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

MH-CTP - 1 - North Coast Creative Therapies Pilot

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-CTP

Activity Number *

1

Activity Title *

North Coast Creative Therapies Pilot

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Mental Health

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to improve access to creative arts and music therapy, through ANZACATA and AMTA approved creative therapies practitioners, for people with moderate to severe mental health challenges. The North Coast Creative Therapies Pilot will explore the potential impact of these therapies and generate early evidence—both qualitative and quantitative—on their demand and effectiveness in the Australian context.

Description of Activity *

Healthy North Coast (HNC) will deliver the Creative Therapies Pilot across the North Coast region, with the aim of providing participants with a therapeutic option to facilitate emotional expression and develop regulation skills in a non-judgemental and safe environment, enhancing clinical and functional improvement outcomes.

The North Coast Creative Therapies Program will have two distinct service models, targeting interventions to specific cohorts, to support broader evaluation efficacy testing, and to inform future funding direction.
The two distinct models are:
1. Long term engagement with psychological therapies, with no significant improvement
Model 1 is integrated with the Medicare Mental Health phone service. During intake and assessment, individuals assessed as level of care 3 or 4 are offered a combination of interventions, including creative therapies.
HNC has sub-contracted a range of ANZACATA and AMT accredited creative therapies practitioners to support intervention across the North Coast region. Interventions are delivered via a co-designed model of 7 individual service contacts, followed by 3 group service contacts. Individuals have the option to complete all service contacts as individual, with a total of 10 service contacts per episode of care. Service contacts are delivered at practitioners' clinics, or via arrangements with community-based organisations through co-location agreements.
2. Aboriginal-led model for people experiencing low social and emotional wellbeing.
Model 2 is being delivered in collaboration with participating Aboriginal Community Controlled Health Organisations (ACCHOs) and creative therapists through a co-design approach.
Creative therapies practitioners operate from ACHHO facilities or an agreed community location or facility. Sessions provided include individual and or group sessions. The service contacts in an episode of care will be based on the preferences of the ACCHO and alignment with existing social and emotional wellbeing models of care. Delivery of interventions may also include working in collaboration with an Aboriginal cultural therapist from the Nation of the ACCHO.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024/25 - 20206/27

Priorities

Priority	Page reference
Improve mental health outcomes for consumers in the 'missing middle', who require higher level of care than available in primary mental health care services, but lower than tertiary level care	143
Improve access to primary mental healthcare services	143
Explore opportunities to improve mental health and reduce alcohol and other drugs use in Aboriginal communities	141
Enhance access to mental health services and reduce wait times, particularly for psychological therapies, to alleviate mental health issues	142



Activity Demographics

Target Population Cohort

People in long term engagement with psychological therapies, with no significant improvement.
Aboriginal and Torres Strait Islander people experiencing low social and emotional wellbeing.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Service model two is directly delivering services through ANZACATA or AMTA accredited creative therapies providers to Aboriginal and/or Torres Strait Islander people engaged in SEWB programs at the 6 Aboriginal Community Controlled Health Organisations across our region. The pilot is co-design with our ACCHO partners, to ensure the service is tailored to local needs.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

HNC will consult with AMTA and ANZACATA providers across the region, ensuring service model sits within preferred mode of delivery and aligns with centralised Medicare Mental Health Phone Service referral pathways.

Collaboration

Internal stakeholders, which includes program managers, mental health professionals, and other staff responsible for service delivery. This will ensure that everyone involved in the program is aligned.
HNC will work collaboratively with our leadership team and the Department to ensure the program is delivered in alignment with the aims and objectives of the funding.
External stakeholders will include people with lived experience, primary care providers, our partners (LHDs and ACCHOs) and NGOs who deliver a range of mental health, suicide prevention, AZACATA and AMTA accredited practitioners, psychosocial supports and drug and alcohol treatment services to the community, and in particular to the target population of people living with moderate to severe mental ill-health.



Activity Milestone Details/Duration

Activity Start Date

01/07/2025

Activity End Date

30/06/2027

Service Delivery Start Date

01/09/2025

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: Yes
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

Yes

Decommissioning details?

Funding for North Coast Creative Therapies is under the Creative Therapies Pilot, with time limited funding. HNC will work with sub-contracted creative therapies practitioners to plan for transition and decommissioning as funding ends 30/06/2027.

Co-design or co-commissioning comments

MH-H2H - 1 - Medicare Mental Health Intake and Assessment Phone Service

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-H2H

Activity Number *

1

Activity Title *

Medicare Mental Health 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 *

Establish and operate an intake and assessment phone service as an entry point for accessing mental health services in our region. Healthy North Coast will act as the commissioning lead agency for the Medicare Mental Health Intake and Assessment phone service and will work collaboratively with 7 other NSW based PHNs to deliver the service, in accordance with the service model and guidance documents provided by the Department.

Description of Activity *

Healthy North Coast will act as the lead site to commission a provider to deliver the Medicare Mental Health IA Hub via a centralised telephony hub, known as the Future State model, on behalf of the eight participating NSW PHNs. The IA Hub will remain the single point of contact for consumers moving through the service. In accordance with the Medicare Mental Health national service model, the Medicare Mental Health program is intended to complement, not replace or duplicate, other intake systems already provided in the community. The Provider will adopt the following approach:

a. Person-centred care based on need.
b. Acting locally – a regional approach to service planning and integration.
c. Delivering services within a stepped care approach to better target services to meet needs.
d. Effective early intervention across the lifespan and across the care continuum – shifting the balance to provide the right care when it is needed.
e. Strengthening state and national collaboration – facilitating systemic change at all levels and promoting the partnerships

needed to secure enduring reforms.

The Provider will deliver the Medicare Mental Health IA Hub in accordance with the National service model for Medicare Mental Health phone service.

Medicare Mental Health phone service provides a free, easy entry point into and between mental health services. The Primary Health Networks will deliver the phone services to meet the local needs and the core features of the national service model. The NSW future state model is delivered in partnership with the following Primary Health Networks:
North Coast
Central Eastern Sydney
Coordinare
Hunter New England Central Coast
Murrumbidgee
South Western Sydney
Western NSW
Went West
North Sydney

As per Medicare Mental Health phone service model, Healthy North Coast will establish a Referral Spoke Service within the North Coast region to integrate with the centralised Medicare Mental Health IA Hub, offering seamless localised care pathways for consumers. The Referral Spoke service will maintain up to date information on local services, eligibility, wait times, level of care information and service requirements, to support connection to the right care by the right team and at the right time.
The Referral Spoke Model will:
• be adapted to localised need and community based.
• Staff will be based in the Primary Health Network region, with a Clinical Lead and Referral Coordinator employed by Healthy North Coast to build service directory information and deeply understand existing region-based challenges and the service landscape to support the provision of effective referrals.
• Maintain recovery-oriented practice by providing IA hubs with comprehensive information and advice on care pathways to enable consumers to have choice about their care and make informed decisions on the best pathways for care.
• Engagement in collaborative continuous improvement with the IA hub.
• The Referral Spoke will align with the principles of the Gayaa Dhuwi (proud spirit) declaration.
• The Referral Spoke and IA Hub will adhere to appropriate clinical governance, safety and quality frameworks and provide appropriate ongoing support, supervision, and training for all staff.

