Gippsland PHN– National Mental Health and Suicide Prevention Bilateral Agreement
2026 – 2027 Activity Work Plan Annual Update

Submitted: 30 April 2026 Approved: 29 July 2026

NAB-H2H - NAB-H2H1 Head to Health Adult Mental Health Centres and Satellites – Mental Health Clinics

Activity Priorities and Description	
Program Key Priority Area	Mental Health Priority Area 7: Stepped care approach
Aim of Activity	This activity relates to Head to Health mental health clinics previously funded through the Primary Mental Health Care schedule. This activity aims to increase access to integrated multi-disciplinary mental health care for all age cohorts living in regional areas who present with moderate to high level of care mental health needs (IAR 3&4).
Description of Activity	With the combination of Commonwealth and state funding, Gippsland PHN will continue to commission our two Head to Health clinics. These clinics have been operationalised in Baw Baw (Warragul) and Wellington (Sale) since 14 September 2020. It is anticipated that these clinics will continue into the 2026/27 financial year. Wellington will be replaced by a Medicare Mental Health Centre (MMHC) in Sale which will allow a smooth transition for consumers during the MMHC's establishment period. The Head To Health clinics offer multidisciplinary teams of mental health workers, including psychologists, mental health nurses, social workers, and alcohol and drug services workers and are co-located with General Practice (GP) providers. In line with the Head to Health Model, these clinics deliver care for patients at levels 3 or 4 on the Initial Assessment Referral (IAR) Decision Support Tool whilst those at level 1, 2 and 5 are supported via warm transfer to appropriate care options. Services are targeted at supporting adults. For young people, the teams will help patients to find the best support in their local area such as Headspace and the Youth Enhanced Service. Clinics accept referrals from the Medicare Mental Health Intake and Assessment Phone Service and from other direct sources including GPs, teachers, caregivers and self-presenters. Clinics operate under a no wrong door policy. They undertake an IAR assessment for those presenting directly to the clinic and arrange for warm referrals to other services for patients who rate outside of a 3 or 4 on the IAR tool, or if another service is deemed more suitable. Clinicians are offered access to cultural safety and awareness training from Gippsland PHN and are required to maintain currency of their cultural and LGBTIQA+ training. Training is recorded against clinicians and reported in the Primary Mental Health Care Minimum Data Set (PMHC MDS). Efforts are made to enhance the availability of existing services in several ways. Gippsland PHN works closely with the Medicare Mental Health Phone Intake service and the Head to Health hub service providers to monitor demand management processes across services. Referral pathways are discussed regularly, and service integration and ongoing relationships with other service providers are a standing agenda item for regular review. Outreach and co-location of clinicians is undertaken by the clinicians of the Sale Head To Health clinic which further supports activities to enhance availability of services to hard to reach and vulnerable populations. While

	sessions can be undertaken vie telehealth, some of the clinician pool work from other medical centres around the region throughout the week. This provides the option for consumers around the Wellington LGA, who may be unable or have the means to travel to Sale, and can see a mental health clinician in a more convenient location. This assists consumers in more distant locations such as Yarram, or smaller more isolated locations such as Loch Sport. Additionally, the Sale hub also has a clinician specifically supporting Ramahyuck Aboriginal Medical Clinic in Sale. Consultation with Aboriginal Controlled Community Organisations (ACCOs) and delivery of culturally appropriate services occur as part of this activity. This is also supported by the promotion of relationships and integrated referral pathways between service providers. Communication and engagement activities are regularly discussed, developed and reviewed at a state-wide and national level with other PHNs. **Engagement with Local Hospital Networks and/or State government:** Gippsland PHN engage with our Area Mental Health provider (Latrobe Regional Health, LRH) and State Government bodies. Collaborative meetings between the PHN and LRH also occur in the Gippsland Mental Health Alliance. Gippsland PHN coordinates and manages the Gippsland Mental Health Alliance which meets quarterly connecting 18 of the most significant mental health provider organisations across Gippsland on priority mental health issues. Two State Government funded Mental Health and Wellbeing Locals have been opened in the Gippsland region to date and we have held meetings with Neami National and Wellways (the lead agencies) to ensure integrated referral pathways as they increase capacity. We expect this engagement activity to be ongoing and similar arrangements established as new Mental Health and Wellbeing Local providers are named and services opened. **Activities to promote and improve the update of practice accreditation:** Gippsland's Head to Health hubs are both co-located with, and services delivered by, General Practices. As part of Gippsland PHN's contract management, practice accreditation requirements are discussed and reviewed with providers in quarterly contract management meetings. It is an expectation that they are accredited, or the PHN works to support them in gaining their accreditation. Both Gippsland Hubs are currently accredited under the RACGP standards. **Collection of PMHC-MDS data includes collection of data extensions or tags for service activity. The approach for collection is:** Data is collected via two databases for the purpose of Primary Mental Health Care Minimum Dataset (PMHC-MDS) Reporting, utilising the Head to Health Central Intake Database developed and maintained by North Western Melbourne PHN and the Fixus Case Management System. Intake assessments are entered into the Head to Health Central Intake Database and every 15 minutes, this database is cross-referenced with Fixus to identify if there are any new referrals. If new referrals are identified, they are swept over to Fixus. Clinics then utilise the Fixus system for their PMHC-MDS reporting. Any relevant data extensions or tags for service activities are entered here and the data submitted using the PMHC-MDS v4 model. We collect qualitative data and a case study. To ensure Value for Money assessment is conducted at all stages of the commissioning cycle, Gippsland PHN is restructuring contract KPIs and mapping them against the Quintuple Aim across all commissioning activities. Contract KPIs being restructured to reflect each of the five elements of the Quintuple Aim and from 1 July 2026 all Clinical Service Order Agreements will have contract KPIs against each of the five elements of the Quintuple Aim.

