

South Eastern Melbourne - Primary Mental Health Care 2023/24 - 2027/28 Activity Summary View



MH-H2H - 1 - MH-H2H1 2025 H2H Intake and Assessment Phone Service



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-H2H

Activity Number *

1

Activity Title *

MH-H2H1 2025 H2H Intake and Assessment Phone Service

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Other Program Key Priority Area Description

Aim of Activity *

Provide an initial assessment and referral phone support service to people in the SEMPLHN region looking to access mental health support and services. This includes people who have not accessed mental health services before, and for their family and friends.

Description of Activity *

SEMPHN is a provider of the national Medicare Mental Health phone service. This service was formerly known as the Head to Health (H2H) intake and assessment phone service established in July 2022. The phone service has been rebranded as part of the commencement of the national Medicare Mental Health service.

The phone service:

- provides initial assessment and referral for consumers accessing mental health services in the region
- provides a single-entry point, operating a 'no wrong door' approach for people seeking mental health support
- operates under the national 1800 595 212 number, in compliance with the Department's guidance
- uses the Initial Assessment and Referral Decision Support Tool (IAR-DST) to support assessment and appropriate referral
- navigates the referral of people to services that are best suited to them, including SEMPHN commissioned services, Head to Health services, Mental Health and Wellbeing Locals and emergency services where required.

SEMPHN Strategy 2023-2028: Path to Impact
 Pillar 1: Population health and service demand
 Pillar 2: Consumer-focused healthcare
 Pillar 3: Vibrant primary health services
 Pillar 4: Innovation and system reform

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Improve coordination of management of people with chronic disease comorbidity	193
Ease the pressure on hospitals and EDs	193
Provide better coordination/integration of MH support services between health and non-health sectors	196
Improve knowledge and capacity of service providers and consumers to engage with and navigate the service system	196
Improve MH service utilisation in LGAs with elevated level of needs (e.g. Greater Dandenong and Casey)	197
Undertake service mapping of psychosocial support services	198
Support consumers who require access to multiple concurrent services within the Stepped Care Model	198
Provide psychological therapies for priority populations and/or underserved groups in identified LGAs of high prevalence (e.g. Frankston)	195
Identify opportunities to improve access to primary care for communities with high rates of potentially preventable hospitalisations (PPHs)	192
Increase support for consumers in need of low-intensity MH services	194



Target Population Cohort

People in the SEMPHN region seeking an entry point to access mental health support and services.

In Scope AOD Treatment Type ***Indigenous Specific ***

No

Indigenous Specific Comments**Coverage****Whole Region**

Yes

**Activity Consultation and Collaboration****Consultation**

Central to SEMPHN’s commissioning principles is the concept of co-design. The various service provider, stakeholder, consumer and carer consultations SEMPHN has already undertaken and will undertake in the future will continue to inform and refine our services. Ongoing consultation with stakeholders and the local community that contributes to the established Mental Health programs provided background knowledge to the development of this national model. SEMPHN’s progress towards accreditation against the National Digital Mental Health Standards, and focus on the Partnering with Consumers Standard has honed focus on consumer experiences in shaping services.

Collaboration

SEMPHN collaborates with PHNs nationally in the governance and delivery of this program.

**Activity Milestone Details/Duration****Activity Start Date**

29/06/2022

Activity End Date

29/06/2026

Service Delivery Start Date

1 /07/2022

Service Delivery End Date

30/06/2026

Other Relevant Milestones



Activity Commissioning

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

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

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments



MH - 1 - MH1 2025 Low Intensity Services - Budget



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1

Activity Title *

MH1 2025 Low Intensity Services - Budget

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 1: Low intensity mental health services

Other Program Key Priority Area Description

Aim of Activity *

Improve access to evidence based psychological therapies to people at risk of experiencing or experiencing mild to moderate mental health conditions.

Description of Activity *

SEMPHN has commissioned a range of Accessible Psychological Interventions (API) as part of the mental health stepped care model. The program:

- delivers evidence-based, face to face session via individual or group sessions
- provides an efficient and less costly alternative to higher cost and/ or more intensive services
- provides evidence based psychological interventions to people with, or at risk of, experiencing mild to moderate mental health conditions
- provides a high-quality service that people can access easily and directly
- is delivered in all local government areas (LGAs) across the SEMPHN region
- is tailored to suit the needs of each individual and are documented through a Psychological Treatment Plan (PTP). The PTP is time-bound, goal directed and developed at an initial consultation with each consumer, setting out the treatment goals, modality, and duration.

The range of interventions that can be delivered is consistent with those available under the Commonwealth Better Access to

Mental Health Care program.

Low intensity services support consumers, family members and carers who are living with a mental health condition, have experienced loss or grief, or need assistance with community service navigation. These service specifically address the local needs of priority populations, recognised as having increased risk factors. This includes Culturally and Linguistically Diverse people, Aboriginal and Torres Strait Islander people, people experiencing homelessness, family violence or living with substance abuse disorders and other priority populations as identified.

This program is in addition to the targeted programs that support CALD communities and people experiencing grief.

SEMPHN Strategy 2023-2028: Path to Impact
Pillar 1: Population health and service demand
Pillar 2: Consumer-focused healthcare
Pillar 3: Vibrant primary health services

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Increase support for consumers in need of low-intensity MH services	194



Activity Demographics

Target Population Cohort

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:

- Culturally and Linguistically Diverse people
- Aboriginal and Torres Strait Islander people
- People experiencing homelessness
- People diagnosed with perinatal depression
- People at risk of suicide
- People with substance use disorders
- People who have experienced family violence
- People from a low socio-economic status
- Asylum seekers and refugees
- Seniors residing in Residential Aged Care Facilities.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Stonnington - East	20804
Glen Eira	20802
Port Phillip	20605
Stonnington - West	20606
Kingston	20803
Bayside	20801
Cardinia	21201
Mornington Peninsula	21402
Dandenong	21204
Frankston	21401
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

SEMPHN continues to collaborate and consult with stakeholders, consumers and carers as an ongoing function, including:

- A Mental Health Consumers, Carers and Consumer Advocates Forum and interviews were conducted in 2017. This informed the design of the mental health stepped care model service elements. Broader service providers and stakeholder forums (with Local Health Network (LHN) and Department of Health, Victoria representation) were also delivered. Consultation included the Department of Health, Victoria and LHN, as well as mental health agencies that deliver services across the SEMPHN region, 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.
- Ongoing Communities of Practice Forums facilitate the sharing of learnings, outcomes and new processes across the Accessible Psychological Interventions (API) and Mental Health Integrated Complex Care (MHICC) programs and low intensity providers.