Activity concluded May 2026
Healthy North Coast and Country to Coast QLD are delivering the Medicare Mental Health National Communications Campaign, by working collaboratively with the Department, the PHN network across Australia, to further increase the Australian community's awareness, use and adoption of Head to Health services.
Communication activities are aimed at building awareness of Medicare Mental Health services, with a particular focus on the following population groups:
• GPs, community based clinicians and health professions
• Peak bodies – Lifeline, Beyond Blue etc.
• State and Territory based health services
• Adults Australians aged over 25 years, with moderate to severe mental health concerns
• Populations located within the catchment region of established or establishing Head to Health centres/satellites
• Priority populations including:
o Aboriginal and Torres Strait Islander people
o Culturally and Linguistically Diverse (CALD) people
o Family, carers and partners of adults with a mental health concern
Activities will include:
• working with the department to develop and finalise a targeted communications campaign
• delivering a national media buy (social media, radio, physical advertisement etc – as agreed with the department)
• developing materials for PHNs (this may include updating the departments current stakeholder kits, community resource e-kits and social media materials and other resources).

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024/25 - 20206/27

Priorities

Priority	Page reference
Improve timely access for people experiencing mental illness and psychological distress to consistent, quality community-based mental health support that is tailored to their needs	148
Deliver mental health services by the appropriate modality of care and mode of contact to meet the needs of the client	148
Improve health literacy and wayfinding to facilitate access to the right services at the right time and engagement in preventative health behaviours	146
Improve access to primary mental healthcare services	143
Enhance the understanding of telehealth services for people in the North Coast	142
Enhance access to mental health services and reduce wait times, particularly for psychological therapies, to alleviate mental health issues	142



Activity Demographics

Target Population Cohort

Whole population

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Healthy North Coast works collaboratively with key stakeholders from planning to implementation and monitoring of commissioned activity.

Collaboration

Healthy North Coast will work collaboratively with the commissioned service provider, Primary Health Networks, Local Health Districts and the 8 other NSW regions delivering the Medicare Mental Health phone service under this funding.

Activity Milestone Details/Duration

Activity Start Date

01/07/2022

Activity End Date

30/06/2027

Service Delivery Start Date

1/07/2022

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: Yes
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: Yes
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?

Yes

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

Yes

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

The Future State model was collaboratively designed by NSW PHNs in 2022.
Healthy North Coast is working directly with the commissioned provider to ensure services meet the needs of all invested parties and care is received that is of high quality and aligned to service model specifications included in the Commonwealth Medicare Mental Health phone service model.

Consumers provide feedback through consumer experience surveys for the Medicare Mental Health phone service. Under the national communications campaign, Healthy North Coast and Country to Coast QLD worked with PHNs, people with lived and living experience to inform the approach, design and delivery of the communications campaign.

MH - 1 - Low Intensity mental health services

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1

Activity Title *

Low Intensity mental health services

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 1: Low intensity mental health services

Other Program Key Priority Area Description

Aim of Activity *

The Activity aims to enable people (aged 16 years and over) experiencing low levels of anxiety and or depression to access counselling and support appropriate to their level of need.

Description of Activity *

The Primary Mental Health Program will be delivered as a multidisciplinary, person centred, no-wrong-door hub & spoke model of care. The service will provide mental health and community health services to the Healthy North Coast Limited (HNCL) region addressing the social and cultural determinants of health along the stepped model of care.
The service will ensure a streamlined approach to phone and internet-based enquiries, ensuring support to link to the IAR service (and other Intake and access teams e.g. tertiary mental health, headspace) therefore facilitating region-wide coordination of need.
The Initial Assessment and identification of need will be guided by the Intake Assessment and Referral Decision Support Tool which all staff conducting assessments will be trained in providing. Where possible, the flow from needs and goals identification to assessment will be an on-the-spot warm transition, either to hub partners, or to in-house Primary Mental Health Program partners, using a standardised cross-program assessment. Where on-the-spot assessment is not able to commence in an integrated continuous fashion, the client will leave the hub with their assessment session booked at the indicated service and a warm referral completed.
The Primary Mental Health Program will adopt a cross-program goal setting process that recognises and empowers individuals as experts in their own experience. This is a process through which staff and clients work together, to collaboratively set goals,

establish priorities and develop strategies to achieve positive and meaningful outcomes for clients.

Low Intensity Mental Health Service
Description of Service
Low Intensity mental health services aim to increase overall community access to evidence based psychological intervention for people with, or at risk of, mild mental illness who do not require the traditional services provided through existing primary mental health care intervention pathways.
The purpose of this activity is to increase access to low intensity psychological interventions for people in North Coast communities to support their positive mental health where a low intensity service is deemed to be appropriate for their level of need.
Model of Care
Clients will be supported to reach their recovery goals and successfully maintain or achieve their independence from continued support services.
The Provider will deliver the following evidence based interventions:
• Psychoeducation
• Cognitive Behavioural Therapy
• Relaxation Strategies
• Skills Training
• Interpersonal Therapy
• Narrative Therapy
This program was decommissioned by 30 June 2026 aligned with funding reduction for the National Early Intervention Service.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024/25 - 20206/27

Priorities

Priority	Page reference
Explore opportunities to support people experiencing anxiety	149
Improve timely access for people experiencing mental illness and psychological distress to consistent, quality community-based mental health support that is tailored to their needs	148
Deliver mental health services by the appropriate modality of care and mode of contact to meet the needs of the client	148



Activity Demographics

Target Population Cohort

People (aged 16yrs and over) experiencing low levels of anxiety and or depression.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The approach to service models and subsequent commissioning activity was led by the outcomes of the ideas and insights of stakeholders, including people with lived experience and service providers across the region.

Collaboration

The commissioned services will continue to collaborate with a wide range of health and social service providers to improve the care and coordination of services to meet client needs.



Activity Milestone Details/Duration

Activity Start Date

01/01/2019

Activity End Date

30/06/2026

Service Delivery Start Date

July 2019

Service Delivery End Date

30/06/2026

Other Relevant Milestones



Activity Commissioning

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

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: No
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?

Yes

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

Yes

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

No

Decommissioning

Yes

Decommissioning details?

Services will end in line with the implementation of Medicare Mental Health Check-in Service. HNC is working collaboratively with the provider to transition services through the Medicare Mental Health phone service, which is fully centralised in the North Coast region. A planned approach to transition was in place at commencement of 2025-2026 financial year with referrals ending in December 2025 and staff remaining in place for a 3 month term to support transition and wind down of services.
The transition approach was designed to align with the establishment of NEIS by January 2026, however as there were delays in implementation of the program, the ability to refer into Medicare Mental Health phone service has ensured access to a range of services available in the community relevant to need.

Co-design or co-commissioning comments

Through a series of participatory designed workshops, Healthy North Coast listened to the needs of our community and considered alternative ways of addressing low intensity mental health needs

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

Yes

MH - 2 - Child and Young People's Mental Health

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2

Activity Title *

Child and Young People's Mental Health

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 *

The Activity aims to increase access to the age appropriate psychological services for young people (aged 25years and under), living in underserviced areas and from at risk groups, experiencing moderate levels of mental health issues.