	Impact: The activity has had an important impact on the ground since it was commenced in September 2020. This will continue in the 2026/2027 period. In the 2024/25 calendar year, 1,325 episodes of care were delivered by the clinics for 6,533 service contacts, 52.7% of which had their treatment concluded. Care averaged 4 episodes for those with closed cases and the average duration of that care was just over three months. Hubs provide care in a timely manner with an average 2 day wait to first appointment from referral and operate under a no wrong door policy, connecting consumers to the right care for their needs. While Commonwealth government funding has been allocated to commence the establishment of a Medicare Mental Health Centre in Sale, the Head to Health service will be maintained to ensure no service loss to the Sale and surrounding districts communities during the Medicare Mental Health Centre establishment period. During 2026/2027, Head to Health Hubs will continue to deliver evidence-based interventions via their multidisciplinary teams which include but are not limited to; registered and provisional psychologists, social workers, enrolled and registered mental health nurses, mental health support workers, alcohol and other drugs counsellors, domestic violence workers and care coordinators. The Head to Health clinics benefit the Gippsland mental health sector by absorbing system pressures in other services including Emergency Departments and Area Mental Health, and supports consumers by offering an accessible, free and easy to navigate service that provides the right care at the right time. In 2026/2027 the impact to community will continue to include more accessible mental health care, utilising the stepped care model, with the no wrong door and warm referral facets of program delivery and improved mental health outcomes for those supported by the referred service and services. Collaboration with relevant primary and mental health service providers to address and improve integrated care pathways and the delivery of seamless, effective and efficient care will continue.

Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1

Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
Mental Health and Wellbeing, including Suicide Prevention Access to primary care for marginalised communities Health workforce	

Activity Demographics	
Target Population Cohort	Older Australians, Aboriginal and/or Torres Strait Islander People, and all age groups
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes, Physical locations in Baw Baw and Wellington LGAs, however offer some outreach to other locations through Wellington LGA and telehealth is offered region wide.