Collaboration

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.

Central to SEMPHN's commissioning principles is the concept of co-design. The 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.



Activity Milestone Details/Duration

Activity Start Date

28/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

30 June 2019

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Depending on outcomes, SEMPHN will explore opportunities to refine service elements within the Mental Health Stepped Care Model. This will be undertaken via ongoing program review, reporting, submitted data and evaluation outcomes from existing commissioned providers, which will inform future decisions and directions.

**Activity Commissioning**

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

There will be no decommissioning in this Activity Work Plan, but all of our programs are subject to ongoing evaluation and review.

Co-design or co-commissioning comments

SEMPHN continues to collaborate and consult with stakeholders, consumers and carers as an ongoing function.

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

Yes



MH - 3 - MH3 2025 headspace



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3

Activity Title *

MH3 2025 headspace

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 2: Child and youth mental health services

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

Establish, operate and maintain a network of headspace centres across the SEMPHN region in line with the requirements specified in the headspace Operating Guidelines.

Description of Activity *

SEMPHN currently manages the funding for headspace centres in:

- Bentleigh/Elsternwick
- Frankston
- Rosebud
- Pakenham
- Dandenong
- Malvern
- Narre Warren
- South Melbourne
- Hastings

headspace provides ongoing support to young people living with a mental health condition.

SEMPHN has worked with Access Health and Community to establish the new headspace centre in South Melbourne. This has been launched and running as of December 2024.

Since 2020, SEMPHN has managed established headspace Satellite Services for Young People in Pakenham and Rosebud, delivering mental health services and easy access for young people requiring early intervention, while ensuring alignment with the headspace service model.

SEMPHN continues to manage headspace Hastings Outpost Service, which operates as an integrated youth mental health service providing support to young people aged 12-25 years who are living, working and studying in Hastings. The Hastings centre commenced operating from a new address from December 2024. The service is overseen and governed by the parent headspace Centre (Dandenong) and provides outpost mental health services to young people in alignment with the headspace service model.

SEMPHN reviews the local effectiveness of the model to:

- identify opportunities for better integration of the existing model with other youth mental health services in the region
- provide guidance to General Practice (GP) on effective engagement of young people presenting with mental health issues
- identify how this model integrates within a stepped model of care for people with living with a mental health condition
- identify opportunities for service demand management across the region.

SEMPHN continues to work with the lead agencies and headspace National Office to monitor fidelity to the headspace Integrity Framework (hMIF), quality improvement activities are undertaken and a headspace Trade Mark Licence Deed (TMLD) is obtained/maintained.

SEMPHN Strategy 2023-2028: Path to Impact

Pillar 2: Consumer-focused healthcare

Pillar 3: Vibrant primary health services

Pillar 5: Innovation and system reform

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Improve pathways for young people navigating the MH system	199
Increase support for young people requiring low intensity and mild-to-moderate MH support	194



Activity Demographics

Target Population Cohort

Young people aged 12-25 at risk of developing or living with a mental health condition.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Stonnington - East	20804
Glen Eira	20802
Port Phillip	20605
Stonnington - West	20606
Kingston	20803
Bayside	20801
Cardinia	21201
Mornington Peninsula	21402
Dandenong	21204
Frankston	21401
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

Each lead agency holds quarterly consortium meetings which includes young people and family representation. The consortium members provide strategic and operational input to the service delivery at the headspace centre. SEMPHN is a member of the headspace consortia.

headspace centres have youth advisory and family participation programs as part of the core component of the model which ensures lived experience expertise is integrated.

SEMPHN holds monthly 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 SEMPHN region.

SEMPHN continues 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
- work with the lead agencies and headspace National to ensure monitor fidelity to the headspace Integrity Framework (hMIF) and quality improvement activities are undertaken
- attend consortium meetings and planning days with the headspace centres to ensure activities are aligned with PHN priorities as identified in the Needs Assessment
- provide guidance to service providers about the Stepped Care Model as they integrate the headspace model with other mental health services in the region.

Collaboration

- Access Health Community - Lead Agency
- EACH - Lead Agency
- YSAS - Lead Agency
- Alfred Health - Lead Agency and Local Health Network (LHN)
- Monash Health – LHN
- Peninsula Health – LHN
- 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
- General Practice - assessment and referral - care coordination
- headspace National Office – monitor headspace Integrity Framework (hMIF) fidelity, procurement guidance and advice, and data support services.
- Department of Health, Disability and Ageing



Activity Milestone Details/Duration

Activity Start Date

28/06/2019

Activity End Date

29/06/2028

Service Delivery Start Date

01/02/2020

Service Delivery End Date

30/06/2028

Other Relevant Milestones

Annual hMIF review process with all Centres.



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

There will be no decommissioning in this Activity Work Plan, but all of our programs are subject to ongoing evaluation and review

Co-design or co-commissioning comments

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

Yes



MH - 4 - MH4 2025 headspace Youth Early Psychosis Program (hYEPP)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

4

Activity Title *

MH4 2025 headspace Youth Early Psychosis Program (hYEPP)

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 2: Child and youth mental health services

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

Provide an intensive, multidisciplinary, wrap-around service for young people who are at high risk of experiencing, or are experiencing, first episode psychosis.

Description of Activity *

SEMPHN supports Alfred Health which operate the headspace Youth Early Psychosis Program (hYEPP) service utilising a hub and spoke model across four headspace centres, currently Elsternwick/Bentleigh, Frankston, Dandenong, and Narre Warren.

The hYEPP service aims to achieve the following objectives:

- incrementally increase the First-Episode Psychosis (FEP) client numbers above the case load cap
- improve data collection and ensure compliance with headspace (hAPI) data
- increase referral pathways and access to hYEPP services
- ensure headspace Integrity Framework (hMIF) fidelity continues to be achieved with ongoing reviews with Orygen Youth Health (OYH) and quality improvement activities are undertaken
- ensure young people are receiving the recommended tenure of care for FEP and Ultra-High-Risk (UHR) for psychosis groups
- improve relationships with Monash and Peninsula Health
- build workforce capacity and improve the quality of services
- target a reduction in the duration of untreated psychosis (DUP)

- increase the knowledge and capacity of General Practitioners (GPs) in working with young people with FEP and UHR
- develop a shared care framework for hYEPP and GPs to enhance the support and treatment of shared clients

SEMPHN staff work with Alfred Health to build workforce capacity and increase referral pathways to other services across the SEMPHN region.