Description of Activity *

The services commissioned under this Activity are designed to help young people address the mental health and emotional well-being issues impacting on their immediate and longer-term health, education and/or employment outcomes.

Services:
• are delivered in primary care settings within a stepped care framework that supports young people to access higher and or lower levels of psychological support as their needs change;
• feature service integration, co-location and active referral pathways to the range of physical health and social services needed to make a difference to the lives of young people;
• delivered in both individual and group sessions as appropriate; and
• use a holistic approach that acknowledges the role of home, school and or work environments in achieving and maintaining mental health and emotional resilience in young people.

Existing Activity

2.1 Monitor and evaluate contracts for delivery of the Lismore, Tweed, Grafton, Coffs Harbour, Kempsey and Port Macquarie headspace centres
2.2 Work with Lismore, Tweed, Coffs Harbour, Kempsey, Grafton, Port Macquarie and Ballina headspace centres for the provision of expansion models of coordinated youth mental health to smaller towns on the North Coast
2.3 Develop and implement solutions and/or services to improve outcomes for children (0-11) and young people (12-25) with (or at risk of) severe mental illness.

Modified Activity as at 30 June 2023 for Youth Severe and Complex
The Primary Mental Health Program will be delivered as a multidisciplinary, person centred, no-wrong-door hub & spoke model of care. The service will provide mental health and community health services to the Healthy North Coast Limited (HNCL) region addressing the social and cultural determinants of health along the stepped model of care.
The service will ensure a streamlined approach to phone and internet-based enquiries, ensuring warm linkages to the IAR service (and other Intake and access teams e.g. tertiary mental health, headspace) therefore facilitating region-wide coordination of need.
The Initial Assessment and identification of need will be guided by the Intake Assessment and Referral Decision Support Tool which all staff conducting assessments will be trained in providing. Where possible, the flow from needs and goals identification to assessment will be an on-the-spot warm transition, either to hub partners, or to in-house Primary Mental Health Program partners, using a standardised cross-program assessment. Where on-the-spot assessment is not able to commence in an integrated continuous fashion, the client will leave the hub with their assessment session booked at the indicated service and a warm referral completed.
The Primary Mental Health Program will adopt a cross-program goal setting process that recognises and empowers individuals as experts in their own experience. This is a process through which staff and clients work together, to collaboratively set goals, establish priorities and develop strategies to achieve positive and meaningful outcomes for clients.

Young Person Program
Provision of case management, care coordination, psychological therapy and group work to young people and their natural supports and a flexible and goal-directed service, with a focus on understanding and improving young people's physical and mental health as well as their functional recovery.
The Provider will deliver therapeutic interventions and programs that adopt techniques for emotional regulation, impulse control and education on interpersonal relationships. Evidence-based interventions such as Dialectical Behavioural Therapy (DBT), Cognitive Behavioural Therapy (CBT) and Resilience and Emotional Intelligence Skills Training will be provided individually and in a group setting.

Model of Care
The service will target 12-18 year olds experiencing severe mental health challenges who require a step up from headspace services but are not acute enough for tertiary care.
All services are to offer face-to-face, video and phone supported services with the capacity for clients to have a choice on the preferred modality where possible.

The service model will incorporate clinical care coordination from Peer Workers as well as access to mental health clinicians, case managers and psychiatry (via in-reach or telehealth).

12.3.2 Referrals and Eligibility
Young people aged 12-18 who are triaged as experiencing severe and complex mental health issues. Young people can also receive care and support through this program if they are experiencing the challenges of alcohol and other drugs misuse.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024/25 - 20206/27

Priorities

Priority	Page reference
Reduce the rate of major depression and anxiety disorders for people aged 12-17 in the North Coast, particularly in Tweed Valley, Kempsey-Nambucca, Richmond Valley-Hinterland and Clarence Valley SA3s	149
Deliver mental health services by the appropriate modality of care and mode of contact to meet the needs of the client	148
Improve mental health outcomes for consumers in the 'missing middle', who require higher level of care than available in primary mental health care services, but lower than tertiary level care	143



Activity Demographics

Target Population Cohort

Children (aged 4-11years) and young people (12-25years)

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The approach to service models and subsequent commissioning activity was led by the outcomes of the ideas and insights of stakeholders, including people with lived experience and service providers across the region.

Collaboration

The commissioned services will continue to collaborate with a wide range of health and social service providers to improve the care and coordination of services to meet client needs.

Activity Milestone Details/Duration

Activity Start Date

01/07/2019

Activity End Date

30/06/2029

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2029

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: 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?

Co-design or co-commissioning comments

Through a series of participatory designed workshops, Healthy North Coast listened to the needs of our community and considered alternative ways of addressing mental health needs across the stepped care continuum.

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

Yes

MH - 3 - Psychological therapies for under-serviced groups

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3

Activity Title *

Psychological therapies for under-serviced groups

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description

Aim of Activity *

The Activity aims to increase timely access to evidence-based psychological therapies for members of the target populations who have been assessed as having mild to moderate levels of mental illness.

Description of Activity *

Modified Activity
The Primary Mental Health Program will be delivered as a multidisciplinary, person centred, no-wrong-door hub & spoke model of care. The service will provide mental health and community health services to the Healthy North Coast Limited (HNCL) region addressing the social and cultural determinants of health along the stepped model of care.
The service will ensure a streamlined approach to phone and internet-based enquiries, ensuring warm linkages to psychological therapies from Medicare Mental Health phone service and the Healthy North Coast Referral Spoke team) therefore facilitating centralised, region-wide coordination reflective of local population needs. The Initial Assessment and identification of need will be guided by the Intake Assessment and Referral Decision Support Tool which all staff conducting assessments will be trained in providing. Where possible, the flow from needs and goals identification to assessment will be an on-the-spot warm transition, either to hub partners, or to in-house Primary Mental Health Program partners, using a standardised cross-program assessment.
The Primary Mental Health Program will adopt a cross-program goal setting process that recognises and empowers individuals as experts in their own experience. This is a process through which staff and clients work together, to collaboratively set goals, establish priorities and develop strategies to achieve positive and meaningful outcomes for clients.

Healthy Minds Program:
The Healthy Minds Program is designed to support access to short-term psychological therapies for people experiencing mild to moderate mental illness or suicidal ideation residing in the North Coast. The program is delivered in accordance with the Primary Health Network Guidelines for Primary Mental Health Care Psychological Therapies provided by mental health professionals to underserviced groups. The program is delivered as part of the Stepped Model of Care and offers targeted psychological therapy sessions.
The Healthy Minds program is delivered under a fee for service and contracting model, with a workforce designed to service communities across the North Coast region.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024/25 - 20206/27

Priorities

Priority	Page reference
Support PHN commissioned mental health services in the North Coast, particularly those in Port Macquarie-Hastings, Lismore and Byron LGAs	144
Improve access to primary mental health care services to reduce mental health-related presentations to EDs and hospitalisations, particularly in Kempsey-Nambucca SA3	143
Reduce psychological distress for people in the North Coast to improve mental health wellbeing	143
Improve integration of services, continuity of care and consumer/provider experience	145
Enhance access to mental health services and reduce wait times, particularly for psychological therapies, to alleviate mental health issues	142

Activity Demographics

Target Population Cohort

- People experiencing, or at risk , of homelessness;
- People from culturally and linguistically diverse (CALD) backgrounds;
- Aboriginal and Torres Strait Islander peoples;
- Children up to the age of 12 years;
- People at risk of suicide or who have attempted suicide;
- Perinatal peri-natal parents (from 20 week pre-birth to 1 year post birth);
- People in drought impacted areas;
- People in bushfire impacted areas;
- People in flood impacted areas;
- People who identify as Lesbian, Gay, Bisexual, Transgender, Intersex or Queer; and
- People with, or at risk of, mental illness living in Residential Aged Care Facilities.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The ongoing development and implementation of psychological services under this Activity are informed through active engagement of consumers, carers, primary allied mental health providers, Aboriginal Medical Services, CALD community leaders, Paediatricians, local Clinical Councils, and senior management of residential aged care facilities.