SA3 Name	**SA3 Code**
Gippsland wide	

Activity Consultation and Collaboration	
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy and is a strategic community leadership group who drives community involvement through a range of mechanisms. Gippsland PHN's Clinical Council comprises health professional representatives across the region, who recommend and advise on issues that are specific to their region and/or discipline(s). Gippsland PHN also have an Executive Team member presence on the Clinical Council which assists with direct communication to the organisation, as well as the Gippsland Board through its Board member sponsor. Gippsland PHN utilises these key governance mechanisms as the first point for consultation regarding service development and implementation. Specific consultation has occurred and will continue in 2026/27 with; • Medicare Mental Health Phone Intake service • Aboriginal Controlled Community Organisations (ACCOs) • Residential Aged Care Homes • Latrobe Regional Health • Existing Gippsland PHN commissioned service providers • Other professional stakeholders and regional network groups • Gippsland Mental Health Alliance, coordinated and managed by Gippsland PHN • Mental Health and Wellbeing Locals
Collaboration	The key collaborations, which help Gippsland PHN shape the service to local needs and ensure safety and quality of care, include: • Medicare Mental Health Intake and Assessment Phone Service; • Victorian Tasmanian PHN Alliance (VTPHNA); • General practitioners and primary care providers; • Local Health Service Network and Area Mental Health Service provider; • Local Alcohol and other Drug provider/s; • Mental health and allied health professionals; • Consumers, their families and carers; • State Department of Health; • North Western Melbourne PHN; • PHN Cooperative • Neami National • Wellways Australia • Neighbourhood Houses • Mental Health in Aged Care provider • Department of Health, Disability and Ageing The Gippsland Head to Health program has developed strong partnerships with General Practitioners (GPs) to ensure they understand the program's scope and service delivery model. The program is promoted to GPs through quarterly meetings, communications, and targeted outreach from the Medicare Mental Health Phone service provider. The program includes monthly governance meetings between Head to Health hubs and the Medicare Mental Health Phone service to discuss referral trends and best practices. Commissioned services in the region have been trained in the IAR to ensure a shared understanding of mental health assessments. This collaborative approach ensures that patients receive appropriate care at the right time and place. Additionally, Gippsland PHN is involved in broader integration work with the Victorian, Adelaide and Tasmanian PHN Alliance, focusing on system integration and the role of IAR.

Activity Milestone Details/Duration	
Activity Start Date	25/11/2022
Activity End Date	30/06/2027
Other Relevant Milestones	-
Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Continuing service provider/contract extension
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?	NA
Co-design or co-commissioning comments	NA

NAB-HE – 1- NAB-headspace Enhancement - Bairnsdale	
Activity Priorities and Description	
Program Key Priority Area	*Mental Health Priority Area 2: Child and youth mental health services*
Aim of Activity	The purpose of the enhancement funding is for headspace services to improve access to coordinated, multi-disciplinary care for young people and to improve workforce attraction and retention.
Description of Activity	In 2025-26, headspace centre Bairnsdale received core service funding and was allocated enhancement funding. Funding commitments for headspace enhancement services have not yet been provided, however service continuation is anticipated for the full 2026/27 financial year. Enhancing the headspace network recognises the increasing complexity of young people presenting to headspace services, in addition to workforce and funding pressures that have constrained service capacity in recent years. The implementation of headspace enhancement funding is not intended to add to, or change, the parameters of the headspace Model Integrity Framework (hMIF) and headspace Centre Service Model (collectively, the headspace model). This funding aims to enhance the capacity of individual headspace services to respond to local need in alignment with the headspace model. Activities include • Enhancing GP remuneration • Recruitment of identified positions reflective of community demographics – First Nations. • Recruitment of additional clinical staff to improve the implementation of appropriate and evidenced based approaches through increased support structures. • Undertaking professional development CBT training for clinical staff and upskilling, including upskilling in culturally appropriate care. SCOPE accreditation and LGBTQIA+/First Nations training. • Increasing community engagement and awareness activities with priority populations • Increased existing nonclinical staff and admin FTE • Program costs/new materials to engage young people • Increased outreach to remote/rural locations travel/accommodation • Equipment and licensing costs • Supplementation of salaries for existing workforce Continuation planned in 2026/27 at the Bairnsdale site of enhancement activity if funding is extended includes: • Enhancement of GP remuneration to retain free general practitioner services for the youth cohort and facilitate continuity of general practice service at this site. The provider has not been able to secure a GP for this program as yet but continue to look at all avenues to get this program up and running as soon as possible. • Continuation of upskilling activities will also include training in culturally appropriate care for LGBTQIA+/First Nations communities / people. • Increasing community engagement and awareness activities with priority populations. Increase in community engagement has given great awareness to first nations young people of programs offered by the centre and the culturally appropriateness that are provided within the programs. • Continuation of the increase of existing nonclinical staff and admin FTE to support the delivery of community engagement including. • Program costs/new materials to engage young people.