SEMPHN monitors performance to ensure the service continues to meet the needs of young people who are at ultra-high risk of experiencing, or are experiencing, first episode psychosis.

Unfortunately, hYEPP has reduced operating capacity at headspace Dandenong due to CPI indexation not being included in funding. They have flagged ongoing issues maintaining service with current staffing levels.

SEMPHN Strategy 2023-2028: Path to Impact
 Pillar 1: Population health and service demand
 Pillar 2: Consumer-focused healthcare
 Pillar 3: Vibrant primary health services

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Improve pathways for young people navigating the MH system	199
Increase support for young people requiring MH support for severe and complex mental illness	194



Activity Demographics

Target Population Cohort

Young people aged 12-25.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Stonnington - East	20804
Glen Eira	20802
Port Phillip	20605
Stonnington - West	20606
Kingston	20803
Bayside	20801
Cardinia	21201
Mornington Peninsula	21402
Dandenong	21204
Frankston	21401
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

SEMPHN continues to hold regular meetings with Alfred Health regarding service delivery, quality improvement activities, data, evaluation, reporting and budgets.

SEMPHN attends 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, Primary Health Networks (PHNs), Department of Health, Victoria, researchers, academics, and young people and families with lived experience expertise.

SEMPHN continues to organise a clinical governance forum quarterly with Alfred Health, Orygen Youth Health (OYH) and headspace National in attendance to improve the effectiveness and quality of services being provided.

Alfred Health has youth and family participation programs as part of the core components of the model in which lived experience expertise is integral.

SEMPHN works with Alfred Health 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.

Collaboration

The following stakeholders are involved in ongoing engagement and input into service delivery of hYEPP services across the SEMPHN region:

- Alfred Health - Lead Agency and Local Health Network (LHN)
- EACH – headspace primary Lead Agency (spoke)
- YSAS - headspace primary Lead Agency (spoke)
- Monash Health – LHN
- Peninsula Health – LHN
- YSAS – youth AOD provider
- TaskForce - youth AOD provider

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.



Activity Milestone Details/Duration

Activity Start Date

30/12/2016

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2017

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Ongoing annual fidelity to the headspace Integrity Framework (hMIF) reviews conducted by OYH, and ongoing quarterly forums hosted by OYH.



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

There will be no decommissioning in this Activity Work Plan, but all of our programs are subject to ongoing evaluation and review

Co-design or co-commissioning comments

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

Yes



MH - 5 - MH5 2025 Youth Severe and Complex (Bounceback)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5

Activity Title *

MH5 2025 Youth Severe and Complex (Bounceback)

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 2: Child and youth mental health services

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

Support young people with severe mental health conditions and complex needs to achieve outcomes related to their mental and physical health and encourage better family and social relationships.

Description of Activity *

Youth Severe and Complex (BounceBack) specialist services are provided by a multi-disciplinary team including specialist mental health clinicians, psychiatry, and peer and family workers through outreach, case management and coordination of care across a 6 -12 month timeframe.

The services support young people and their families to achieve outcomes related to their mental and physical health, relationships and education and employment goals. 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.

Additionally, headspace Hastings delivers a Youth Enhanced Service (YES) which receives referrals and delivers services to the local Aboriginal and Torres Strait Islander community.

Key components of service delivery include:

- Comprehensive biopsychosocial assessment to determine severity and complexity of needs

- Active engagement, intensive mobile outreach, with location-based option
- Multi-disciplinary team providing intensive case management
- Psychological clinical interventions
- Family work and liaison
- Medical care and linkages with General Practitioners (GPs)
- Functional recovery
- Peer support
- Small caseloads.

The RISE (recovery, improve, support, empower) Model of Care within the BounceBack Service aims to effectively treat young people diagnosed with severe anxiety and depressive disorder, to support the young person resuming or increasing participation in secondary school or further education courses. RISE funding continues to operate a staffing profile within the existing BounceBack Services to build a comprehensive evidence base and to:

- improve family capacity to support young people diagnosed with severe anxiety and depression to participate in secondary school education or training course
- reduce anxiety and depression symptoms for young people
- increase the number of days a young person attends secondary school
- improve overall quality of life of a young person diagnosed with severe anxiety and depression in RISE program.

In late 2021 SEMPHN recognised the need for service provision to young people with a dual diagnosis of a mental health condition and substance abuse, specifically in Casey and Cardinia Local Government Areas (LGAs). Following approval from the Department of Health and Aged Care, funding has been used to pilot an Alcohol and Other Drugs (AOD) BounceBack Service in the Casey and Cardinia LGAs for 18 months. Following the success of the pilot, the AOD BounceBack Service will continue to operate in these LGAs while funding allows. The AOD component of the BounceBack service was discontinued as of June 2024 as a result of recruitment issues.

SEMPHN Strategy 2023-2028: Path to Impact
 Pillar 1: Population health and service demand
 Pillar 2: Consumer-focused healthcare
 Pillar 3: Vibrant primary health services

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Improve pathways for young people navigating the MH system	199
Increase support for young people requiring MH support for severe and complex mental illness	194



Activity Demographics

Target Population Cohort

Young people aged 12-25.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments**Coverage****Whole Region**

No

SA3 Name	SA3 Code
Kingston	20803
Cardinia	21201
Mornington Peninsula	21402
Dandenong	21204
Frankston	21401
Casey - South	21203
Casey - North	21202

**Activity Consultation and Collaboration****Consultation**

SEMPHN engaged with Orygen Youth Health (OYH) and key stakeholders, including consumers and young people to inform and shape the model of care for young people living with severe and complex mental health conditions.

SEMPHN services participated in the Orygen run Youth Enhanced Services Implementation labs in FY22/23 and FY23/24. This provided an opportunity for headspace services, PHNs and Orygen to collaborate on improving service delivery outcomes. For example, this lab has led to improved program guidelines and collaboration between service providers and the SEMPHN Access and Referral team.

Consultation is aligned to that of BounceBack services.