Collaboration

Referring agencies utilise the fully centralised Medicare Mental Health phone service to step clients to psychological therapies. Referring parties include:

- General practitioners and paediatricians
- Representatives of the Department of Education
- headspace Centres
- Aboriginal Controlled Community Health Organisations
- Residential Aged Care Providers – referring residents with, or at risk, of moderate mental illness
- Emergency Departments and Community Mental Health providers
- Acute Inpatient Mental Health Services
- Older Persons Mental Health Services



Activity Milestone Details/Duration

Activity Start Date

01/07/2019

Activity End Date

30/06/2029

Service Delivery Start Date

July 2019

Service Delivery End Date

30/06/2029

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: 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?

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Through a series of participatory designed workshops, Healthy North Coast listened to the needs of our community and considered alternative ways of addressing mental health needs across the stepped care continuum.

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

Yes

MH - 4 - Primary mental health care services for people with severe and complex mental illness

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

4

Activity Title *

Primary mental health care services for people with severe and complex mental illness

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description

Aim of Activity *

The Activity aims to provide clinical and non-clinical care coordination and advocacy for people diagnosed with severe and complex mental illness.

Description of Activity *

The Primary Mental Health Program will be delivered as a multidisciplinary, person centred, no-wrong-door hub & spoke model of care. The service will provide mental health and community health services to the Healthy North Coast Limited (HNCL) region addressing the social and cultural determinants of health along the stepped model of care.
The service will ensure a streamlined approach to phone and internet-based enquiries, ensuring warm linkages to the Medicare Mental Health phone service and the Healthy North Coast Referral Spoke service]. therefore facilitating region-wide coordination of need. The Medicare Mental Health phone service and commissioned providers under the Primary Mental Health Program utilise the Intake Assessment and Referral Decision Support Tool. Where possible, the flow from needs and goals identification to assessment will be an on-the-spot warm transition, either to hub partners, or to in-house Primary Mental Health Program partners, using a standardised cross-program assessment. Where on-the-spot assessment is not able to commence in an integrated continuous fashion, the client will leave the hub with their assessment session booked at the indicated service and a warm referral completed.
The Primary Mental Health Program will adopt a cross-program goal setting process that recognises and empowers individuals as experts in their own experience. This is a process through which staff and clients work together, to collaboratively set goals,

establish priorities and develop strategies to achieve positive and meaningful outcomes for clients.

Mental Health Nurse Program
The Provider will deliver the Mental Health Nurse Program, which provides person-centred clinical and non-clinical mental health services and advocacy for people living within the North Coast community who have severe and complex mental health challenges and are under the care of community-based GPs and psychiatrists. The Mental Health Nurse Program will be delivered by Credentialed Mental Health Nurses.

Services may include the provision of clinical care coordination; the review and monitoring of mental and physical health conditions; the monitoring of medications, and ongoing liaise with other specialist health services such as drug and alcohol services.

New Activity
HNC has adjusted service delivery models under severe and complex funding, through delivery of two distinct models that support individuals assessed as being at level of care 4 or 4+ via the Medicare Mental Health phone service.

Choice of Mind
The Choice of Minds Program supports individuals with severe and enduring mental health challenges through a multidisciplinary care model. The program is delivered primarily through mental health nurse practitioners, supported by clinical care coordination, peer support and specialist interventions. The model ensures holistic, longer-term support for people with complex needs, integrating physical health, housing, and social supports.

Tele-psychiatry for severe and complex cohorts across North Coast NSW
The program is funded to support access to specialist psychiatry care for patients with severe and persistent mental health challenges across the North Coast region, through delivery of ancillary services that facilitate access to and engagement with psychiatry services.
The ancillary services support referral, intake, triage, clinical care coordination, psychoeducation, multidisciplinary car planning, service integration, general practitioner capacity building, implementation of treatment recommendations, outcome monitoring, reporting and continuity of care.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024/25 - 20206/27

Priorities

Priority	Page reference
Improve timely access for people experiencing mental illness and psychological distress to consistent, quality community-based mental health support that is tailored to their needs	148
Deliver mental health services by the appropriate modality of care and mode of contact to meet the needs of the client	148
Improve mental health outcomes for consumers in the 'missing middle', who require higher level of care than available in primary mental health care services, but lower than tertiary level care	143
Improve access to primary mental healthcare services	143
Enhance access to mental health services and reduce wait times, particularly for psychological therapies, to alleviate mental health issues	142



Activity Demographics

Target Population Cohort

• People with persistent mental health conditions
• People with episodic illness whose illness may impact upon, and be impacted by, complex social or physical health factors.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The approach to service models and subsequent commissioning activity was led by the outcomes of the ideas and insights of stakeholders, including people with lived experience and service providers across the region.

Collaboration

The commissioned services will continue to collaborate with a wide range of health and social service providers to improve the care and coordination of services to meet client needs.
Referring partners will include:
Medicare Mental Health phone service
A range of local services via the Healthy North Coast Referral Spoke, which includes:
GPs and psychiatrists
Acute mental health service providers
Community-based mental health providers



Activity Milestone Details/Duration

Activity Start Date

01/07/2019

Activity End Date

31/03/2029

Service Delivery Start Date

July 2019

Service Delivery End Date

30/06/2029

Other Relevant Milestones

Activity Commissioning

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

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

Is this activity being co-designed?

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?

Yes

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

Yes

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Through a series of participatory designed workshops, Healthy North Coast listened to the needs of our community and considered alternative ways of addressing mental health needs across the stepped care continuum.

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

Yes

MH - 5 - Implement community based suicide prevention plans

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5

Activity Title *

Implement community based suicide prevention plans

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 *

The Activity aims to support communities, identified as having high prevalence of suicide, to mobilise and coordinate community drive system changes to reduce the rate of suicide and self-harm among vulnerable and at-risk community members.

Description of Activity *

The Primary Mental Health Program is being delivered as a multidisciplinary, person centred, no-wrong-door hub & spoke model of care. The service provides mental health and community health services to the Healthy North Coast Limited (HNCL) region addressing the social and cultural determinants of health along the stepped model of care.
The service will ensure a streamlined approach to phone and internet-based enquiries, ensuring warm linkages to the Medicare Mental Health phone service, therefore facilitating region-wide coordination based on local priorities. The Medicare Mental Health phone service and regional stakeholders will utilise the Intake Assessment and Referral Decision Support Tool, in combination with clinical assessment
The Primary Mental Health Program will adopt a cross-program goal setting process that recognises and empowers individuals as experts in their own experience. This is a process through which staff and clients work together, to collaboratively set goals, establish priorities and develop strategies to achieve positive and meaningful outcomes for clients.