	• Increased outreach to remote/rural locations, to include travel and accommodation costs required for outreach in far East Gippsland • Equipment and licensing costs This centre has supplemented salaries for existing workforce to maintain retention of skilled staff. If funding is not extended beyond the current end date of 30 June 2026 for enhancement funding, then this aspect of the current contract will be de-commissioned, and Gippsland PHN will work with the provider to support the activities using existing resources. **Engagement with Local Hospital Networks and/or State government:** Not applicable for enhancement related activities. **Continuation of activities to promote and improve the update of practice accreditation:** Professional development CBT training for clinical staff and upskilling, including upskilling in culturally appropriate care has been completed by some commissioned services staff and will continue through 2026/27, if funding extension is received. **Collection of PMHC-MDS data** includes collection of data extensions or tags for service activity. The approach for collection is Gippsland PHN seeks data to be submitted from headspace centres monthly via the headspace data system hAPI. This data includes occasions of service, did not attends (DNAs) and waitlist details. Seeking advice from providers regarding their waitlist time management is included in program meetings. Gippsland PHN also accesses Tableau reporting on a regular basis to review and monitor progress and reporting and related information. **Impact:** Retaining skilled workforce to deliver services to this cohort. Increased service access to LGBTQIA+/First Nations people to receive culturally and diverse safe services, when and where needed. Young people across Gippsland have increased access to culturally safe and youth-friendly services to support their mental health needs. The introduction of the additional workforce has had an impact on the wait times and currently young people are seen within three weeks where prior it was at 6 weeks. This means that wait lists are now better resourced including brief intervention via single sessions and support through regular phone calls as well as accessing online resources through MOST and Eheadspace, or through group interventions held within the centres.
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1
Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
Mental Health and Wellbeing, including Suicide Prevention Aboriginal and/or Torres Strait Islander health and wellbeing Alcohol and other drugs Health workforce Growing up Healthy (0-25 years) Access to primary care for marginalised communities	
Activity Demographics	

Target Population Cohort	12–25-year-old target cohort	
In Scope AOD Treatment Type	No	
Indigenous Specific	No	
Indigenous Specific Comments (if answered yes to above)	-	
Coverage Whole Region?	No	
SA3 Name		**SA3 Code**
East Gippsland		
Activity Consultation and Collaboration		
Consultation	headspace Centres will continue to be consulted on the opportunities that are available under this funding stream. Enhancement funding is intended to provide headspace services with additional capacity to meet the current and increasing needs of young people experiencing, or at risk of, mild to moderate mental illness.	
Collaboration	The lead agencies for Gippsland headspace centres collaborate closely with their local service providers via their governance consortium. Memberships of theses consortia include Area Mental Health Service Child and Youth Mental Health via Latrobe Regional Health, Gippsland Lakes Complete health, Youth Support + Advocacy Service (YSAS), Wellington Shire and APM Employment Services.	
Activity Milestone Details/Duration		
Activity Start Date	01/05/2023	
Activity End Date	30/06/2027	
Other Relevant Milestones	-	
Activity Commissioning (intended procurement approach for commissioning services under this activity)		
Procurement Approach	Continuing service provider/contract extension	
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	The enhancement funding stream provided the opportunity for headspace Centres to nominate their activities within the guidelines provided by the Department.	

NAB-HE – 2- NAB-headspace Enhancement - Sale

Activity Priorities and Description	
Program Key Priority Area	*Mental Health Priority Area 2: Child and youth mental health services*
Aim of Activity	The purpose of the enhancement funding is for headspace services to improve access to coordinated, multi-disciplinary care for young people and to improve workforce attraction and retention.
Description of Activity	In 2025-26, headspace centre Sale received core service funding and was allocated enhancement funding. Funding commitments for headspace enhancement services have not yet been provided, however service continuation is anticipated for the full 2026/27 financial year. Enhancing the headspace network recognises the increasing complexity of young people presenting to headspace services, in addition to workforce and funding pressures that have constrained service capacity in recent years. The implementation of headspace enhancement funding is not intended to add to, or change, the parameters of the headspace Model Integrity Framework (hMIF) and headspace Centre Service Model (collectively, the headspace model). This funding aims to enhance the capacity of individual headspace services to respond to local need in alignment with the headspace model. Continuation planned in 2026/27 if funding is extended includes: • Extend centre operations from the current 3 days to 4 days. Extend existing clinical and admin FTE. In 25/26 the operational hours have been extended and will continue in 26/27 if funding is secured**.** • Recruitment of additional Youth Access Worker role to improve the implementation of appropriate and evidenced based approaches through increased support structures and initial set up of up of employee laptop and phone, engagement materials and resources. Recruitment of additional Youth Access Worker role to improve the implementation of appropriate and evidenced based approaches through increased support structures and initial set up of employee laptop and phone, engagement materials and resources. • Increasing community engagement and awareness activities with priority populations • program costs including travel/accommodation • program costs group engagement materials/resources • Undertaking professional development CBT training for clinical staff and upskilling, including upskilling in culturally appropriate care. SCOPE accreditation and LGBTQIA+/First Nations training. IAR training and Single Session Thinking courses have also been completed benefiting delivery of services across the program. • Equipment costs that may be required to deliver the services as per the above. • Supplementation of salaries for existing workforce If funding is not extended beyond the current end date of 30 June 2026 for enhancement funding, then this aspect of the current contract will be de-commissioned and Gippsland PHN will work with the provider to support the activities using existing resources. **Engagement with Local Hospital Networks and/or State government:** N/A to headspace enhancement activities proposed.

