# Australian Capital Territory - NMHSPA Bilateral PHN Program 2025/26 - 2028/29
# Activity Summary View

## NAB-H2H - 903 - Adult Mental Health Centre and Satellite Network (Medicare Mental Health Centres)

### Activity Metadata

**Applicable Schedule** *

NMHSPA Bilateral PHN Program

**Activity Prefix** *

NAB-H2H

**Activity Number** *

903

**Activity Title** *

Adult Mental Health Centre and Satellite Network (Medicare Mental Health Centres)

**Existing, Modified or New Activity** *

Existing

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### 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** *

ACT PHN will support the ongoing operation of a Medicare Mental Health adult mental health centre in Canberra. The aim of this activitiy is to:
- Respond to people experiencing crisis or in significant distress
- Provide a central point to connect people to other services in the region
- Provide in-house assessment using the Initial Assessment and Referral (IAR) decision support tool, to match people to the services they need; and
- Provide evidence-based and evidence-informed immediate, and short to medium episodes of care in line with a best practice stepped care approach

**Description of Activity** *

The Canberra Medicare Mental Health Centre offers consultation, information, initial assessment, and connection with the best services to meet an individual's unique needs. This includes providing an accessible and highly visible entry point to services for people experiencing psychological distress, including person-centred, high-quality, and culturally safe assessment, navigation support, and mental health interventions.

The Canberra Medicare Mental Health Centre is staffed by a multidisciplinary team of psychologists, mental health assistants, nurses, occupational therapists, and social workers, along with psychiatry input as required.

The Canberra Medicare Mental Health Centre also engages with the community and stakeholders to increase awareness of supports, promote help-seeking, improve understanding of mental health and social & emotional wellbeing, reduce stigma, and enable referral pathways and system integration.

## Needs Assessment Priorities *

**Needs Assessment**

Australian Capital Territory-Needs Assessment 2024/25 - 2026/27_V1

**Priorities**

| Priority | Page reference |
|---|---|
| Mental health | 53 |



## Activity Demographics

**Target Population Cohort**

**In Scope AOD Treatment Type** *

**Indigenous Specific** *

No

**Indigenous Specific Comments**

## Coverage

**Whole Region**

Yes



## Activity Milestone Details/Duration

**Activity Start Date**

30/04/2023

**Activity End Date**

29/06/2026

**Service Delivery Start Date**

29/07/2025

**Service Delivery End Date**

**Other Relevant Milestones**

6 monthly performance and financial reporting

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## Activity Commissioning

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

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

**Is this activity being co-designed?**

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?**

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

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## Summary of activity changes for Department

**Activity Status**

Submitted

| Subject | Description | Commented By | Date Created |
|---|---|---|---|

# NAB-H2H-Op - 902 - Adult Mental Health Centre and Satellite Network (Medicare Mental Health Centres) - Operational

## Activity Metadata

**Applicable Schedule** *

NMHSPA Bilateral PHN Program

**Activity Prefix** *

NAB-H2H-Op

**Activity Number** *

902

**Activity Title** *

Adult Mental Health Centre and Satellite Network (Medicare Mental Health Centres) - Operational

**Existing, Modified or New Activity** *

Existing

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## Activity Priorities and Description

**Program Key Priority Area** *

**Other Program Key Priority Area Description**

**Aim of Activity** *

**Description of Activity** *

### Needs Assessment Priorities *

**Needs Assessment**

**Priorities**

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## Activity Demographics

**Target Population Cohort**

**In Scope AOD Treatment Type** *

**Indigenous Specific** *

**Indigenous Specific Comments**

### Coverage

**Whole Region**

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## Activity Milestone Details/Duration

**Activity Start Date**

**Activity End Date**

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**

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## Activity Commissioning

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

**Not Yet Known:** No
**Continuing Service Provider / Contract Extension:** No
**Direct Engagement:** No
**Open Tender:** No
**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

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

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

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

**Decommissioning**

**Decommissioning details?**

**Co-design or co-commissioning comments**

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## Summary of activity changes for Department

**Activity Status**

Submitted

| Subject | Description | Commented By | Date Created |
|---|---|---|---|

# NAB-UAS - 905 - Universal Aftercare Services

## Activity Metadata

**Applicable Schedule** *

NMHSPA Bilateral PHN Program

**Activity Prefix** *

NAB-UAS

**Activity Number** *

905

**Activity Title** *

Universal Aftercare Services

**Existing, Modified or New Activity** *

Modified

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## 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** *

To enhance and expand The Way Back Support Service to ensure broader referral and entry pathways for people who have experienced a suicidal crisis without being admitted to hospital.