Suicide Prevention Program – Men's Wellbeing Matters
The provider will deliver a suicide prevention service targeted at men aged 35-65 years of age, a priority at-risk population group

in the North Coast region.
The service will ensure clients are supported through evidence-based interventions and connection to supports and other services that focus on addressing challenges across the social determinants of health. The Suicide Prevention Program will work within a hub & spoke model of care, to enhance regional equity and service integration.
Participants engaged in Men's Wellbeing Matters will be supported to find solutions to presenting needs and build strategies to help manage future challenges and increase the prevalence of protective factors, reducing suicidal risk.
Men aged 35-65 years of age will be supported through a range of activities and interventions, including CBT and DBT therapies. Clients will be supported in suicide prevention areas such as safety planning, emotional regulation and behaviour management.

Targeted Regional Initiatives for Suicide Prevention - Ceased 30/06/2026
Healthy North Coast will build on action plans developed under the North Coast National Suicide Prevention Trial allowing broader access to evidence-based programs and activities that support suicide prevention across the North Coast region.
Healthy North Coast will employ a Suicide Prevention Coordinator to embed a multi-level, cross sector, whole of community approach to suicide prevention across the North Coast region, by engaging with a range of stakeholders to consider prevention, intervention and postvention needs for inclusion in a regional suicide prevention action plan.
The Regional Suicide Prevention Coordinator is working across the Healthy North Coast region, with the responsibility of:
• Facilitating meetings with the Suicide Prevention Collaborative and key stakeholders
• Developing a North Coast targeted regional suicide prevention action plan
• Managing the suicide aftercare service portfolio (The Way Back) aligned to the key objective in the bilateral agreement.
• Supporting Joint Regional Planning for mental health, suicide prevention in partnership with our two Local Health Districts
• Implementing a region wide campaign to improve help-seeking behaviours, targeting increasing protective factors, relevant to the current stressors our community are experiencing. For our region this includes financial distress, housing and food security and relationship breakdowns - family or partner.
• Driving implementation of the activities included in the developed action plan.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024/25 - 20206/27

Priorities

Priority	Page reference
Improve access to primary mental healthcare services	143
Reduce prevalence of suicide attempt for youth in the North Coast, particularly in Kempsey-Nambucca SA3	143
Reduce psychological distress for people in the North Coast to improve mental health wellbeing	143
Enhance access to mental health services and reduce wait times, particularly for psychological therapies, to alleviate mental health issues	142



Activity Demographics

Target Population Cohort

Whole population in communities with high rates of suicide deaths
• High risk regions and population groups based on the NSW Suicide Monitoring System – Men aged 35-69

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Kempsey - Nambucca	10802
Clarence Valley	10401
Tweed Valley	11203
Richmond Valley - Hinterland	11202
Coffs Harbour	10402



Activity Consultation and Collaboration

Consultation

The approach to service models and subsequent commissioning activity was led by the outcomes of the ideas and insights of stakeholders, including people with lived experience and service providers across the region.

Collaboration

The commissioned services will continue to collaborate with a wide range of health and social service providers to improve the care and coordination of services to meet client needs. Key to the provision of suicide prevention and intervention programs is strong relationships with our partner Local Health Districts and community-based services that engage with at-risk population groups.



Activity Milestone Details/Duration

Activity Start Date

01/07/2019

Activity End Date

30/06/2029

Service Delivery Start Date

July 2019

Service Delivery End Date

30 June 2029

Other Relevant Milestones

Activity Commissioning

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

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

Is this activity being co-designed?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Through a series of participatory designed workshops, Healthy North Coast listened to the needs of our community and considered alternative ways of addressing mental health needs across the stepped care continuum. The North Coast region has a Targeted Regional Initiatives for Suicide Prevention Action Plan for 2024-2026, which guides commissioning investment across the region and prioritises activities that are aligned to the priority populations for our region.

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

Yes

MH - 6 - Aboriginal and Torres Strait islander Mental Health Services

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

6

Activity Title *

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 *

The Activity aims to increase the delivery and integration of holistic, trauma informed strategies that work to reduce the impact of social and emotional factors contributing to mental illness and substance misuse among Aboriginal people.

The Activity will be delivered under a model that supports Aboriginal and Torres Strait Islander people to access integrated mental health and suicide prevention service through an integrated service model, to enable the early identification and culturally safe treatment for Aboriginal people with physical and mental health issues who have co-occurring substance use disorder.

The Aboriginal Social and Emotional Wellbeing program will:

• Build capacity within the mental health system to deliver culturally safe, evidence based mental health services for Aboriginal and Torres Strait Islander people, thereby improving access, and complementing/linking to existing services including drug and alcohol services, social and emotional wellbeing services and mainstream services;
Support social and emotional wellbeing (SEWB) for Aboriginal people with a particular focus on programs that work within an Aboriginal cultural framework, including holistic service delivery.

Description of Activity *

HNC established Aboriginal health Partnership agreement in May 2023. This partnership approach involves an agreement between HNC and 6 ACCHS and seeks to progress the National Aboriginal and Torres Strait Islander Health Plan 2021-2031. There are four areas of reform which are related to this agreement
1) Formal partnerships and shared decision making
2) Building the community-controlled sector
3) Transforming government organisations
4) Shared access to data and information at a regional level.
SEWB Regional Model and Strategy
Social and Emotional Wellbeing (SEWB) is key priority for the HNC Aboriginal Health Partnership. In 2025/26 the Partnership (via non-PHN funds) established two Aboriginal Identified Senior Manager positions to work regionally with stakeholders and the ACCHOs to develop a regional SEWB model of care and strategy for the north coast region. NSW University's Centre of Rural Health has been engaged by the Partnership to support community consultation and undertake an evidence review. A steering group comprising ACCHO representatives is overseeing this work. This project will be delivered in 2026/27 and will inform future commissioning of Aboriginal mental health and SEWB services.
SEWB Regional Clinical Supports Pilot
An ACCHO designed and led model will be implemented and scaled across the region to increase access to clinical mental health services for Aboriginal and Torres Strait Islander people, improving efficiency, strengthening regional coordination, and responding to demand and wait time pressures.

Delivery and improvement of ACCHO SEWB programs
Heathy North Coast has had SEWB agreements in place with the ACCHOs since 2018. Informed by the SEWB regional model of care work, Healthy North Coast will work closely with ACCHOs to improve program management and delivery. Areas of continued improvement include use of culturally validated assessment tools, program reporting, workforce access and support, and the delivery of evidence based social and emotional wellbeing services for Aboriginal people.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024/25 - 20206/27

Priorities

Priority	Page reference
Improve cultural sensitivity and gender- and age-appropriateness in mental health services	150
Reduce psychological distress for people in the North Coast to improve mental health wellbeing	143
Explore opportunities to improve mental health and reduce alcohol and other drugs use in Aboriginal communities	141
Improve cultural competency and appropriateness of workforce in mainstream services for Aboriginal communities	141
Enhance access to mental health services and reduce wait times, particularly for psychological therapies, to alleviate mental health issues	142

Activity Demographics

Target Population Cohort

Aboriginal community members across the lifespan

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Direct approach to Aboriginal Elders, Aboriginal Medical Services and Aboriginal community leaders.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Aboriginal Elders, Aboriginal Medical Services and Aboriginal community leaders will be actively consulted and involved in the co-design of services to meet the needs of their community members.

