.</i></p>
Description of Activity	<p><i><u>Youth</u> - Improving access to existing services, particularly for Indigenous youth, and strengthening pathways through the mental health system are the key needs identified in the SEMPHN catchment. As such, the activities have been designed to strengthen these links and further integrate services. SEMPHN will also work to ensure that existing commissioned services apply flexible models of care and culturally safe practices to ensure they are appropriate and effective for the Aboriginal community living within the catchment.</i></p> <p><i>The following two currently commissioned activities are focused on youth:</i></p> <ul style="list-style-type: none"> <i>Improving access to integrated pathways</i> <i>Assertive outreach for socially isolated and disengaged youth</i> <p><i>The integrated pathways activity expands on the successful pathways model piloted initially in Frankston Mornington Peninsula area. This model reflects the mental health and cultural healing needs of the local Aboriginal community and applies flexible models of care that aim to strengthen the cultural identity and wellbeing of youth.</i></p>

	<p><i>The assertive outreach model for socially isolated and disengaged youth facilitates proactive engagement with this cohort through assertive outreach and support navigating through the local service system. This includes headspace, the ITC program, and ensuring integration with LHNs and AOD providers. There is also a focus on reducing self-harm, emergency department attendances, and hospital admissions.</i></p> <p><i><u>Men</u> - the new service element of a Men's Hub will deliver group sessions, have a clinical element to encompass building resilience, education, early intervention and capacity to make appropriate referrals. It is proposed that the successful provider will co-design the model for the Men's Hub with local Aboriginal and Torres Strait Islander people. The aim is to integrate with LHNs, AOD providers and the ITC program.</i></p> <p><i><u>Women</u> - the scoping of a future service element that targets Women's Mental Health will be conducted to complement the service model that extends across the lifespan.</i></p>
Target population cohort	<i>Aboriginal and Torres Strait Islander youth, men and women's cohorts within the SEMP HN catchment.</i>
Indigenous specific	<p>Yes</p> <p><i>The first two activities are ongoing. The new service element of a Men's Hub will leverage off the ITC program. It is proposed that a provider will be commissioned to lead this work and co-design the service with Aboriginal and Torres Strait Islander people.</i></p>
Coverage	<p><i>The activities cover the following LGAs:</i></p> <ul style="list-style-type: none"> • Frankston • Mornington Peninsula • Casey <p><i><u>Men's Hub</u> - yet to be confirmed.</i></p> <p><i><u>Women's Mental Health service</u> - to be scoped.</i></p>
Consultation	<p><i>SEMP HN will continue to collaborate and consult as an ongoing function and will consult with the following:</i></p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander cohort • Aboriginal and Torres Strait Islander agencies that currently deliver community and health services within the SEMP HN catchment • ACCHOS • LHNs • PCPs • General Practice
Collaboration	<i>SEMP HN will investigate opportunities for partnering and/or commissioning not-for-profit organisations to assist in refining the design and application of appropriate models of care that are delivered in a culturally safe way and environment.</i>

	<i>Central to SEMPHN's commissioning principles is the concept of co-design. Therefore, through the various stakeholder, consumer and carer consultations that SEMPHN has already undertaken and is planning to undertake in the future, will continue to inform the development of services.</i>
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Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Priority area 7: Stepped care approach
ACTIVITY TITLE	MH12 - System Integration
Existing, Modified, or New Activity	Modified Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Priority Reference Section 7 on page 60 (2018 Needs Assessment).
Aim of Activity	Ongoing monitoring, reporting and evaluation is a critical feature of SEMPHN's commissioning efforts. This will apply to all SEMPHN funded commissioned activities that interact with the Access and Referral team.
Description of Activity	<p>The Access and Referral Service facilitates referrals to the right providers across the SEMPHN catchment including the use of an electronic platform for delivering eAPI services. This approach ensures demand is appropriately managed while different modalities for delivering psychological services are offered to consumers to choose from.</p> <p>The table below illustrates the SEMPHN funded activities within the Stepped Care Model.</p>  <p>The diagram illustrates the Stepped Care Model, showing a continuum of mental health services. The top row represents the severity of mental illness: Well population, At risk of mental illness, Mild mental illness, Moderate mental illness, and Severe mental illness. The middle row shows the services mapped across the continuum: Connect (API Group), API + e-API (API in Residential Aged Care Facilities), API complex, MHIC, and Tertiary care. The bottom row shows the clinical staging model: 0: No illness or symptoms (Universal prevention), 1a: Help-seeking with symptoms (Selective prevention), 1b: At risk for disorder (Indicated (high-risk) prevention), 2: First episode of severe disorder (Early intervention), and 3, 4: Relapse prevention (Continuing Care). A legend at the bottom explains the clinical staging model: 3. Recurring or persisting disorder, 4. Ongoing and unremitting illness. API: Accessible Psychological Intervention; MHIC: Mental Health Integrated Complex Care.</p> <p>A core function of this service is to liaise with commissioned providers to support consumers through their recovery journey as they need to step-up or down, depending on their mental ill-health, as well as re-enter the service system that is aligned to their individual needs.</p> <p>In addition, Access and Referral will continue to play an important role in ensuring consumers and stakeholders navigate pathways through the service system. This service is person-centred adopting a 'no-wrong door approach' with multiple possible entry points, is coordinated and offers linkage to a range of service</p>