**Description of Activity** *

Support the continuity of care to clients by providing non-clinical, assertive outreach, follow-up care and practical support to an individual within one day of the service receiving a referral for suicidal attempt or crisis. The programs offers up to 12 weeks of outreach to help participants in their recovery and ongoing mental well-being.
The introduction of a Clinical lead role within the service along with integration of community-based referral pathways and direct Canberra Health Services referral pathways will ensure the service increased access. Furthermore, introduction of ward-based engagement withCanberra inpatient services allowed service staff to meet participants before starting the program and lead to stronger client engagement.

### Needs Assessment Priorities *

**Needs Assessment**

Australian Capital Territory-Needs Assessment 2024/25 - 2026/27_V1

**Priorities**

| Priority | Page reference |
|---|---|
| Mental health | 53 |



## Activity Demographics

**Target Population Cohort**

**In Scope AOD Treatment Type** *

**Indigenous Specific** *

No

**Indigenous Specific Comments**

### Coverage

**Whole Region**

Yes



## Activity Milestone Details/Duration

**Activity Start Date**

30/04/2023

**Activity End Date**

29/06/2026

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**

6 monthly performance and financial reporting



## Activity Commissioning

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

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

**Is this activity being co-designed?**

No

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No

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No

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

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**



## Summary of activity changes for Department

**Activity Status**

Submitted

| Subject | Description | Commented By | Date Created |
|---|---|---|---|

# NAB-UAS-Ops - 903 - Universal Aftercare Services - Operational

## Activity Metadata

**Applicable Schedule** *

NMHSPA Bilateral PHN Program

**Activity Prefix** *

NAB-UAS-Ops

**Activity Number** *

903

**Activity Title** *

Universal Aftercare Services - Operational

**Existing, Modified or New Activity** *

Existing

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## Activity Priorities and Description

**Program Key Priority Area** *

**Other Program Key Priority Area Description**

**Aim of Activity** *

**Description of Activity** *

### Needs Assessment Priorities *

**Needs Assessment**

**Priorities**

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## Activity Demographics

**Target Population Cohort**

**In Scope AOD Treatment Type** *

**Indigenous Specific** *

**Indigenous Specific Comments**

### Coverage

**Whole Region**

---

## Activity Milestone Details/Duration

**Activity Start Date**

**Activity End Date**

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**

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## Activity Commissioning

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**Not Yet Known:** No
**Continuing Service Provider / Contract Extension:** No
**Direct Engagement:** No
**Open Tender:** No

**Expression Of Interest (EOI):** No
**Other Approach (please provide details):** No

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**Decommissioning**

**Decommissioning details?**

**Co-design or co-commissioning comments**

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## Summary of activity changes for Department

**Activity Status**

Submitted

| Subject | Description | Commented By | Date Created |
|---|---|---|---|

# NAB-HE - 900 - headspace Enhancement Canberra

## Activity Metadata

**Applicable Schedule** *

NMHSPA Bilateral PHN Program

**Activity Prefix** *

NAB-HE

**Activity Number** *

900

**Activity Title** *

headspace Enhancement Canberra

**Existing, Modified or New Activity** *

Modified

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## 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** *

To increase access to coordinated, multi-disciplinary care for cohorts of young people, and to improve workforce attraction and retention. Enhancement funding will support increased service demand.

**Description of Activity** *

* Staffing and salary review will be implemented as a key enhancement priority given the systemic challenges to attract and retain service clinicians identified
*Service demand and waitlist management will be supported by the implementation of attraction and retention strategies including recruitment of additional staff, increases in FTE hours for a number of existing postions, and succession planning opportunities for student placements. *Active recruitment will include engagement of an additional Youth Counsellor incorporating intake as well as early intervention options for young people. Increases in FTE hours for existing positions including Youth Care Coordinator and the Mental Health Clinician roles.
*Specialised programs, groups and intervensions will include Single Session Therapy, Single Session Family Consultation.
*Implement a review of the triage and interim supports system enabling increased early supports for young people to access alternative options. *Increase training options for staff including individual and group opportunities to enable development of new groups and projects in line with service demands. Training will include Single SessionTherapy/Single Session Family Consultation, increased offerings to Dialectical Behavioural Therapy, Acceptance & Committment Therapy and Mental Health First Aid.