Collaboration

- OYH – Consultant for Youth Mental Health Services
- EACH – Service Provider
- YSAS - Service Provider
- Alfred Health – Service Delivery Partner and Local Health Network
- Monash Health - LHN
- Peninsula Health - Service Delivery Partner and LHN
- Wellways - Service Delivery Partner
- Enliven - Service Delivery Partner

**Activity Milestone Details/Duration**

Activity Start Date

03/01/2019

Activity End Date

29/06/2027

Service Delivery Start Date

01/01/2019

Service Delivery End Date

30/06/2027

Other Relevant Milestones



Activity Commissioning

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

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

Is this activity being co-designed?

No

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

There will be no decommissioning in this Activity Work Plan, but all of our programs are subject to ongoing evaluation and review.

Co-design or co-commissioning comments

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

Yes



MH - 6 - MH6 2025 Accessible Psychological Interventions (API+) Complex



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

6

Activity Title *

MH6 2025 Accessible Psychological Interventions (API+) Complex

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description

Aim of Activity *

Provide access to more intensive psychological therapies to people with more complex needs.

Description of Activity *

Accessible Psychological Interventions + (API+) is designed to target people in the community who live with more complex issues and require more intensive psychological therapy. API+ 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

As a key service element of the Stepped Care Model, API+ services are flexible services intended to support people living with a mental health condition who will benefit from additional individual, family and/or group psychological interventions from Allied Health professionals. This also includes the use of telehealth which provides people with a choice of receiving psychological interventions via the use of an electronic platform.

API+ is delivered across the SEMPHN region by commissioned API providers and is available for priority population groups that are harder to reach or are under-serviced and cannot currently access Better Access or private psychological services.

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 SEMPHN's Access and Referral Service and forwarded to the API provider. Providers ensure each person is provided with a relevant service that includes interventions that match the person's presenting needs. Where providers identify needs that are best addressed by other components of the stepped model, operational processes are in place to refer people 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.

The Access and Referral Service facilitates referrals to the right providers across the SEMPHN region including the use of telehealth for delivering services. This approach ensures demand is appropriately managed, with different modalities for delivering psychological services offered to people to choose from. Telehealth is offered via the existing API service and connects people with psychological therapies they would otherwise not be able to receive.

SEMPHN Strategy 2023-2028: Path to Impact

Pillar 2: Consumer-focused healthcare

Pillar 3: Vibrant primary health services

Pillar 5: Innovation and system reform

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Provide psychological therapies for priority populations and/or underserved groups in identified LGAs of high prevalence (e.g. Frankston)	195



Activity Demographics

Target Population Cohort

API+ 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:

- People from a low socio-economic status
- Aboriginal and Torres Strait Islander people
- Asylum seekers and refugees
- People of diverse ethnicity and language groups
- Children and adolescents
- LGBTIQ+ 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 a mental health condition and alcohol and other drug abuse issues
- Culturally and linguistically diverse groups
- People experiencing family violence

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Stonnington - East	20804
Glen Eira	20802
Port Phillip	20605
Stonnington - West	20606
Kingston	20803
Bayside	20801
Cardinia	21201
Mornington Peninsula	21402
Dandenong	21204
Frankston	21401
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

Identified service design elements are at the core of this activity.

SEMPHN continues to collaborate and consult with stakeholders, consumers and carers as an ongoing function. 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.

The current model is based on a recommendation from the Mental Health Consumers, Carers and Consumer Advocates Forum and interviews that informed the design of the mental health stepped care model service elements. Broader service providers and stakeholder forums (with Local Health Network (LHN) and Department of Health, Victoria representation) were also delivered.

Consultation included the LHN and Department of Health, Victoria as well as mental health agencies that deliver services across the SEMPHN region, consumers and carers.

SEMPHN's Mental Health and Wellbeing Reference Group (sector and stakeholder representatives) have been engaged in discussion on the design, implementation and gaps evident between lower and higher intensity services.

Collaboration

Consultations were conducted with commissioned providers in 2020 to further understand the service delivery model and the

challenges presenting in the service. Findings from a recent SEMPHN Evaluation of the API program was also shared with providers which highlighted strengths and challenges in areas of the service.



Activity Milestone Details/Duration

Activity Start Date

28/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

30/06/2019

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Depending on outcomes, SEMPHN will explore opportunities to refine service elements within the Mental Health Stepped Care Model. This will be undertaken via ongoing program review, reporting, including submitted data and evaluation outcomes from existing commissioned providers, which will inform future decisions and directions.



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

There will be no decommissioning in this Activity Work Plan, but all programs are subject to ongoing evaluation and review.

Co-design or co-commissioning comments

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

Yes



MH - 7 - MH7 2025 Mental Health Integrated Complex Care



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

7

Activity Title *

MH7 2025 Mental Health Integrated Complex Care

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 4: Mental health services for people with severe and complex mental illness including care packages

Other Program Key Priority Area Description

Aim of Activity *

Provide comprehensive mental health services for people living with severe and complex mental health conditions through improved coordination of services over an extended period (6-12 months), with the aim of avoiding future hospitalisations and improving people’s social, personal and work-life function.

Description of Activity *

Mental Health Integrated Complex Care (MHICC) services are designed to be highly flexible in their structure and delivery, to support people living with severe mental health conditions and complex needs who require coordination of their care over an extended period (6-12 months). To match individual needs, services are focused on enabling, facilitating and coordinating delivery of a Consumer Care Plan.

MHICC services are delivered by mental health nurses, eligible mental health workers, social workers and occupational therapists, with providers required to work within the context of the SEMPHN Stepped Care Model:

- referrals are received through various avenues
- referrals are acknowledged and processed by SEMPHN's Access and Referral Service and forwarded to the applicable MHICC provider
- providers ensure people with complex mental health conditions are provided with a relevant service that includes interventions to match their presenting needs and goals.

Additionally, SEMPHN facilitates Communities of Practice, which supports providers to continuously improve service delivery as well as service access. This ensures people continue to receive service elements matched to meet their changing needs.

Given the demand in the region from people with more severe and complex mental health issues, funding for Priority area 4 for MHICC services is partly funded by Priority areas 1 and 3.

SEMPHN Strategy 2023-2028: Path to Impact
Pillar 1: Population health and service demand
Pillar 2: Consumer-focused healthcare
Pillar 3: Vibrant primary health services

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Improve MH services for people with severe and complex MH needs	195



Activity Demographics

Target Population Cohort

The MHICC target population cohort is for consumers:

- who are diagnosed with a mental illness
- where the mental health condition significantly impacts the persons social, personal and work life functioning
- who 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 health condition
- who have complex needs.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Stonnington - East	20804
Glen Eira	20802
Port Phillip	20605
Stonnington - West	20606
Kingston	20803
Bayside	20801
Cardinia	21201
Mornington Peninsula	21402
Dandenong	21204
Frankston	21401
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

SEMPHN continues to collaborate and consult with stakeholders, consumers and carers as an ongoing function which includes the Department of Health, Victoria and Local Health Networks (LHNs), as well as mental health agencies that deliver services across the SEMPHN region, 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.

