

Northern Territory PHN – National Mental Health and Suicide Prevention Agreement Bilateral PHN Program

ACTIVITY WORK PLAN

phn NORTHERN TERRITORY
An Australian Government Initiative

RURAL Workforce AGENCY NT

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Adult Medicare Mental Health Centre – Alice Springs

1. Aim of Activity

The Adult Head to Health (H2H) service in Alice Springs aims to address some of the gaps in mental health services, unmet need and provide a user-friendly experience for people with mental illness and their families/kin. It is intended to complement, not replace or duplicate, mental health services.

2. Description of Activity

The establishment in 2024/25 of the H2H service in Alice Springs will provide an accessible, responsive service that meets immediate needs and provides expertise in assessment of needs, linkage and support, and care. The H2H service should also provide integrated mental health and Alcohol and Other Drug (AOD) services. Whilst, over time, the H2H service may meet a range of special needs within the region, a key imperative will be ensuring the model of care offers a culturally safe response to the needs of Aboriginal and Torres Strait Islander people, in line with the principles of the Gayaa Dhuwi (Proud Spirit) Declaration already provided in the community.

The activity aims to achieve the following by:

- Providing a highly visible and accessible entry point to services for people experiencing psychological distress, where all feel safe and welcomed
- Offering assessments to match people to the services they need
- Providing on the spot support, care and advice without needing referral, prior appointments or out of pocket cost. Every interaction should be with the intention of therapeutic benefit
- Offering an episode of care model based on short to medium term multidisciplinary care, aimed at improving psychological wellbeing for people with moderate to high levels of mental health need, whose needs are not being met through other services.

The establishment of the H2H service will comply with all mental health, safety and quality standards as stipulated in the Request for Tender Guidelines and will be made accessible and responsive to all people, including those from Culturally and Linguistically Diverse (CALD) backgrounds and people who identify as LGBTQIA+, their families/kin and carers.

3. Needs Assessment Priorities

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Mental Health - Support the recovery and healing of people and communities affected by family, domestic and sexual violence.	13
Mental Health - Deliver mental health services in line with the NT Mental Health and Wellbeing Plan for Integration and Co-Investment.	64
Mental Health - Building stronger communities that have increased capacity to respond to and prevent suicidal behaviour through raising awareness and reducing stigma.	64
Mental Health - Contribute to informed, inclusive services that provide timely, integrated, compassionate and culturally safe suicide prevention responses that meet the diverse needs of people across the NT.	35

4. Demographics

Adults aged 16+in Alice Springs

5. Consultation and Collaboration

Consultation

As part of the bilateral agreement between NT Health and the Commonwealth Government, this activity is being co-commissioned, with Northern Territory Primary Health Network (Northern Territory PHN) leading the service design. The Central Australian Aboriginal Corporation (CAAC) has led sector engagement and determined that a partnership with Neami National as the lead agency for the Adult Medicare Mental Health Centre (MMHC) will best meet community needs. CAAC is leading the Kids Head to Health Service in Alice Springs, while Neami National currently leads the Darwin-based Adult MMHC and phone service. The adult centre model in Alice Springs will ensure integration with the Kids service. As the local Aboriginal Medical Service (AMS), CAAC will lead the consultation on service design with local stakeholders and the community, reporting progress to Northern Territory PHN and NT Health.

Collaboration

NT Health and Northern Territory PHN will support Neami and CAAC to ensure collaboration with relevant services. This is yet to be defined but will focus on supporting individuals, their families' kin and carers to connect to pathways of care through integration with existing community health and wellbeing services and social supports that are accessible and appropriate.

6. Commissioning

As part of the bilateral agreement between NT Health and the Commonwealth Government, this activity is being co-commissioned with service design being led by Northern Territory PHN. Initially, NT Health and Northern Territory PHN determined CAAC were best placed to be the lead agency, however, through sector engagement CAAC have determined a partnership with Neami as lead agency for this service that will best meet community need.

Head to Health Kids

1. Aim of Activity

This activity aims to provide mental health supports to children and young people as well as supporting their families/carers/kin by improving early intervention outcomes for children's mental health and wellbeing.

2. Description of Activity

The Head to Health Kids (H2HK) in Alice Springs will be delivered in collaboration with the NT Health and local stakeholders. Both NT Health and Northern Territory PHN will be involved in all stages of service design and contracting.