	Continuation of planned activities to promote and improve the update of practice accreditation includes: Undertaking professional development CBT training for clinical staff and upskilling, including upskilling in culturally appropriate care which is an ongoing requirement. **Collection of PMHC-MDS data** includes collection of data extensions or tags for service activity. The approach for collection is Gippsland PHN seeks data to be submitted from headspace centres monthly via the headspace data system hAPI. This data includes occasions of service, did not attend (DNAs) and waitlist details. Seeking advice from providers regarding their waitlist time management is included in program meeting discussions. Gippsland PHN also accesses Tableau reporting on a regular basis to review and monitor progress and reporting and related information. **Impact:** Retaining skilled workforce to deliver services. Increased service access to LGBTQIA+/First Nations people to receive culturally and diverse safe services, when and where needed. Young people across Gippsland have increased access to culturally safe and youth-friendly services to support their mental health needs. It is intended that waitlists will be significantly reduced and time from referral to allocation of services has decreased since the introduction of the additional workforce. Average time to first direct service is 2 weeks. This means wait lists are better resourced and managed including brief intervention via single sessions and support by regular phone calls as well as accessing online resources through MOST and Eheadspace, or through group interventions held within the centres.
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1
Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
Mental Health and Wellbeing, including Suicide Prevention Aboriginal and/or Torres Strait Islander health and wellbeing Alcohol and other drugs Health workforce Growing up Healthy (0-25 years) Access to primary care for marginalised communities	
Activity Demographics	
Target Population Cohort	12–25-year-old
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	No
SA3 Name	**SA3 Code**
Wellington	
Activity Consultation and Collaboration	
Consultation	headspace Centres will continue to be consulted on the opportunities that were available under this funding stream. Enhancement funding is intended to provide headspace services with additional capacity to meet the current and increasing needs of young people experiencing, or at risk of, mild to moderate mental illness.

Collaboration	The lead agencies for Gippsland headspace centres collaborate closely with their local service providers via their governance consortiums. Memberships of theses consortia include Area Mental Health Service Child and Youth Mental Health via Latrobe Regional Health, Gippsland Lakes Complete health, Youth Support + Advocacy Service (YSAS), Wellington Shire and APM Employment Services.
Activity Milestone Details/Duration	
Activity Start Date	01/05/2023
Activity End Date	30/06/2027
Other Relevant Milestones	-
Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Continuing service provider/contract extension
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	The enhancement funding stream provided the opportunity for headspace Centres to nominate their activities within the guidelines provided by the Department.

NAB-HE - NAB-headspace Enhancement - Wonthaggi

Activity Priorities and Description	
Program Key Priority Area	*Mental Health Priority Area 2: Child and youth mental health services*
Aim of Activity	The aim of the headspace enhancement aims to increase access to services for young people. It also aims to improve workforce attraction and retention for the headspace Centres.
Description of Activity	In 2025-26, headspace centre Wonthaggi received core service funding and was allocated enhancement funding. Funding commitments for headspace enhancement services have not yet been provided, however service continuation is anticipated for the full 2026/27 financial year. Enhancing the headspace network recognises the increasing complexity of young people presenting to headspace services, in addition to workforce and funding pressures that have constrained service capacity in recent years. The implementation of headspace enhancement funding is not intended to add to, or change, the parameters of the headspace Model Integrity Framework (hMIF) and headspace Centre Service Model (collectively, the headspace model). This funding aims to enhance the capacity of individual headspace services to respond to local need in alignment with the headspace model. Enhancement funding is intended to provide headspace services with additional capacity to meet the current and increasing needs of young people experiencing, or at risk of, mild to moderate mental illness. The following list of activities by headspace Wonthaggi are considered within scope of the enhancement initiative: • Enhancing GP remuneration. This will enable the service to continue to provide an incentive/remuneration for the weekly GP Service. • New Youth Officer Position. This role will enhance the current service model and be a First Nations identified position reflective of community demographics. The role will include First Nations Social Emotional Wellbeing Work and engagement work. This position has benefited the program greatly and they look to continue with this into 26/27. • Additional Centre Management EFT. To meet the growing demands of the service and increased FTE. This has been implemented in 25/26 and will continue if funding is secured for 26/27. • Mental Health Clinician (Operations). This role will provide operational support to the Clinical Lead and provide clinical services. -Implemented in 25/26 with strong support to multiple areas across the program. • Additional non-direct FTE Increase to Client Services Officer EFT Increase to Community Engagement Officer, which will enable increased community engagement. Having the additional funding to support non direct services and Community Engagement has increased engagement of Priority population and awareness of the services available. • Undertaking professional development and upskilling. • Supplementation of salaries for existing workforce. **Engagement with Local Hospital Networks and/or State government:** Not applicable for enhancement related activities. **Continuation of planned activities to promote and improve the update of practice accreditation include:** Continuation of professional development and upskilling, including in: • Culturally appropriate care • Inclusive family practice