## Needs Assessment Priorities *

**Needs Assessment**

Australian Capital Territory-Needs Assessment 2024/25 - 2026/27_V1

**Priorities**

| Priority | Page reference |
|---|---|
| Mental health | 53 |



## Activity Demographics

**Target Population Cohort**

**In Scope AOD Treatment Type ***

**Indigenous Specific ***

No

**Indigenous Specific Comments**

### Coverage

**Whole Region**

Yes



## Activity Milestone Details/Duration

**Activity Start Date**

30/04/2023

**Activity End Date**

29/06/2026

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**

6 monthly performance and financial reporting



## Activity Commissioning

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

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

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No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

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## Summary of activity changes for Department

**Activity Status**

Submitted

| Subject | Description | Commented By | Date Created |
|---|---|---|---|

# NAB-HE - 901 - headspace Enhancement Tuggeranong

## Activity Metadata

**Applicable Schedule** *

NMHSPA Bilateral PHN Program

**Activity Prefix** *

NAB-HE

**Activity Number** *

901

**Activity Title** *

headspace Enhancement Tuggeranong

**Existing, Modified or New Activity** *

Modified

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## 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** *

To increase access to coordinated, multi-disciplinary care for cohorts of young people. and to improve workforce attraction and retention. Enhancement funding will support increased service demand.

**Description of Activity** *

*headspace Tuggeranong will be included in the staffing and salary review to be undertaken by the Lead agency. This review is key to workforce attraction and retention strategies in a competitive and challenging environment.
*Enhancements will include the employment of one additional day of the General Practioner. This increase in hours will enable the centre to manage the current demand and provide increased access for Mental Health Treatment Plans and physical health interventions. *Employment of an additional PT Youth Counsellor will add capacity to service intake and early intervention options for young people.
*In partnership with headspace Canberra, service enhancements will include training and delivery of specialised programs, groups and interventions suchs as Single Session Therapy, Single Session Family Consultations and group options.
*All enhancements will have positive impacts on service demand and wait time management.

### Needs Assessment Priorities *

**Needs Assessment**

Australian Capital Territory-Needs Assessment 2024/25 - 2026/27_V1

**Priorities**

| Priority | Page reference |
|---|---|
| Mental health | 53 |



## Activity Demographics

**Target Population Cohort**

**In Scope AOD Treatment Type** *

**Indigenous Specific** *

No

**Indigenous Specific Comments**

### Coverage

**Whole Region**

Yes



## Activity Milestone Details/Duration

**Activity Start Date**

30/04/2023

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29/06/2026

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**

6 monthly performance and financial reporting



## Activity Commissioning

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**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**



## Summary of activity changes for Department

**Activity Status**

Submitted

| Subject | Description | Commented By | Date Created |
|---|---|---|---|

# NAB-HE-Ops - 902 - headspace enhancement operational funding

## Activity Metadata

**Applicable Schedule** *

NMHSPA Bilateral PHN Program

**Activity Prefix** *

NAB-HE-Ops

**Activity Number** *

902

**Activity Title** *

headspace enhancement operational funding

**Existing, Modified or New Activity** *

Existing

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## Activity Priorities and Description

**Program Key Priority Area** *

**Other Program Key Priority Area Description**

**Aim of Activity** *

**Description of Activity** *

### Needs Assessment Priorities *

**Needs Assessment**

**Priorities**

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## Activity Demographics

**Target Population Cohort**

**In Scope AOD Treatment Type** *

**Indigenous Specific** *

**Indigenous Specific Comments**

### Coverage

**Whole Region**

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## Activity Milestone Details/Duration

**Activity Start Date**

**Activity End Date**

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**

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## Activity Commissioning

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

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

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**Decommissioning**

**Decommissioning details?**

**Co-design or co-commissioning comments**

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## Summary of activity changes for Department

**Activity Status**

Submitted

| Subject | Description | Commented By | Date Created |
|---|---|---|---|