A dedicated project officer from Congress, the lead agency for the service, will oversee the implementation.

The service provides culturally safe, flexible, and accessible mental health and behavioural support for Aboriginal and Torres Strait Islander children through a holistic, integrated care model. H2HK is committed to delivering high-quality services, showing respect for children and families, and fostering strong partnerships with professionals across education, health and family support sectors, both in government and non-government domains.

The centre offers early assessment, intervention and support for children facing emotional, behavioural and developmental challenges. The service emphasises early intervention to address developmental delays and environmental factors, preventing future mental health issues. It adopts a multi-disciplinary approach, involving professionals from psychology, speech pathology, occupational therapy and psychiatry, and includes a strong family support component through bi-cultural Case Workers and Aboriginal Family Support Workers.

The service collaborates with other Congress programs such as the Child & Youth Assessment & Therapeutic Service (CYATS), Preschool Readiness Program (PRP), and the Child Health and Development Centre (CHADC), as well as Congress clinics and the Social Emotional Wellbeing (SEWB) program. Key external partners include Alice Springs Hospital, the NTG Department of Children and Families, local schools, and the Child Youth Mental Health Service – Central Australia Health Service.

Rooted in Aboriginal and Torres Strait Islander concepts of mental health, the H2HK program emphasises the interconnectedness of family, culture, community and spirituality. Its culturally safe, holistic approach ensures that mental health support is delivered in a way that is both appropriate and effective for children and their families.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Mental Health - Support the recovery and healing of people and communities affected by family, domestic and sexual violence.	13
Mental Health - Deliver mental health services in line with the NT Mental Health and Wellbeing Plan for Integration and Co-Investment.	64
Mental Health - Building stronger communities that have increased capacity to respond to and prevent suicidal behaviour through raising awareness and reducing stigma.	64
Mental Health - Contribute to informed, inclusive services that provide timely, integrated, compassionate and culturally safe suicide prevention responses that meet the diverse needs of people across the NT.	35

4. Demographics

Children aged 0 – 12 years and their families in Alice Springs.

5. Consultation and Collaboration

Consultation

As part of the bilateral agreement between the NT Health and the Commonwealth Government, this activity is being co-commissioned with service design being led by NT Health. CAAC is the local Aboriginal Community Controlled Health Service (ACCHS) and is best placed to lead consultation. They have been contracted to lead the consultation on the design of the service with local stakeholders and the community and report back to Northern Territory PHN on progress.

Northern Territory PHN will lead the management of Congress as they enter into contract and the service establishment and operational phase and will be involved in the co-design that will continue to monitor and improve the service once opened.

To date, the consultation phase has included:

- Consultation with Congress services and external stakeholders
- Review relevant population health indicators to understand population needs for 0-12-year-olds and their families
- Map available services for children aged 0-12 years against population needs
- Consult with other agencies, services, and children and families about service gaps and needs
- Ensure appropriate information is shared between H2H staff and other agencies about roles and relationships, facilitated by shared information systems.

6. Commissioning

As part of the bilateral agreement between NT Health and the Commonwealth Government, this activity is being co-commissioned with service designed being led by NT Health, they have engaged CAAC as the local ACCHS to lead the co-design process.

Adult Medicare Mental Health Centre-Darwin

1. Aim of Activity

This activity aims to establish a MMHC to assist adults seeking help to address mental health issues in times of crisis, or as needs emerge, to have access to advice and support provided by a variety of health professionals.

2. Description of Activity

This activity is expected to deliver a MMHC in Darwin with the aim to address some of the gaps in mental health services and provide a user-friendly experience for people with mental illness and their families. The MMHCs are intended to complement, not replace, or duplicate, mental health services. The service model provides accessible, responsive care that meets immediate needs providing expertise in assessment of clinical need providing support linkage and potential care pathways. The MMHSs also provide integrated mental health and AOD services access. Whilst, over time, the centres will meet a range of special needs, a key imperative will be ensuring the model of care offers a culturally safe response to the needs of Aboriginal and Torres Strait Islander people. This program is a continuation of funding from the previous activity, formally funded under Primary Mental Health Care funding.