Collaboration

Comprehensive consultation and co-design processes with key partners and stakeholders will take place.



Activity Milestone Details/Duration

Activity Start Date

01/07/2019

Activity End Date

30/06/2028

Service Delivery Start Date

July 2019

Service Delivery End Date

30 June 2028

Other Relevant Milestones



Activity Commissioning

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

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

Is this activity being co-designed?

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?

NA

Co-design or co-commissioning comments

The Healthy North Coast Aboriginal Health Partnership includes Bulgarr Ngaru Medical Aboriginal Corporation, Rekindling the Spirit, Bullinah Aboriginal Health Service, Galambila Aboriginal Health Service, Durri Aboriginal Corporation Medical Service and Werin Aboriginal Medical Service.
The Partnership recognises that Aboriginal community and organisations are the experts in Aboriginal health.
The commissioning and co-design approach of the Healthy North Coast Aboriginal Health Partnership is grounded in collaboration, cultural responsiveness, and shared decision-making. It ensures Aboriginal communities and Aboriginal Community Controlled Health Organisations (ACCHOs) are central to every stage of the commissioning cycle, from needs assessment and planning to service design, procurement, and evaluation. Health priorities are identified through culturally safe consultations and community-driven data, with services designed to reflect Aboriginal values, lived experiences, and social determinants of health.
In practice, this approach involves co-designing services with ACCHOs and community members to ensure cultural safety and relevance, particularly in programs where Aboriginal people are a priority group. The procurement process favours Aboriginal organisations and includes capacity-building support. Evaluation is continuous and community-informed, using both qualitative and quantitative methods to assess impact and guide improvements. Overall, the approach empowers Aboriginal communities to lead decisions that affect their health and wellbeing, ensuring services are tailored, respectful, and effective.

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

Yes

MH - 8 - Initial Assessment and Referral (IAR) - GP Payments

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

8

Activity Title *

Initial 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 *

General Practitioner payments to engage GPs in the IAR training and use of associated tools to support referrals.

Description of Activity *

Healthy North Coast will utilise funding for direct payments to General Practitioners, Aboriginal Community Controlled Health Services and clinicians providing care through adult mental health centre across the North Coast region, to participate in the Intake, Assessment and Referral Training.
Healthy North Coast will offer remuneration for attendance at the initial 2 hour IAR DST training session GPs attend.
GP practices will be notified about the training through a variety of means, including:
o TSO and Project Lead attendance at other HNC GP education sessions, to provide share information about training opportunities
o Engagement with GP practices through the HNC Primary Health Coordinators and Primary Care Impact initiative
o Updates and promotions through fortnightly HNC Practitioner Newsletter
o Updates in HealthPathways

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024/25 - 20206/27

Priorities

Priority	Page reference
Improve clinician understanding of health needs for specific population groups, such as LGBTQ+ health, neurodiversity, women and children	142



Activity Demographics

Target Population Cohort

General practitioners and health professionals

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Healthy North Coast will engage with clinical councils for the implementation of this activity.

Collaboration

Healthy North Coast will build on existing relationships across the region and provide ongoing support to GPs, Aboriginal Community Controlled Health Organisation and other health professionals throughout this activity.



Activity Milestone Details/Duration

Activity Start Date

01/07/2022

Activity End Date

30/06/2026

Service Delivery Start Date

01/09/2022

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: Yes
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

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

Healthy North Coast will engage with the clinical councils across the North Coast region to seek guidance on implementation of this activity and to seek strategies to maximise uptake of the IAR training package.
The co-design approach is underpinned by four principles which actively support and benefit stakeholders for whom the intervention/service/solution has a material impact on:
• All stakeholders are involved as active participants throughout the design process from problem setting to problem solving.
• All stakeholders contribute as design partners, participating in idea generation as well as providing opinions and feedback on existing design concepts.
• Proposed interventions are understood and continually evaluated on whether they are relevant, meaningful, and engaging to all stakeholders who stand to benefit from them, as well as taking into consideration potential for harm and their anticipated impact on mental health and wellbeing outcomes.
• Users of the service/intervention/solution are put in the centre of all design decisions.

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

No

MH - 8 - Initial Assessment and Referral (IAR) - Training & Support Officers - Operational

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

8

Activity Title *

Initial Assessment and Referral (IAR) - Training & Support Officers - Operational

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Other Program Key Priority Area Description

Aim of Activity *

The aim of the IAR TSO role is to embed the IAR in primary care settings and support general practitioners and health professionals in the network to learn about, use and embed the IAR Decision Support Tool (DST) in clinical practice.
Healthy North Coast aims to build capacity and knowledge of up to 500 GPs in the use of the DST and IAR in the North Coast Region.

Description of Activity *

Using project management methodology and quality improvement principles, Healthy North Coast is delivering the following:
Employment of a TSO to undertake train the trainer training
A localised implementation plan, which includes:
Detail around distribution of IAR and DST materials
GP and Aboriginal Medical Service engagement plan
Delivery of IAR DST Training to GPs, health professionals and commissioned service providers, with a target of up to 500 GPs by the end of the program.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024/25 - 20206/27

Priorities

Priority	Page reference
Improve access to primary mental healthcare services	143
Improve provider and workforce understanding of the pathways for integrating, connecting and providing best practice care for the prevention and management of chronic and complex disease	142
Improve clinician understanding of health needs for specific population groups, such as LGBTQ+ health, neurodiversity, women and children	142



Activity Demographics

Target Population Cohort

GPs and health professionals

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Healthy North Coast have consulted with relevant local stakeholders including Local Health Districts, general practitioners, commissioned providers and partner PHNs to support the roll out of this national initiative.

Collaboration

Strong collaboration is the foundation on which all initiatives implemented under the Activity are based. This ensures local relevance, local ownership and adoption. Healthy North Coast considers the following partners as key:
Aboriginal Medical and Health Services
General practitioners
Local Health Districts
Commissioned service providers

Activity Milestone Details/Duration

Activity Start Date

01/07/2022

Activity End Date

30/06/2026

Service Delivery Start Date

01/09/2022

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: 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

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

No

MH - 13 - Psychological Services in Aged Care Facilities

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

13

Activity Title *

Psychological Services in Aged Care Facilities

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

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

Other Program Key Priority Area Description

Aim of Activity *

The program aims to improve the mental health, emotional wellbeing and quality of life of people living in aged care experiencing mild to moderate mental health issues. The program brings psychological therapies to the residents or Residential Aged Care Homes (RACHs), ensuring residents have access to timely, person-centred care.