	• Trauma-informed care • Tuning into Teens facilitator training **Collection of PMHC-MDS data** includes collection of data extensions or tags for service activity. The approach for collection is Gippsland PHN seeks data to be submitted from headspace centres monthly via the headspace data system hAPI. This data includes occasions of service and Did Not Attends (DNAs) and waitlist details. Seeking advice from providers regarding their waitlist time management is included in program meeting discussions. Gippsland PHN also accesses Tableau reporting on a regular basis to review and monitor progress and reporting and related information. **Impact:** Retaining skilled workforce to deliver services. Increased service access to LGBTQIA+/First Nations people to receive culturally and diverse safe services, when and where needed. Young people across Gippsland have increased access to culturally safe and youth-friendly services to support their mental health needs. Waitlists have significantly reduced and time from referral to allocation of services has decreased since the introduction of the additional workforce. Currently 2 weeks from referral to intake. This means wait lists are better resourced and managed including brief intervention via single sessions and support by regular phone calls as well as accessing online resources through MOST and Eheadspace, or through group interventions held within the centres.
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1
Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
Mental Health and Wellbeing, including Suicide Prevention Aboriginal and/or Torres Strait Islander health and wellbeing Alcohol and other drugs Health workforce Growing up Healthy (0-25 years) Access to primary care for marginalised communities	
Activity Demographics	
Target Population Cohort	12-25 years
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	No
SA3 Name	**SA3 Code**
South Gippsland	
Activity Consultation and Collaboration	
Consultation	headspace Centres will continue to be consulted on the opportunities that were available under this funding stream. Enhancement funding is intended to provide headspace services with additional capacity to meet the current and increasing needs of young people experiencing, or at risk of, mild to moderate mental illness.
Collaboration	The lead agencies for Gippsland headspace Centres collaborate closely with local providers via their governance consortiums. Memberships of these consortia include Area Mental Health Service Child Youth Mental Health via Wellways, Department of

	Education, Australian Community Support Organisation (ACSO), Youth Support + Advocacy Service (YSAS), South Gippsland Hospital, Latrobe Regional Hospital, Bass Coast Health, Gippsland Centre Against Sexual Assault (GCASA) and Local Learning Employment Networks.
Activity Milestone Details/Duration	
Activity Start Date	01/05/2023
Activity End Date	30/06/2027
Other Relevant Milestones	-
Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Continuing service provider/contract extension
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	The enhancement funding stream provided the opportunity for headspace Centres to nominate their activities within the guidelines provided by the Department.