The projects aim to address key gaps in the system by:

- Providing a highly visible and accessible entry point to services for people experiencing psychological distress
- Offering assessment to match people to the services they need
- Providing on the spot support, care and advice without needing referral, prior appointments or out of pocket costs. Every interaction should be with the intention of therapeutic benefit
- Offering an episode of care model based on short to medium term multidisciplinary care, aimed at improving psychological well-being for people with moderate to high levels of mental health need, whose needs are not being met through other services.

The key objectives of the projects are to:

- Respond to people experiencing a crisis or in significant distress, including people at heightened risk of suicide, providing support that may reduce the need for emergency department attendance
- Provide a central point to connect people to other services in the region, including through offering information and advice about mental health and AOD

use, service navigation and warm referral pathways for individuals, and their carers and family
- Provide in-house assessment, including information and support to access services
- Provide evidence-based and evidence-informed immediate and short to medium term episodes of care, including utilisation of digital mental health platforms.

Northern Territory PHN has established a centre that has been open for operation since Feb 2022 in Darwin.4. Due to the successes of the Darwin MMHC, the services are expanding to the Katherine Region which will be run by a local Aboriginal Community Controlled Health Organisation (ACCHO). The national intake and assessment service has been effectively implemented as part of this service and will be further expanded as part of digital system integration across primary and tertiary healthcare systems. This activity involves the commissioning services to deliver a blended suite of mental health services for consumers to traverse over time as the level, intensity and type of care required evolves. The stepped care model will deliver a better experience in the transition between services and service types, and improved communications will be facilitated between providers and productivity improvements gained.

Service types include low intensity services to meet the needs of people in the NT with mild to moderate mental health issues and their families/friends. In addition, services will also focus on improving health literacy and increasing the understanding of the availability and benefits of low intensity mental health services to increase utilisation and knowledge.

Northern Territory PHN will work collaboratively with providers to ensure a mix of modalities are utilised, including digital platforms and resources to maximise access to services for people living remotely. Additionally, this may include:

- Commissioning development of education resources, e-mental health solutions or capacity building activities for the health sector where this is identified as a need
- Psychological therapies for rural and remote, under-serviced and / or hard to reach groups provision of access to free focused psychological services to individuals who have limited or no access to Medicare subsidised mental health services and/or may not be able to afford mental health services in the private sector.

This activity involves maintaining service continuity in rural and remote communities that would otherwise have little or no access to mental health services, including in areas where access to Medicare-subsidised mental health services is unavailable or underutilised. This activity will support services to engage in both one on one and group work as a method to engage with clients and identify possible clients in need of stepping up/down in the future mental health stepped care model described in MH7.

This activity will also commission psychological treatment services for people with mental illness living in residential aged care facilities. Mental health services for people with severe and complex mental illness including care packages to improve clinical care coordination for people with severe and complex mental illness who are being managed in primary care, including through the phased implementation of primary mental healthcare packages and the use of mental health nurses.

The program will support clients to effectively manage their symptom(s), link them to available support and provide coordination of care within the community with the aim of improving client care and avoiding hospitalisations. SEWB commissioned services may be the delivered through a SEWB model, mental health services at a local level facilitating a joined-up approach with other closely connected services. Workforce access, capacity and capability are critical areas of need to support the delivery of commissioned programs by Northern Territory PHN. Where required, this activity could include workforce development initiatives to improve access, quality and sustainability of services to the communities in the NT.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Equitable access to health care and social services, especially for those living in rural and remote areas.	52
Population Health - Support both the development of specialised services and increased capacity of mainstream primary and mental healthcare services to identify and address the specific needs of at-risk population.	51
Mental Health - Contribute to informed, inclusive services that provide timely, integrated, compassionate and culturally safe suicide prevention responses that meet the diverse needs of people across the NT.	35

4. Demographics

Residents in the Greater Darwin region.

5. Consultation and Collaboration

Consultation
Each commissioned service has included consultation with community and people with lived experience in the development of the program.

Collaboration
Ongoing collaboration will occur with the sector and community to inform quality improvement and adjustments to commissioned services at a service delivery level. A lived experience group has been created. They meet monthly and report back to management through operational meetings that are also held monthly. The activity will also be considered as part of the collaboration strategies aligned with the joint regional mental health planning in partnership with NT Health. The ACCHS sector, AMSANT and consumer and clinical councils will be included in collaboration activities to ensure that a holistic view is applied, that duplication is reduced and consumers experience a culturally safe and seamless journey when accessing mental health services.