Description of Activity *

The Psychological Therapies in RACHs program provides tailored mental health support to residents with mild to moderate conditions such as depression and anxiety, delivered through short-term individual or group sessions. Interventions provided are designed to improve wellbeing, functionality, manage behaviours though the delivery of evidence-based interventions such as cognitive behaviour therapy.
Referrals are made via RACH staff and GPs, along with requests for support via family, friends and/or carers.
The program is delivered by two providers, aligned with the Local Health District footprints.
Mid North Coast is delivered by EACH ltd, and Northern NSW is delivered by Change Futures.
Service models include:
• Comprehensive assessment
• Individual counselling – using evidence-based interventions such as CBT, ACT
• Group Counselling – as a step down approach from individual counselling supports

• Psychoeducation
• Referral.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024/25 - 20206/27

Priorities

Priority	Page reference
Increase support for older people to manage their mental health, including people living in residential aged care homes	149
Explore opportunities to improve health care environments to ensure patients feel safe, accepted and free from stigma	146
Enhance access to mental health services and reduce wait times, particularly for psychological therapies, to alleviate mental health issues	142



Activity Demographics

Target Population Cohort

People living in Residential Aged Care Facilities across the North Coast Region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The approach to service models and subsequent commissioning activity was led by the outcomes of the ideas and insights of stakeholders, including people with lived experience, RACFs and service providers across the region.

Collaboration

The commissioned services will continue to collaborate with a wide range of health and social service providers to improve the care and coordination of services to meet client needs. Key to the provision of suicide prevention and intervention programs is strong relationships with our partner Local Health Districts, GPs and Aged Care Services such as ACAT teams.



Activity Milestone Details/Duration

Activity Start Date

19/07/2022

Activity End Date

30/06/2027

Service Delivery Start Date

19/07/2022

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?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Through a series of participatory designed workshops, Healthy North Coast listened to the needs of our community and considered alternative ways of addressing mental health needs for older persons, across the stepped care continuum.

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

Yes

MH - 14 - Targeted Regional Initiatives for Suicide Prevention

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

14

Activity Title *

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 *

Provision of community-led and systems -based suicide prevention activities for people at risk of suicide or in suicidal distress

Description of Activity *

Healthy North Coast has established a TRISP Steering Committee, with key stakeholders across the region to support the following activities:
• Building capacity and capabilities of the local workforce to support people in suicidal distress and suicide loss, including linkages with services and supports relevant to needs.
• Commission services or activities that support people at risk of suicide build help-seeking behaviours.
• Commission peer support and mentorship programs for people at risk of suicide
Healthy North Coast commissioned a range of activities aligned to the Targeted Regional Initiatives for Suicide Prevention Local Action Plan, through a regional grant program. The goals of the Action Plan include:
• improving emergency and follow-up care for suicidal crisis
• promoting help-seeking, mental health and resilience in schools and training the community to respond to suicide risk
• engaging the community and providing opportunities to be of the change
An overview of grant activities is included below.
The Men's Table
Establish and build upon existing peer-based support groups for people who experienced suicidal distress, with the purpose of

strengthening opportunities for support through challenging life transitions, through connection and support. The Men's Tables are delivered in Kempsey, Nambucca Heads, Grafton, Richmond Valley and Port Macquarie. Locations have been delivered based on elevated rates of suicide, mental health related distress and socio-economic vulnerability.

SANE
Delivery of a digital aftercare support after suicidal crisis model that:
1. Reduces the risk of repeat suicide attempts by providing timely, accessible, and person-centred digital aftercare
2. Complements existing services (e.g., The Way Back NSW) by offering scalable digital solutions that extend reach without duplicating one-to-one clinical supports
3. Improves equity of access for priority populations including:
Men aged 25-65
People experiencing or at risk of abuse
People living in regional, rural, and remote communities
4. Strengthens system integration by partnering with local providers, enhancing referral pathways, and enabling hybrid models of care
5. Deliverers continuous monitoring, risk management, and participant safety through robust governance and clinical oversight.
The model compliments the existing aftercare program across the region, supporting a range of engagement options and extended reach for the community.

Lifeline Direct
Providing a suite of 77 free mental health and suicide prevention evidence-based training workshops to the community to support reduced stigma, increased help-seeking and increased capacity to respond when people are in crisis.
Training includes:
• 7 x Applied Suicide Intervention Skills Training (ASIST): This two-day workshop educates formal and informal caregivers with practical skills to prevent suicide. ASIST has been evaluated regularly over the past 35 years of its delivery history, showing that this training enhances suicide safer communities.
• 20 x Accidental Counsellor Foundations (online and in-person delivery options): Participants gain an understanding of how to communicate effectively and learn strategies to help foster effective and trusting relationships with colleagues, peers, clients and peers, as well as identifying signs of distress within others. The workshop is interactive, encouraging participants to ask questions, share their experiences, practice skills and engage in self-reflection.
• 10 x safeTALK: This half-day program teaches participants to recognise and effectively engage with individuals at risk of suicide. Delivered globally since 2006, safeTALK is proven to improve suicidal crisis recognition and response.
• 4 x Standard Mental Health First Aid: A two-day workshop equipping attendees to support those facing mental health challenges. Participants gain a certificate valid for three years as workplace Mental Health First Aid officers.
• 4 x Mental Health First Aid – Non Suicidal Self Injury: This workshop is designed to equip professionals, educators, and caregivers with the knowledge and skills to effectively understand and respond to non-suicidal self-injury. Research indicates NSSI behaviours are particularly prevalent among young people with 8-10% of adolescents engaging in NSSI.
• 3 x Blended Mental Health First Aid – a combination of online (self-paced e-learning, about 6 hours) and two 2.5hr follow-on online training sessions delivered on consecutive mornings.
• 20 x Mind Your Mates workshops – 45min 'toolbox talk' enables participants to recognise the signs of depression, anxiety and possible thoughts of suicide in their friends, family and/or colleagues. This workshop is particularly useful in 'opening the conversation' for target groups where stigma and reticence to openly discuss wellbeing and suicide is identified as a barrier.

Wellways
The Provider will deliver a non-clinical, community-led suicide prevention support specifically for men aged 25 and over who are experiencing suicidal distress across the North Coast Region.
The program will be delivered through approaches that are:
• Grounded in lived experience – shaped by people who understand
• Culturally responsive and inclusive – recognising the diverse identities and experiences that impact wellbeing
• Community-based and accessible – meeting men where they are, both physically and emotionally
• Peer-led and evidence-informed – drawing on successful models like our Men's Wellbeing Matters (MWM) program, and through established partnerships with trusted community networks to offer practical support and strengthen connection.
The service model is fully integrated with the Provider's existing work across the region including established programs to deliver suicide prevention.