The current model is based on recommendations from a Mental Health Consumers, Carers and Consumer Advocates Forum and from interviews that informed the design of the mental health stepped care model service elements. Broader service providers and stakeholder forums (with LHN and Department of Health, Victoria representation) were also delivered.

Ongoing monthly Communities of Practice Forums facilitate the sharing of learnings, outcomes and new processes for SEMPHN's MHICC providers.

SEMPHN's Mental Health and Wellbeing Reference Group (sector and stakeholder representatives) have been engaged in discussion on the design, implementation and gaps evident between lower and higher intensity services.

Collaboration

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.

Ongoing monthly Communities of Practice Forums facilitate the sharing of learnings, outcomes and new processes for SEMPHN's MHICC providers

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.



Activity Milestone Details/Duration

Activity Start Date

28/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

01/11/2017

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Depending on outcomes, SEMPHN will explore opportunities to refine service elements within the Mental Health Stepped Care Model. This will be undertaken via ongoing program review, reporting, and submitted data and evaluation outcomes from existing commissioned providers which will inform future decisions and directions.



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

There will be no decommissioning in this Activity Work Plan, but all of our programs are subject to ongoing evaluation and review.

Co-design or co-commissioning comments

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

Yes



MH - 8 - MH8 2025 Community-based Suicide Prevention Activities



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

8

Activity Title *

MH8 2025 Community-based Suicide Prevention Activities

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

Other Program Key Priority Area Description

Aim of Activity *

Reduce regional suicide rates by improving pathways to services for people living with or at risk of developing a mental health condition and/or suicide, and the provision of prevention, intervention and postvention activities in order to reduce distress associated with suicide and suicidal ideation. Increase the efficiency and effectiveness of suicide prevention activities in partnership with state governments, General Practitioners (GPs), non-government organisations, and other related services, organisations, and providers.

Description of Activity *

SEMPHN is using a community-led-systems-based approach to suicide prevention in the region, integrating prevention, intervention and postvention strategies to reduce suicide risk and distress. Targeted Regional Initiatives for Suicide Prevention (TRISP) forms part of these broader efforts, alongside other activities that address key risk factors and enhance community resilience.

Key objectives are structured around three key stages: prevention, intervention and postvention.

Programs are intended to:

- enhance care coordination for individuals at risk
- provide diverse support services tailored to community needs

- strengthen workforce capacity to deliver evidence-based interventions
- embed lived experience expertise into service design and delivery.

Commissioned services are expected to:

- implement evidence-based best practices in suicide prevention, intervention and postvention
- collaborate with system services and stakeholders across the SEMPHN region
- ensure culturally safe and responsive practices, particular for priority populations, including Aboriginal and Torres Strait Islander
- comply with clinical and operational governance standards to maintain high quality care.

All existing contracts were assessed against this framework with several contracts to be decommissioned as of 30 June 2025. There will be no break in suicide prevention service across the SEMPHN region with commissioning underway to identify additional providers to commence from 1 July 2025.

SEMPHN Strategy 2023-2028: Path to Impact
 Pillar 1: Population health and service demand
 Pillar 2: Consumer-focused healthcare
 Pillar 3: Vibrant primary health services
 Pillar 4: Innovation and system reform

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Improve knowledge and capacity of service providers and consumers to engage with and navigate the service system	196
Implement the regional plan for MH and suicide prevention	196



Activity Demographics

Target Population Cohort

- People living with or at risk of developing a mental health condition and/or suicide
- People bereaved by suicide
- Organisations and services within SEMPHN region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Stonnington - East	20804
Glen Eira	20802
Port Phillip	20605
Stonnington - West	20606
Kingston	20803
Bayside	20801
Cardinia	21201
Mornington Peninsula	21402
Dandenong	21204
Frankston	21401
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

SEMPHN consults with local community organisations, service providers and peak bodies as part of developing programs since the Victorian place-based trial ended.

Collaboration

SEMPHN works collaboratively with commissioned providers to continuously learn from the experience of providers with a view to refining services service models and strengthen efforts to reduce suicide and self-harm.

Ongoing collaboration occurs with local community organisations and service providers.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2027

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: Yes

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Limited to no impact on the public will be experienced during the decommissioning process. Most decommissioned providers are either community based or deliver training.

Co-design or co-commissioning comments

No

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

No

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



MH - 11 - MH11 2025 Aboriginal and Torres Strait Islander Mental Health Services



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

11

Activity Title *

MH11 2025 Aboriginal and Torres Strait Islander Mental Health Services

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 6: Aboriginal and Torres Strait Islander mental health services

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

Enhance access and better integrate Aboriginal and Torres Strait Islander mental health services at a local level by facilitating a joint approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services.

Description of Activity *

Commissioned activities have been designed to deliver integrated, culturally appropriate and safe mental health services while strengthening community service links. SEMPHN also works 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 and Torres Strait Islander community living within the region.

Services deliver trauma informed care, psychological/nursing services, low intensity services, social and emotional wellbeing support and targeted mental health support to ensure individual needs are addressed, enabling links and referral pathways. Furthermore, work with current governance arrangements and partnerships aims to support change at a broader systems level.

The following commissioned activities are focused on youth:

- improving access to integrated pathways
- assertive outreach for socially isolated and disengaged youth.

Youth specific activities continue to be delivered with a focus on improving outcomes for socially isolated and disengaged youth through integrated pathways. SEMPHN’s integrated pathways activity has been expanded to Mornington Peninsula and the Casey following the successful pathways model pilot initially carried out in the Frankston Local Government Area (LGA). The model continues to reflect the mental health and cultural healing needs of the local Aboriginal and Torres Strait Islander community and applies flexible models of care that aim to strengthen the cultural identity and wellbeing of youth.

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 Integrated Team Care (ITC) program and ensuring integration with Local Health Networks (LHNs), and Alcohol and Other Drugs (AOD) providers. There is also a focus on reducing self-harm, emergency department attendances and hospital admissions.