6. Commissioning

The Darwin MMHS is a result of extensive co-design process. This process designed all elements of the H2H Centre, including the service offering as well as the physical space. Co-design took place with the Commonwealth Government, NT Government, NT Health, the service provider, lived experience/carer groups, First Nations groups and peak bodies.

Adult Medicare Mental Health Centre-Katherine

1. Aim of Activity

This activity aims to establish an Adult MMHC in Katherine to assist adults seeking help to address mental health issues in times of crisis, or as needs emerge, to have access to advice and support provided by a variety of health professionals.

2. Description of Activity

The Jawoyn Association Aboriginal Corporation (JAAC) is leading the development of the Walk-in Talk-in Space in Katherine, which will serve as a MMHC. This initiative aims to address gaps in the mental health services available to the Katherine community, offering a user-friendly experience for people with mental illness and their families. The Walk-in Talk-in Space will focus on cultural safety, community engagement, and the sustainability of mental health services. JAAC, an ACCO with deep roots in the region, will operate this service, complementing existing services rather than duplicating them.

The key objectives of the Walk-in Talk-in Space include:

- Offering immediate support to individuals in crisis, particularly those at heightened risk of suicide
- Providing a central point for connecting people to mental health and social services
- Offering culturally led activities and clinical referrals to ensure holistic care
- Integrating data and feedback to continuously improve services and responsiveness.

Service Model Features
The Walk-in Talk-in Space will offer a range of key features, including:

- **Crisis Response and Service Access:** The space will act as a crucial point of access for individuals in crisis, especially those at heightened risk of suicide, offering immediate support and reducing the need for emergency department visits
- **Service Navigation and Support:** The Walk-in Talk-in Space will serve as a central point for connecting individuals with a broad spectrum of services, including mental health, AOD services and social support services such as family support, domestic violence prevention and youth programs. The service will provide information, advice and warm referrals

- **Culturally Safe and Holistic Services:** This initiative integrates culturally led activities, including On-country programs, alongside clinical mental health referrals. By addressing both mental health and cultural needs, the service ensures a holistic approach to care
- **Establishment of the Walk-in Talk-in Space:** JAAC has secured a central location in Katherine's shopping centre for the Walk-in Talk-in Space, with renovations currently underway. The space is expected to open in early 2025. It will serve as a hub for individuals seeking mental health support, cultural activities and social services
- **Staff Recruitment and Community Engagement:** The service will be staffed by Mental Health Cultural Leaders, supported by Aboriginal Health Workers and professionals with trauma-informed care training. To strengthen service delivery, JAAC is exploring opportunities to co-locate staff and services with other local organisations
- **Culturally Safe Triage and Care Plans:** The team is refining the triage process, care planning and referral pathways to ensure all services are culturally safe and person-centered. A Governance Framework based on Cultural Safety and Clinical Governance principles guides operations to meet the community's cultural and clinical needs
- **Data and monitoring:** A database will be implemented to track interactions, care plans and referrals, facilitating follow-up and supporting reporting requirements. Additionally, feedback from participants, Elders and service providers will be incorporated into the service model to ensure the Walk-in Talk-in Space adapts to the community's evolving needs. In partnership with Menzies University, JAAC is adapting culturally safe triage and care planning tools for integration with digital platforms. This will improve access to services and enhance the efficiency of referrals and care management across the region.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Mental Health - Building stronger communities that have increased capacity to respond to and prevent suicidal behaviour through raising awareness and reducing stigma.	64
Population Health - Equitable access to health care and social services, especially for those living in rural and remote areas.	52

Mental Health - Contribute to informed, inclusive services that provide timely, integrated, compassionate and culturally safe suicide prevention responses that meet the diverse needs of people across the NT.	35

4. Demographics

Residents in the Katherine region.

The service is a culturally led model and developed in partnership with local Aboriginal community members who are also staffing the service. The service is open to all people but will focus on cultural SEWB supports.

5. Consultation and Collaboration

Consultation

The service model was established in consultation with local Aboriginal people and Elders from the physical space, intake, evaluation measures, staffing and branding. All aspects have been developed with and for the community. The broader mental health sector was also heavily engaged in input into the service design and referral pathways to alternative and additional supports. A 'BakBon' Steering Committee, strengthening the collaboration and the governance of this initiative is made up of local service providers and Jawyon elders. They are also creating a localised Service Map for our community based on the water lily.