	<i>elements of different intensities over a person's recovery journey. This supports consumers to access appropriate services in a timely and efficient way, while minimising duplicative contact.</i>
Target population cohort	<i>People with mental illness and their natural supports.</i>
Indigenous specific	<i>No</i>
Coverage	<i>The whole of the SEMPLHN catchment.</i>
Consultation	<p><i>SEMPHN will continue to collaborate and consult with stakeholders, consumers and carers as an ongoing function.</i></p> <p><i>A Mental Health Consumers, Carers and Consumer Advocates Forum was conducted in 2017 and interviews are done annually with the Needs Assessment that informed the design and improvements to the Mental Health Stepped Care Model service elements. Broader service providers and stakeholder forums (with LHN and DHHS representation) were also delivered.</i></p> <p><i>Ongoing Communities of Practice forums facilitate the sharing of learnings, outcomes and new processes across API, MHICC and low intensity providers.</i></p>
Collaboration	<p><i>SEMPHN will investigate opportunities for partnering and/or commissioning not-for-profit organisations to assist in refining the design and application of appropriate models of care.</i></p> <p><i>Central to SEMPLHN's commissioning principles is the concept of co-design. Therefore, through the various stakeholder, consumer and carer consultations that SEMPLHN has already undertaken and is planning to undertake in the future, will continue to inform the development of services.</i></p> <p><i>The establishment of a Communities of Practice that includes low intensity, API and MHICC providers, promotes collaboration, the exchange of ideas, sharing and exploring new approaches while working within the same operational approach and outcomes in delivering mental health services within the SEMPLHN catchment.</i></p>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	<i>Priority area 8: Regional mental health and suicide prevention plan</i>
ACTIVITY TITLE	<i>MH13 – Regional Planning</i>
Existing, Modified, or New Activity	<i>Existing Activity</i> <i>Mental Health Annual Activity Work Plan 2016-2019, Priority Area 8.</i>
PHN Program Key Priority Area	<i>Mental Health</i>
Needs Assessment Priority	<i>Priority Reference Section Opportunities, priorities and options on page 62 (2018 Needs Assessment).</i>
Aim of Activity	<i>Development of a regional mental health and suicide prevention plan will aim to improve the mental health of people living within the South Eastern Melbourne region.</i>
Description of Activity	<p><i>SEMPHN will develop the Regional Plan in partnership with the Local Health Networks (LHNs) located within the SEMPHN region.</i></p> <p><i>The Regional Plan aims to support people with their mental health, mental illness and prevent suicide, through conscious and evidence-based planning and system redesign. It will do this by improving the integration of mental health and suicide prevention pathways and services for people with or at risk of mental illness or suicide through a whole of system approach.</i></p> <p><i>The plan will identify areas of need, gaps in services, service duplication and workforce shortage which will support future mental health and suicide prevention commissioning work undertaken by SEMPHN and LHNs.</i></p> <p><i>Regional plans will inform the coordinated commissioning of services across the stepped care spectrum of need for services and across the lifespan. They will also support opportunity for coordinated regional implementation of national priority areas:</i></p> <ul style="list-style-type: none"> <i>Better coordination of services for people with severe and complex mental illness</i> <i>A system-based approach to suicide prevention</i> <i>Improving Aboriginal and Torres Strait Islander mental health and suicide prevention</i> <i>Improving the physical health of people living with mental illness</i>
Target population cohort	<p><i>All people living within the South Eastern Melbourne region. There is a focus on individuals who:</i></p> <ul style="list-style-type: none"> <i>Have mental illness</i> <i>Are at risk of mental illness</i> <i>Are at risk of suicide</i> <i>Are bereaved following a suicide</i>
Indigenous specific	<p><i>No</i></p> <p><i>Note: Indigenous mental health and suicide prevention is a priority in this plan</i></p>

Coverage	<i>The whole of the SEMPHN catchment</i>
Consultation	<p><i>A core element of regional plan development is consultation; consultation with consumers and their families/carers, service providers and policy makers will enable regional plan governance groups to better understand the needs of people living and working within the SEMPHN region.</i></p> <p><i>SEMPHN consults regularly with its community, these consultations will be incorporated into regional planning consultations, to build a more robust story, whilst also reducing the chance of provider and/or consumer consultation fatigue.</i></p> <p><i>SEMPHN will develop a stakeholder engagement and communication plan, which will include an approach for community and sector consultation.</i></p>
Collaboration	<p><i>Given the complicated health environment, collaboration and communication are vital to support the development of strong and mutually beneficial relationships between stakeholders and are pertinent for the success of this project.</i></p> <p><i>The relationship between the PHN and LHN partners will aim to:</i></p> <ul style="list-style-type: none"> <i>Enhance working relationships between the partner organisations</i> <i>Embrace joint coordinated planning and, where appropriate, collaborative commissioning of services between PHNs and LHNs</i> <p><i>Collaboration with stakeholders, both internal and external, will occur in alignment with mental health and suicide prevention collaboration which occur at SEMPHN, additional and project specific collaboration will occur as outlined in the Regional Plan Stakeholder Engagement and Communication Plan (to be developed).</i></p> <p><i>Longer-term engagement of stakeholders within the region, including local hospital networks, Aboriginal community-controlled health services, community health, private providers, etc., is required to support system change for the benefit of consumers and carers. This approach is required to ensure the regional plan encapsulates a broad range of service providers and consumers to match the spectrum of needs.</i></p>