SEMPHN Strategy 2023-2028: Path to Impact
 Pillar 2: Consumer-focused healthcare
 Pillar 3: Vibrant primary health services

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Improve pathways for young people navigating the MH system	199
Deliver First Nations MH services as per expected outcomes	195
Increase support for young people requiring MH support for severe and complex mental illness	194



Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander youth within the SEMPHN region.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The headspace team supports young people using a First Nations youth mental health team. This program supports First Nations youth in the LGAs of greatest need in the SEMPHN region.

Coverage

Whole Region

No

SA3 Name	SA3 Code
Mornington Peninsula	21402
Frankston	21401
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

SEMPHN will continue to collaborate and consult as an ongoing function and will consult with the following:

- Aboriginal and Torres Strait Islander people
- Aboriginal and Torres Strait Islander agencies that currently deliver community and health services within the SEMPHN region
- Aboriginal Community Controlled Health (ACCHOS)
- LHNs
- Primary Care Partnerships (PCPs)
- General Practice

Collaboration

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 that are delivered in a culturally safe way and environment.

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.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2020

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Depending on outcomes, SEMPHN will explore opportunities to refine service elements within the Mental Health Stepped Care Model. This will be undertaken via ongoing program review, reporting, submitted data and evaluation outcomes from existing commissioned providers which will inform future decisions and directions.

Coverage for activities includes:

- Frankston
- Mornington Peninsula
- Casey.



Activity Commissioning

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

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

Is this activity being co-designed?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

There will be no decommissioning in this Activity Work Plan, but all of our programs are subject to ongoing evaluation and review.

Co-design or co-commissioning comments

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

Yes



MH - 12 - MH12 2025 Mental Health System Integration



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

12

Activity Title *

MH12 2025 Mental Health System Integration

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Other Program Key Priority Area Description

Aim of Activity *

The Access and Referral Service facilitates the referral of people to the right mental health and alcohol and other drug use service in the SEMPHN region including telehealth and face to face appointments.

Description of Activity *

The Access and Referral phone service (or Service Integration) plays an important role in ensuring consumers and stakeholders navigate pathways through the mental health service system. The Access and Referral phone service is person-centred adopting a 'no-wrong door approach' with multiple possible entry points. The Initial Assessment and Referral Decision Support Tool (IAR-DST) is completed for interactions with people involving a referral. The phone service aims to identify a range of possible options and pathways for each caller depending on the person's mental health challenges in relation to the Stepped Care Model. This approach seeks to ensure consumers access the rights service at the right time, to best meet their needs in the most efficient and seamless manner.

A core function of this service includes liaising with community organisations and commissioned providers to support consumers through their recovery journey. This includes supporting people re-entering the service system in a way that is aligned to their individual needs.

The service also provides guidance and information to a range of stakeholders that contact the service with general inquiries

regarding community health and welfare supports.

SEMPHN has noted against the Assessment and Referral (IAR) Training and Support Officer activity (MH-21) that it proposes using an underspend to upgrade and enhance integration of its existing downloadable mental health referral form. The approach identified is intended to increase the use of the IAR-DST across General Practitioners and others, and will assist the System Integration team to capture increased identification and notification of consumers at high risk of suicide and other poor outcomes in a consistent and systematic manner. More information can be found against activity MH-21.

Data is reported to the PMHC MDS, in accordance with the national service model for the assessment and referral phone service.

SEMPHN Strategy 2023-2028: Path to Impact
SEMPHN Strategy 2023-2028: Path to Impact
Pillar 1: Population health and service demand
Pillar 2: Consumer-focused healthcare
Pillar 3: Vibrant primary health services
Pillar 4: Innovation and system reform

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Ease the pressure on hospitals and EDs	193
Improve coordination/ integration of psychosocial support services	198
Undertake service mapping of psychosocial support services	198
Support consumers who require access to multiple concurrent services within the Stepped Care Model	198
Identify opportunities to improve access to primary care for communities with high rates of potentially preventable hospitalisations (PPHs)	192



Activity Demographics

Target Population Cohort

People with mental illness and their natural supports.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Stonnington - East	20804
Glen Eira	20802
Port Phillip	20605
Stonnington - West	20606
Kingston	20803
Bayside	20801
Cardinia	21201
Mornington Peninsula	21402
Dandenong	21204
Frankston	21401
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

SEMPHN will continue to collaborate and consult with stakeholders, consumers and carers as an ongoing function.

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 Local Health Network (LHN) and Department of Health, Victoria representation) were also delivered.

Ongoing Communities of Practice forums facilitate the sharing of learnings, outcomes and new processes across Head to Health, Accessible Psychological Interventions (API), Mental Health Integrated Complex Care (MHICC) and low intensity providers.

Collaboration

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.

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.

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 region.

SEMPHN will work with the Victorian and Tasmanian Primary Health Network Alliance (VTPHNA) Design and Discovery Project

team to collaborate on a shared vision and possible redesign of the Victorian Service Navigation System service model.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2027

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

No

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Not applicable.

Co-design or co-commissioning comments

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

Yes



MH - 21 - MH21 2025 Assessment and Referral (IAR) Training and Support Officer



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

21

Activity Title *

MH21 2025 Assessment and Referral (IAR) Training and Support Officer

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

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

Train General Practitioners (GPs) and clinicians using the stepped care model to use the Initial Assessment and Referral Decision Support Tool (IAR-DST) and Guidance documentation to select the least intensive level of care for a person presenting for mental health assistance.

Description of Activity *

People seeking mental health support may present with a range of interrelated factors that can make it challenging to determine the most appropriate level of stepped care. The IAR-DST is focused on guiding initial assessment and supporting informed decisions about suitable and appropriate treatment choices/options (finding the right service type and intensity). It provides a standardised, evidence-based, and objective approach to assist with mental health care recommendations and contributes to achieving nationally consistent levels of care for people presenting with similar conditions.

The IAR-DST is an initiative of the Commonwealth Department of Health, Disability and Ageing (the Department) and brings together information from a range of sources including Australian and international evidence and advice from a range of leading experts. The IAR-DST is designed to assist the various parties involved in the assessment and referral process, including:

- GPs and other clinicians seeking to determine the most appropriate care type and intensity for individuals
- commissioned providers, intake teams and PHNs (Primary Health Networks) responsible for undertaking initial assessments which may involve making recommendations on the level of care required.