Collaboration

Ongoing collaboration will occur with sector and community to inform quality improvement and adjustments to commissioned services at a service delivery level. A lived experience group has been created. They meet monthly and report back to management through operation meetings that are also held monthly. The activity will also be considered as part of the collaboration strategies aligned with the joint regional mental health planning in partnership with NT Health. The ACCHS sector, AMSANT, and consumer and clinical councils will be included in collaboration activities to ensure that a holistic view is applied, that duplication is reduced and consumers experience a culturally safe and seamless journey when accessing mental health services.

6. Milestones

- Establish a local Steering Committee of relevant stakeholder membership - complete
- Design and establishment phase has now been completed and aligns with the new rebranding of Medicare Mental Health Centres
- Phased and soft launch date May 2025.

7. Commissioning

The Katherine Adult MMHC is a result of an extensive co-design process. This process designed all elements of the MMHC, including the service offering as well as the physical space. Co-design took place with the Commonwealth Government, NT Government, NT Health, the service provider, lived experience/carer groups, Aboriginal and Torres Strait Islander groups, peak bodies and other relevant stakeholders in the community.

Universal Aftercare Services

1. Aim of Activity

This activity supports an expansion and enhancement of aftercare services previously funded under the Prioritising Mental Health: Aftercare Following A Suicide Attempt (formally The Way Back Support Service) Activity through the Primary Mental Health Care schedule. The activity will here on be referred to as Universal Aftercare.

Universal Aftercare services aim to support individuals following a suicide attempt and/or suicidal crisis, and ensure consistent and best practice support alongside understanding of historical and cultural contexts in the NT.

2. Description of Activity

To commission service provider(s) to provide territory-wide coverage of aftercare for people discharged from hospital after a suicide attempt and/or suicidal crisis, and/or self-harm, across the six NT hospital service regions.

This activity will operate, wherever required, in line with the National Agreement on Closing the Gap and its Priority Reforms and align to the Service Model specified by co-design with NT Health (on behalf of the Northern Territory Government) and key stakeholders.

Each site has undertaken local service modelling and design to determine locally led referral pathways and supports. that align with the Suicide Prevention and Response priorities of the National Agreement, including meeting the needs of identified priority population groups, increasing accessibility, developing services and programs in collaboration with people with lived experience, improving quality, building workforce competency, and addressing gaps, fragmentation, duplication and inefficiencies.

Northern Territory PHN will work in partnership with the referring hospital(s), other suicide prevention referral networks and service planning arrangements (for example, Culture Care Connect), SEWB services, ACCOs and other services and supports, to encourage and optimise referral pathways.

Northern Territory PHN will work closely with the Commonwealth Government, NT Health, AMSANT, other ACCO, NT based service providers and commissioned service provider(s), to ensure appropriate governance and performance oversight.

Northern Territory PHN will adhere to data collection, sharing and reporting requirements, as advised by the Commonwealth Government.

Northern Territory PHN will support the national evaluator of universal aftercare, once appointed, to provide relevant documentation, data and other information.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Mental Health - Building stronger communities that have increased capacity to respond to and prevent suicidal behaviour through raising awareness and reducing stigma.	64
Mental Health - Contribute to informed, inclusive services that provide timely, integrated, compassionate and culturally safe suicide prevention responses that meet the diverse needs of people across the NT.	35

4. Demographics

People aged 14+ across the NT.

5. Consultation and Collaboration

Consultation
NT Health lead the stakeholder engagement and consultation activities, with support from Northern Territory PHN in this process.

Northern Territory PHN will work in partnership with the referring hospital(s), other suicide prevention referral networks and service planning arrangements (for example, Culture Care Connect), SEWB services, ACCHOs and other services and supports to encourage and support referral pathways.

Northern Territory PHN will also work closely with the Commonwealth Government, NT Health, AMSANT, other ACCOs, NT based service providers and commissioned service provider(s), to ensure appropriate governance and performance oversight.

Collaboration

- Commonwealth Government
- NT Health
- AMSANT

- ACCOs / Health Services
- NT based service providers and commissioned service provider(s).