Batyr

Delivery of school-based stream that includes development of a student-led online media campaign to promote wellbeing and normalise help-seeking behaviour in school-aged children and young people.
The grant program includes the delivery of content tailored to various online media platforms and geographic regions of the North Coast.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024/25 - 20206/27

Priorities

Priority	Page reference
Improve health literacy and wayfinding to facilitate access to the right services at the right time and engagement in preventative health behaviours	146
Collaborate with local agencies, communities and services to improve inclusive access to health and wellbeing services and activities in the North Coast	152
Improve access to primary mental health care services to reduce mental health-related presentations to EDs and hospitalisations, particularly in Kempsey-Nambucca SA3	143
Improve access to primary mental healthcare services	143



Activity Demographics

Target Population Cohort

Young people aged 15-24 years; men aged 35-65 years of age

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Healthy North Coast works collaboratively with key stakeholders from planning to implementation and monitoring of commissioned activity

Collaboration

Key stakeholders to support the regional targeted approaches include:
Mid North Coast Local Health District and Northern NSW Local Health District, through joint regional planning and co-design of local solutions.
To ensure activities are locally relevant and meet the needs of the community, collaboration will include people with lived experience of suicide and suicidal distress and community-based organisations such as; Social Futures, New Horizons, Lifeline (Direct, North Coast and Mid North Coast), EACH, Mission Australia, Wellways, Lives Lived Well. This will build on existing networks and relationships established through the North Coast National Suicide Prevention Trial, led by five community-based organisations Lifeline Direct, The Family Centre, Our Healthy Clarence, Macleay Valley Workplace and Learning Centre and Bellingen Neighbourhood Centre.
Healthy North Coast will work in partnership with local Aboriginal Community Controlled Health Organisations (ACCHOs) from design through to implementation of the activities under this program.
Healthy North Coast will work closely with the two ACCHO sites delivering the Culture Care Connect Program, to ensure responses are joined up and integrated.



Activity Milestone Details/Duration

Activity Start Date

01/02/2023

Activity End Date

30/06/2026

Service Delivery Start Date

1/06/2024

Service Delivery End Date

30/06/2026

Other Relevant Milestones



Activity Commissioning

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

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

Is this activity being co-designed?

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

Yes

Decommissioning details?

Targeted Regional Initiatives for Suicide Prevention is being decommissioned due to end of activity requirement for 30 June 2026. Healthy North Coast has strategically designed a grant program to administer the funding to mitigate the risks to the community associated with the short-term nature of the funding. The outcomes and learnings from activities delivered under the TRISP program will inform future, more sustainable service models.

Co-design or co-commissioning comments

The co-design approach is underpinned by four principles which actively support and benefit stakeholders for whom the intervention/service/solution has a material impact on:
• All stakeholders are involved as active participants throughout the design process from problem setting to problem solving.
• All stakeholders contribute as design partners, participating in idea generation as well as providing opinions and feedback on existing design concepts.
• Proposed interventions are understood and continually evaluated on whether they are relevant, meaningful, and engaging to all stakeholders who stand to benefit from them, as well as taking into consideration potential for harm and their anticipated impact on mental health and wellbeing outcomes.
• Users of the service/intervention/solution are put in the centre of all design decisions

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

Yes

MH-AMHCT - 1 - Medicare Mental Health Services

Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-AMHCT

Activity Number *

1

Activity Title *

Medicare Mental Health Services

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Aim of Activity *

Medicare Mental Health adult mental health centres and satellites provide a safe and welcoming space for adults who may be in distress or crisis or need help to find the right services and support for their individual needs.
The Medicare Mental Health Centres and Satellites offer the following core service elements:
i. respond to people experiencing crisis or in significant distress;
ii. provide a central point to connect people to other services in the region, including through offering information and advice about mental health, service navigation and referral pathways for individuals and their carers and family;
iii. provide in-house assessment using the Initial, Assessment and Referral (IAR) decisional support tool to connect people with the most appropriate services;
iv. provide evidence-based and evidence-informed immediate and short to medium term episodes of care, including utilisation of digital mental health platforms.

Description of Activity *

Healthy North Coast will work collaboratively with Northern NSW and Mid North Coast Local Health Districts to support collaborative and integrated service models, to support the seamless transfer of care between primary and tertiary based services. Key to the implementation of the programs is the link with key services and stakeholders, to embed the services within existing service systems and referral processes.

The Medicare Mental Health phone service is fully integrated with the Medicare Mental Health Centre services, ensuring quality referral and warm transfer management for consumers accessing the Medicare Mental Health services.
The Medicare Metal Health Centre and Satellite will focus on:
• Responding to people experiencing crisis and distress
• Providing a central location to connect people to services and access support
• Provision of biopsychosocial assessment
• Evidence-based immediate, short to medium episodes of care
• Links to other services and support

Coffs Harbour Medicare Mental Health:
Offers a safe and welcoming place for people to access mental health information, services and supports from multidisciplinary care teams over extended hours From Monday to Friday 8 am to 6 pm and Saturdays by appointment. Anyone can reach out for support for themselves, a loved one or patient. The Coffs Harbour Medicare Mental Health Service is aligned with the national Medicare Mental Health Centre Service Model and will:
• Provide immediate support to reduce distress
• Provide in-house assessment, treatment and support
• Connect people with the most appropriate support.
The Coffs Harbour Medicare Mental Health Centre is now located at Suite 2, Ground Floor 27-29 Duke Street Coffs Harbour.

Lismore Medicare Mental Health Centre Lismore Medicare Mental Health Centre is an established service, providing accessible, trauma-informed and recovery-focused mental health services to the Lismore Local Government area and surrounding communities. Medicare Mental Health Centres are designed to provide a welcoming, low stigma, soft entry point for engagement, assessment and treatment for all adults who may be experiencing mental ill-health, distress or crisis.
Lismore Medicare Mental Health Centre has a range of multidisciplinary clinical, peer support and administrative staff and provide a combination of co-located, telehealth and limited outreach service offerings, operating 10:00 am to 8:00 pm Monday to Friday and 8:00 pm to 6:00 pm on Saturday 9:00 am to 5:00 pm at Southern Cross University P Block, Rifle Range Road East Lismore.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024/25 - 20206/27

Priorities

Priority	Page reference
Support PHN commissioned mental health services in the North Coast, particularly those in Port Macquarie-Hastings, Lismore and Byron LGAs	144
Improve mental health outcomes for consumers in the 'missing middle', who require higher level of care than available in primary mental health care services, but lower than tertiary level care	143
Improve access to primary mental healthcare services	143
Reduce psychological distress for people in the North Coast to improve mental health wellbeing	143

Activity Demographics

Target Population Cohort

Whole of population, men aged 35-65 years of age, Aboriginal and Torres Strait Islander people.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Richmond Valley - Hinterland	11202
Coffs Harbour	10402



Activity Consultation and Collaboration

Consultation

Ongoing consultation and active engagement across all levels of the selected community are central features of all initiatives implemented under the Activity. Regular engagement with Northern NSW and Mid North Coast Local Health District, to ensure activities and investment is directed at the at-risk groups in the community.

Collaboration

Strong collaboration is the foundation on which all initiatives implemented under the Activity are based. This ensures local relevance, local ownership and therefore sustainability of strategies designed to change systems and community relationships. Key stakeholders include:
Northern NSW and Mid North Coast Local Health Districts
Community-based organisations
GPs
People with lived experience



Activity Milestone Details/Duration

Activity Start Date

01/08/2022

Activity End Date

30/06/2029

Service Delivery Start Date

1/08/2022

Service Delivery End Date

30/06/2029

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: 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?

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

All stakeholders contribute as design partners; participating in idea generation as well as providing opinions and feedback on existing design concepts.
• Proposed interventions are understood and continually evaluated on whether they are relevant, meaningful, and engaging to all stakeholders who stand to benefit from them, as well as taking into consideration potential for harm and their anticipated impact on mental health and wellbeing outcomes. • Users of the service/intervention/solution are put in the centre of all design decision