NAB-HE - NAB-headspace Enhancement - Morwell

Activity Priorities and Description	
Program Key Priority Area	*Mental Health Priority Area 2: Child and youth mental health services*
Aim of Activity	The aim of the headspace enhancement aims to increase access to services for young people. It also aims to improve workforce attraction and retention for the headspace Centres.
Description of Activity	In 2025-26, headspace centre Morwell received core service funding and was allocated enhancement funding. Funding commitments for headspace enhancement services have not yet been provided, however service continuation is anticipated for the full 2026/27 financial year. Enhancing the headspace network recognises the increasing complexity of young people presenting to headspace services, in addition to workforce and funding pressures that have constrained service capacity in recent years. The implementation of headspace enhancement funding is not intended to add to, or change, the parameters of the headspace Model Integrity Framework (hMIF) and headspace Centre Service Model (collectively, the headspace model). This funding aims to enhance the capacity of individual headspace services to respond to local need in alignment with the headspace model. Enhancement funding is intended to provide headspace services with additional capacity to meet the current and increasing needs of young people aged 12-25 experiencing, or at risk of, mild to moderate mental illness. The following list of activities (not exhaustive) are within scope by headspace Morwell: • Increase the Clinical Triage Officer position to improve care coordination, referral pathways and service integration. This position has been recruited to in 25/26 and has been of great benefit to the program and will continue into 26/27 if funding is secured. • Recruitment of a qualified Mental Health Clinician to increase the skill and capacity of the current workforce, ensuring they are better equipped to manage the increasing demand and complexity of young people experiencing moderate mental illness. • Recruitment of a Social and Emotional Wellbeing Worker to ensure a culturally appropriate and safe environment that delivers equity and opportunity in employment, health and wellbeing for First Nations people in the region. With an increase of First Nations young people attending services this is a position that is valued within the service. • Supplement the current credentialed workforce salaries to retain highly skilled clinical staff • Secure funding for GP for the 2026/27 financial year. Implemented into headspace from 25/26 and continues to be an invaluable service that is provided and will continue this into 26/27 if funding is secured. • Organisation support (finance, PLC, fleet, facilities, ICT, electricity etc) **Engagement with Local Hospital Networks and/or State government:** Not applicable to enhancement related activities. **Continuation of planned activities to promote and improve the update of practice accreditation includes:** Continuation of professional development to upskill staff in youth mental health evidence-based interventions.

	Collection of PMHC-MDS data includes collection of data extensions or tags for service activity. The approach for collection is Gippsland PHN seeks data to be submitted from headspace centres monthly via the headspace data system HAPI. This data includes occasions of service and DNAs and waitlist details. Seeking advice from providers regarding their waitlist time management is included in program meeting discussions. Gippsland PHN also accesses Tableau reporting on a regular basis to review and monitor progress and reporting and related information. **Impact:** Retaining skilled workforce to deliver services. Increased service access to LGBTQIA+/First Nations people to receive culturally and diverse safe services, when and where needed. Young people across Gippsland have increased access to culturally safe and youth-friendly services to support their mental health needs. Waitlists have significantly reduced and time from referral to allocation of services has decreased since the introduction of the additional workforce. Currently 2.5 weeks from referral to intake. This means wait lists are better resourced and managed including brief intervention via single sessions and support by regular phone calls as well as accessing online resources through MOST and Eheadspace, or through group interventions held within the centres.
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1
Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
Mental Health and Wellbeing, including Suicide Prevention Aboriginal and/or Torres Strait Islander health and wellbeing Alcohol and other drugs Health workforce Growing up Healthy (0-25 years) Access to primary care for marginalised communities	
Activity Demographics	
Target Population Cohort	12–25-year-old
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	No
SA3 Name	**SA3 Code**
Latrobe	
Activity Consultation and Collaboration	
Consultation	headspace Centres will continue to be consulted on the opportunities that were available under this funding stream. Enhancement funding is intended to provide headspace services with additional capacity to meet the current and increasing needs of young people experiencing, or at risk of, mild to moderate mental illness.
Collaboration	The lead agencies for Gippsland headspace services collaborate closely with their local service providers via their governance consortiums. Membership of these consortia include Area Mental Health Service Child and Youth Mental Health (via Latrobe Regional Hospital); rural health services; community health services, welfare and support organisations such as Quantum Support, Berry Street, and Anglicare; Aboriginal community-controlled organisations (ACCOs); education, employment,

	and Local Learning Employment Networks; and alcohol and other drug service providers.
Activity Milestone Details/Duration	
Activity Start Date	01/05/2023
Activity End Date	30/06/2027
Other Relevant Milestones	-
Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Continuing service provider/contract extension
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	The enhancement funding stream provided the opportunity for headspace Centres to nominate their activities within the guidelines provided by the Department.