6. Milestones

- The Darwin site is fully operational
- Alice Springs site has been contracted for Q4 24/25. Services expected to start Q4 24/25
- Nhulunbuy site is fully operational as of Q3 24/25
- Booroloola site operational as of Q2 24/25
- Consultations taking place for Katherine and Tennant Creek – Ongoing.

7. Commissioning

The WayBack Program at TeamHealth will be decommissioned. The NT Aftercare Services program will replace this. The provider is aware that their service will be decommissioned, and a thorough handover period will be implemented with appropriate follow-up organised for the people currently utilising the service. - Completed July 2024

Northern Territory PHN will work with the Commonwealth and NT Government's on how to best capture the context and priorities of NT communities, including Aboriginal and Torres strait Islander peoples and other priority cohorts. This includes reflecting outcomes from recent community engagements to inform NT policy reforms and action plans. The principles will be drafted based on best practice evidence, stakeholder advice and evaluation findings. These will be refined over the coming months based on insights from people with lived and living experience of suicide and suicidal crisis, and advice from providers, and other critical stakeholders. The final version will be provided to inform future improvements to the Service Model.

Headspace Enhancement – Alice Springs

1. Aim of Activity

The aim of this activity is to expand and enhance the Alice Springs headspace centre through increased funding to improve access to coordinated, multidisciplinary care for young people and improve workforce attraction and retention.

2. Description of Activity

Northern Territory PHN will continue to commission headspace service delivery, and work in partnership with them to ensure deliverables are met, and youth friendly health services continue to provide for the needs of young people within Alice Springs.

Enhancement funding is to align with the below activities:

- Recruitment of additional clinical and non-clinical staff
- Recruitment of identified positions reflective of community demographics
- Enhancing GP remuneration under the Subsection 19(2) exemption (for eligible headspace locations)
- Undertaking professional development and upskilling, including upskilling in culturally appropriate care
- Improving the implementation of appropriate and evidenced based approaches
- Supplementing salaries for the existing multi-disciplinary workforce
- Improving care coordination, referral pathways and service integration with state-funded and other PHN-commissioned services
- Increasing community engagement and awareness activities, particularly with priority populations.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Mental Health - Building stronger communities that have increased capacity to respond to and prevent suicidal behaviour through raising awareness and reducing stigma.	64

Population Health - Equitable access to health care and social services, especially for those living in rural and remote areas.	52
AOD - Diagnosis of co-morbid mental illness and alcohol or other drug misuse and the coordination and integration of care.	66
Health Workforce - Develop and grow the Aboriginal and Torres Strait Islander workforce – clinical and non-clinical with a particular focus on remote and ACCHOs.	71
Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations.	51

4. Demographics

All Alice Springs residents aged 12-15.

5. Consultation and Collaboration

Consultation
Stakeholder engagement occurs fortnightly with CAAC and headspace for activities in Alice Springs.

Further consultation occurs through community of practices.

Collaboration
Northern Territory PHN representatives attend the Community Consortium network meeting in Alice Springs. Northern Territory PHN, CAAC and headspace National meet fortnightly to support the work of the Alice Springs headspace centre. The activity will also be considered as part of the collaboration strategies aligned with the joint regional mental health planning in partnership with NT Health. The ACCHS sector, AMSANT, and consumer and clinical councils will be included in collaboration activities to ensure that a holistic view is applied, that duplication is reduced, and consumers experience a culturally safe and seamless journey when accessing mental health services.

Headspace Enhancement – Katherine

1. Aim of Activity

The aim of this activity is to expand and enhance the headspace centres in the NT through increased funding to improve access to coordinated, multidisciplinary care for young people and improve workforce attraction and retention.

2. Description of Activity

NT PHN will continue to commission headspace service delivery, and work in partnership with them to ensure deliverables are met, and youth friendly health services continue to provide for the needs of young people within the Katherine region.