SEMPHN's Training Support Officer (TSO) trained GPs and the mental health workforce in the use of the IAR DST to enable a common referral tool to be used in the primary care setting. As a part of their role the TSO:

- delivered training to GPs and General Practice staff, Victorian State funded Adult Mental Health Centres, and Child Head to Health (Locals) staff, Aboriginal Medical Services, providers commissioned by SEMPHN, and mental health staff at Local Health Networks (LHNs)
- provided training and ongoing support via multiple channels including online, telephone, and videoconference to meet practitioner needs
- attended training with the National Project Manager (NPM) to build capability and confidence in using the IAR-DST, facilitating training and supporting GPs to implement the IAR
- is familiar with the IAR-DST and related Guidance documentation that comprises the Guidance document, Implementation Toolkit and the IAR-DST and is able to assist clinicians to navigate and use these resources in practice
- contributed to the ongoing development and improvement of the training materials developed by the NPM
- attended monthly meetings with the Department and/or the NPM to provide reporting updates on numbers trained, to share enablers and discuss any barriers encountered.

SEMPHN provided advice to the Department in June 2025 that it proposes using its underspend to upgrade and enhance integration of its existing downloadable mental health referral form. If approved, the IAR-DST will be embedded in a new web-based referral and access form, available to all referrers including General Practitioners. Support for usage of the new form will be provided through SEMPHN's Access and Referral Team (AWP MH-12 Service Integration) with nationally approved IAR DST training available to users.

This approach will assist with increased use of the IAR-DST, as well as improve the accuracy and consistency of referrals. Embedding the IAR-DST into the referral form also aims to capture increased identification and notification of consumers at high risk of suicide and other poor outcomes in a consistent and systematic manner.

SEMPHN Strategy 2023-2028: Path to Impact

Pillar 3: Vibrant primary health services

Pillar 5: Innovation and system reform

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Provide better coordination/integration of MH support services between health and non-health sectors	196
Improve MH service utilisation in LGAs with elevated level of needs (e.g. Greater Dandenong and Casey)	197
Increase support for consumers in need of low-intensity MH services	194



Activity Demographics

Target Population Cohort

- GPs and mental health clinicians in their networks who need to refer into mental health services
- Funded mental health providers
- State funded Adult Mental Health Centres.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Collaboration

SEMPHN works in close collaboration with PHNs in the governance and delivery of this initiative to ensure knowledge sharing and consistency in the training delivered.

SEMPHN is providing training to the new State-funded Local Services teams, to ensure the system of care is connected and cohesive.



Activity Milestone Details/Duration

Activity Start Date

21/03/2022

Activity End Date

29/06/2025

Service Delivery Start Date

01/03/2022

Service Delivery End Date

30/06/2025

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

Yes

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

SEMPHN has been collaborating and knowledge sharing with other PHN's about the implementation of the TSO role. This is expected to be an ongoing process to enable the newly employed TSO's across the PHN's to network together and build capacity.

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

No



MH - 22 - MH22 2025 Assessment and Referral (IAR) GP payments



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

22

Activity Title *

MH22 2025 Assessment and Referral (IAR) GP payments

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

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

Reimburse General Practitioners (GPs) for attendance at the full Initial Assessment and Referral (IAR) training.

Description of Activity *

People seeking mental health support may present with a range of interrelated factors that can make it challenging to determine the most appropriate level of stepped care. The IAR Decision Support Tool (IAR- DST) is focused on guiding initial assessment and supporting informed decisions about suitable and appropriate treatment choices/options (finding the right service type and intensity). It provides a standardised, evidence-based, and objective approach to assist with mental health care recommendations and contributes to achieving nationally consistent levels of care for people presenting with similar conditions.

SEMPHN's IAR Training Support Officer (TSO) maintained records of GP attendance at each training session, ensured the training was completed, and provided updates to the Department of Health, Disability and Ageing at monthly meetings. IAR TSOs provided quarterly reports to the Department of how many GPs had been trained and remunerated and how many were booked in for future training.

SEMPHN Strategy 2023-2028: Path to Impact

Pillar 3: Vibrant primary health services

Pillar 5: Innovation and system reform

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Provide better coordination/integration of MH support services between health and non-health sectors	196
Improve MH service utilisation in LGAs with elevated level of needs (e.g. Greater Dandenong and Casey)	197
Increase support for consumers in need of low-intensity MH services	194



Activity Demographics

Target Population Cohort

- GPs and clinicians in their networks who need to refer into mental health services
- Funded mental health providers
- Adult Mental Health Centres.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Collaboration

SEMPHN worked in very close collaboration with Primary Health Networks (PHNs) in the governance and delivery of this role to ensure knowledge sharing and consistency in the training delivered as well as ensuring relevant linkages and relationship with the IAR team in DoHAC.

SEMPHN shared learnings from the establishment of the payment procedures with other IAR TSOs.

SEMPHN shares learnings from the establishment of the payment procedures with other IAR TSOs.



Activity Milestone Details/Duration

Activity Start Date

19/03/2022

Activity End Date

29/06/2025

Service Delivery Start Date

01/03/2022

Service Delivery End Date

30./06/2025

Other Relevant Milestones

21 March 2022 – commencement of TSO with SEMPHN.



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

Yes



MH - 23 - MH23 2025 Targeted Regional Initiatives for Suicide Prevention



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

23

Activity Title *

MH23 2025 Targeted Regional Initiatives for Suicide Prevention

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

Other Program Key Priority Area Description

Aim of Activity *

Deliver a community-led and systems-based approach (utilising models such as Lifespan and the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSI SPEP)) to suicide prevention targeting populations identified at risk of suicide or suicidal distress. A full-time Regional Suicide Prevention Response Lead (RSPRL) is leading this work.

Description of Activity *

SEMPHN is using a community-led-systems-based approach to suicide prevention, integrating prevention, intervention and postvention strategies to reduce suicide risk and distress. Targeted Regional Initiatives for Suicide Prevention (TRISP) forms an important part of these broader efforts, alongside other activities that address key risk factors and enhancing community resilience. Additional information regarding the development of a new suicide prevention framework, the assessment of existing commissioning against that framework, new commissioning and its commencement on 1 July 2025 can be found at MH-8 Community-based Suicide Prevention Activities.

SEMPHN's Regional Suicide Prevention Regional Lead (RSPRL) has primary responsibility for engaging, coordinating and integration of early intervention and suicide prevention activities across regional stakeholders and service providers. A regional collaborative committee is in place as well as significant relationships and networking with regional stakeholders and service providers.