Enhancement funding is to align with the below activities:

- Recruitment of additional clinical and non-clinical staff
- Recruitment of identified positions reflective of community demographics
- Enhancing GP remuneration under the Subsection 19(2) exemption (for eligible headspace locations)
- Undertaking professional development and upskilling, including upskilling in culturally appropriate care
- Improving the implementation of appropriate and evidenced based approaches
- Supplementing salaries for the existing multi-disciplinary workforce
- Improving care coordination, referral pathways and service integration with state-funded and other PHN-commissioned services
- Increasing community engagement and awareness activities, particularly with priority populations.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Mental Health - Building stronger communities that have increased capacity to respond to and prevent suicidal behaviour through raising awareness and reducing stigma.	64

Population Health - Equitable access to health care and social services, especially for those living in rural and remote areas.	52
AOD - Diagnosis of co-morbid mental illness and alcohol or other drug misuse and the coordination and integration of care.	66
Population Health- Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations.	51

4. Demographics

All Katherine residents aged 12-15.

5. Consultation and Collaboration

Consultation
Stakeholder engagement occurs monthly with Anglicare headspace and activities for Katherine are discussed. Further consultation occurs through community of practices.

Collaboration
Northern Territory PHN representatives attend the Community Consortium network meeting in Katherine. Northern Territory PHN and lead agencies meet regularly to support the work of the headspaces across the NT and regular meetings are held with headspace National. The activity will also be considered as part of the collaboration strategies aligned with the joint regional mental health planning in partnership with NT Health. The ACCHOs sector, AMSANT and consumer and clinical councils will be included in collaboration activities to ensure that a holistic view is applied, that duplication is reduced and consumers experience a culturally safe and seamless journey when accessing mental health services.

6. Commissioning

A new merged service activity report and Income and Expenditure report was developed in consultation with Anglicare to create ease of reporting. This is also designed to assist the provider by reducing the fragmentation of the funding provided.

Headspace Enhancement – Darwin

1. Aim of Activity

The aim of this activity is to expand and enhance the headspace centres in the NT through increased funding to improve access to coordinated, multidisciplinary care for young people and improve workforce attraction and retention.

2. Description of Activity

Northern Territory PHN will continue to commission headspace service delivery, and work in partnership with them to ensure deliverables are met, and youth friendly health services continue to provide for the needs of young people within the Darwin regions.

Enhancement funding is to align with the below activities:

- Recruitment of additional clinical and non-clinical staff
- Recruitment of identified positions reflective of community demographics
- Enhancing GP remuneration under the Subsection 19(2) exemption (for eligible headspace locations)
- Undertaking professional development and upskilling, including upskilling in culturally appropriate care
- Improving the implementation of appropriate and evidenced based approaches
- Supplementing salaries for the existing multi-disciplinary workforce
- Improving care coordination, referral pathways and service integration with state-funded and other PHN-commissioned services
- Increasing community engagement and awareness activities, particularly with priority populations.

Darwin Anglicare headspace has funding for the next 2 years (until 2026) through the NABS. This continuous funding will ensure headspace Darwin is able to improve access to coordinated, multi-disciplinary care for young people, as well as to improving workforce attraction and retention.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support multidisciplinary team care models of service.	60

Mental Health - Building stronger communities that have increased capacity to respond to and prevent suicidal behaviour through raising awareness and reducing stigma.	64
Health Workforce - Develop locally responsive, sustainable models of care, including more community-based models, with a particular focus on remote settings.	71
Population Health - Provide access to health prevention, promotion, early intervention and navigation supports for at-risk populations.	56
Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations.	51

4. Demographics

All Darwin residents aged 12-25.

5. Consultation and Collaboration

Consultation

Stakeholder engagement occurs monthly with Anglicare headspace, where activities for Darwin are discussed. Further consultation occurs through community of practices and consortium meetings held across Darwin/Palmerston sites.

Collaboration

Northern Territory PHN representatives attend the Community Consortium network meeting in Darwin. Northern Territory PHN and lead agencies meet regularly to support the work of headspaces across the NT and regular meetings are held with headspace National. The activity will also be considered as part of the collaboration strategies aligned with the joint regional mental health planning in partnership with NT Health. The ACCHOs sector, AMSANT and consumer and clinical councils will be included in collaboration activities to ensure that a holistic view is applied, that duplication is reduced and consumers experience a culturally safe and seamless journey when accessing mental health services.

Northern Territory PHN is collaborating with the Orygen Lab Implementation team to improve YES services throughout Darwin/Palmerston headspace and avoid duplication in the region.

6. Commissioning

A new merged service activity report and income and Expenditure report was developed in consultation with Anglicare to create ease of reporting. This is also designed to assist the provider by reducing the fragmentation of the funding provided.