The existing Action Plan developed by the committee is being refined and updated in recognition of changes to membership, the

broad range of interventions already undertaken across 2023-2025 and community needs. Interventions that have already taken place include community and place-based programs, culturally responsive training and initiatives, prevention-focussed training, health professional capacity building, postvention resources and coordination, and gatekeeper and lived experience-informed programs.

The emerging focus of interventions is to build community capacity to respond and support people impacted by suicide by:

- strengthening community-based education for prevention and early intervention. Tailored suicide prevention training and awareness is to be expanded across local education settings, community groups, sporting and social clubs, and wellbeing teams. Engagement with older adults, CALD communities and populations not typically reached by client services will be prioritised
- building strategic engagement with General Practitioners and primary care providers: reinvigorate engagement through accessible, practical training and resource sharing such as resources available on the General Practice Mental Health Standards Collaboration (GPMHS) website
- partnering with Councils to map and support local protective activities. SEMPHN is scoping a champion model intended to boost the capacity and confidence of community leaders (eg sporting clubs, religious and volunteer organisations) to support and train other leaders and membership
- enhancing support through commissioned suicide prevention services--see MH-8 for additional detail regarding commissioning.

The ongoing work of the RSPRL includes:

- national collaboration: strengthening peer support, knowledge sharing and access to national resources through monthly engagement with Suicide Prevention Regional Response Coordinators and PHN Suicide Prevention Leads via Black Dog Institute forums
- Victorian & Tasmanian PHN Alliance (VTPHNA) engagement: bringing SEMPHN’s leadership in system integration and local innovation to the national discussion on mental health reform and the importance of PHNs in community wellbeing
- Black Dog Institute Suicide Prevention Network: ongoing participation in this important national Community of Practice facilitates systems-based learning and collaboration across sectors to reduce suicide rates and builds professional capacity
- lived experience integration: embedding lived and living experience voices are in suicide prevention planning and delivery through active engagement with the South Eastern Suicide Prevention Network and collaboration with Suicide Prevention Australia’s Lived Experience Advisory Committee ensures that
- Place-Based Suicide Prevention Trials (PBSPT): continuing to embed the PBSPT outcomes of resilience and help-seeking through place-based, community-driven approaches that integrate lived experience and cross-sector collaboration.

- SEMPHN Strategy 2023-2028: Path to Impact
- Pillar 1: Population health and service demand
 - Pillar 2: Consumer-focused healthcare
 - Pillar 3: Vibrant primary health services
 - Pillar 4: Innovation and system reform
 - Pillar 5: Excellence and sustainability

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Improve knowledge and capacity of service providers and consumers to engage with and navigate the service system	196
Focus on sustaining the outcomes of the Suicide Prevention Place-based Trials	199



Activity Demographics

Target Population Cohort

People affected by suicide.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Ongoing consultation with stakeholders and the local community that contribute to suicide prevention programs and initiatives provides background knowledge to the development of this regional initiative.

Collaboration

The development of a collaborative committee of regional stakeholders to inform regional activities, and awareness of emerging community needs. Collaboration with Victorian and Tasmanian Primary Health Networks related to the regional collaborative committee and suicide prevention activities and trends. Participation in the Regional Coordination Connect meetings, hosted by the Black Dog Institute, which focusses on exploring and educating PHN coordinators with respect to suicidality.

SEMPHN works collaboratively with commissioned providers to continuously learn from the experience of providers with a view to refining services service models and strengthen efforts to reduce suicide and self-harm.



Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2026

Service Delivery Start Date

13/02/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: Yes

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

No

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

No

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

Decommissioning

Yes

Decommissioning details?

All suicide prevention contracts were assessed against the framework noted in the Description with several decommissioned as of 30 June 2025. There was limited to no impact on the public during decommissioning as most providers were either community-based or delivered training.

Co-design or co-commissioning comments

No

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

Yes



MH - 24 - MH24 2025 Gaza conflict supports



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

24

Activity Title *

MH24 2025 Gaza conflict supports

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

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

Support communities (Israeli/Jewish) affected by conflict in the Middle East.

Description of Activity *

SEMPHN commissioned a provider to deliver targeted mental health and community well-being supports to address psychological harm and community distress caused by the Gaza conflict. The provider employed two positions to culturally meet the needs of the impacted cohort in the community who are disproportionately impacted by the conflict.

There are two core service elements:

1. Service Navigation: trauma-informed mental health support, case management, service coordination and support navigation with additional in-kind psychosocial supports including links to housing, employment, family violence, and disability support.
2. Community Engagement: community consultations to understand and identify community need. The outcomes and findings will be used to develop a plan for mental health promotion education, training, and resources.

The service related to this activity ceased 30 June 2025 as a result of funding ending on that date. Additional funding has been confirmed with service to recommence on receipt of additional funding.

SEMPHN Strategy 2023-2028: Path to Impact

Pillar 2: Consumer-focused healthcare
Pillar 3: Vibrant primary health services
Pillar 5: Innovation and system reform

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Improve knowledge and capacity of service providers and consumers to engage with and navigate the service system	196
Increase cultural appropriateness of primary healthcare services for priority populations	204
Provide psychological therapies for priority populations and/or underserved groups in identified LGAs of high prevalence (e.g. Frankston)	195



Activity Demographics

Target Population Cohort

Members of Jewish/Israeli community who live and/or work in Victoria with identified impacts associated with the Gaza conflict.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

SEMPHN commissioned a preferred provider after conducting community consultation and engaging with key community organisations through a focus group. The provider's breadth of community services, including mental health, and their service coverage (services can be provided to Jewish and Israeli people across all Melbourne metropolitan areas with possible coverage of remote/rural areas in Victoria as well). The provider's linkages with other community organisations also make them an ideal candidate to deliver this initiative.

Collaboration

SEMPHN collaborated with North Western Melbourne Primary Health Network (NWMPHN) to provide support across the two regions and services to communities across Melbourne. SEMPHN will predominantly focus on the Israeli/Jewish population; NWMPHN will focus on the Arabic/Muslim population. A Memorandum of Understanding has been developed to set out the purpose, roles and responsibilities of the two PHNs.



Activity Milestone Details/Duration

Activity Start Date

23/03/2024

Activity End Date

29/06/2025

Service Delivery Start Date

16/04/2025

Service Delivery End Date

30/06/2025

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

Yes

Decommissioning details?

The service related to this activity ceased 30 June 2025 as a result of the funding ending on that date. Additional funding has been confirmed with service is expected to recommence on receipt of additional funding.

Co-design or co-commissioning comments

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

Yes