NAB-PRCG – NAB-PRCG1 Regional Planning, Commissioning and Governance

Activity Priorities and Description	
Program Key Priority Area	Mental Health Priority Area 8: Regional mental health and suicide prevention plan
Aim of Activity	This activity works towards an integrated and aligned approach to planning and commissioning, including through collaborating with the Victorian Department of Health and stakeholders, providing timely data and other relevant information, and participating in consultations and other activities as required.
Description of Activity	Gippsland PHN continue to engage at a regional level with partners and stakeholders. Gippsland PHN engage with the Suicide Prevention and Response Office (SPARO) within the State Department of Health team and will continue to engage in 2026/27. This engagement assists with suicide prevention activities and mapping. We are also meeting with the Department of Families, Fairness and Housing on a regular basis to map current mental health services to build on referral pathways, ensure duplication is reduced and to inform future strategies. Engagement includes attending Latrobe Regional Health Regional Stakeholder meetings on a quarterly basis to strengthen referral pathways. Local Health Services Network engaged all Gippsland hospitals and Gippsland PHN on a project to standardise mental health assessment and treatment across emergency departments including the possible introduction of a low risk model of care. This model of care is being piloted in some sites in Gippsland. Due to this engagement and our increasing partnership with the Local Health Services Network we have extended an invitation to the Gippsland Mental Health Alliance. The inaugural state-wide mental health and wellbeing service and capital plan was released by the Victorian Government in late 2024. Gippsland PHN continue to review activities in alignment with this plan and consider approaches to developing the regional plan in line with national guidelines building on the work already undertaken for the Gippsland Mental Health and Suicide Prevention: Foundational Plan. The Gippsland Mental Health and Suicide Prevention: Foundational Plan is currently under review in 2025/26. Gippsland PHN lead and facilitate the Gippsland Mental Health Alliance which has recently undergone significant restructure to ensure representation across state funded and PHN funded Mental Health Services, relevant Victorian State Departments such as Families Fairness and Housing, and community mental health providers to work collaboratively on regional system integration. The General Manager Operations and Mental Health drives strategic engagement collaboration at the Gippsland regional level and participates in the Victorian/Tasmanian PHN Alliance Mental health and AOD Senior Leadership Group activities. The Manager of Primary Health Initiatives and Response and team members participate in and collaborate with relevant Communities of Practice, working groups and other relevant state-wide groups including any that are further developed or established as this activity progresses.

	Gippsland PHN continue to embed lived experience expertise across the commissioning cycle, including planning. We support commissioned services with access to lived experience expertise, training and resources. A Lived Experience Network is being established to engage and connect Lived Experience leaders across the region. Lived experience expertise is central to mental health reform. In line with the National Agreement and Victorian bilateral schedule, Gippsland PHN is committed to embedding the views of those with a lived experience, their families and carers. Gippsland PHN are working on a Stigma Reduction Campaign which is being informed by Lived Experience voices and is reported against our TRISP schedule. Gippsland PHN will take steps to ensure the lived experience perspective is considered and represented in the work that it does. Gippsland PHN continue to • Respond to priorities outlined in the inaugural statewide mental health and wellbeing service and capital plan developed and released in 2024 by the Victorian Government • Be informed by the new national guidelines, on joint regional planning and commissioning committed under the National Agreement; • Work with the Commonwealth and Victorian governments to consider and use opportunities to trial a co-commissioning approach designed to improve the integration between Commonwealth and state-funded services that builds on joined up planning approaches; • Participate in regional commissioning and governance arrangements for initiatives under the Victorian Bilateral Agreement, including participation in communities of practice, working groups and other relevant governance mechanisms; • Collaborate on joint capability building activities such as workforce training, secondary consultation, and communities of practice; and • Develop agreed referral pathways and shared care protocols. **Engagement with Local Hospital Networks (LHN) and/or State government:** Gippsland PHN engage with the Local Health Services Network, DFFH and Latrobe Regional Hospital and other key mental health organisations as part of the Gippsland Mental Health Alliance. Gippsland PHN applied for the Multidisciplinary Mental Health grant with the support of Latrobe Regional Health (LRH), whilst unsuccessful this is an important step towards co-commissioning with LRH. **Collection of data:** Qualitative information is collected in regard to attendance at the GMHA and number of meetings. A Lived Experience action plan has also been developed, and these actions are tracked as part of our business planning process. **Impact:** The impact of this work will ensure a more cohesive mental health system that will improve referral pathways, integration and collaboration between services and provide a smoother journey for the consumer through the mental health system. Integrated planning reduces the risk of duplication and improves value for money in system investment.
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1
Priority – *refer to **DOC/22/7987**: Health Needs Assessment 2021-opportunities and priorities for guidance when selecting the correct priority*	Page reference

Mental Health and Wellbeing, including Suicide Prevention	
Activity Demographics	
Target Population Cohort	Whole of population
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	
Coverage Whole Region?	Yes

SA3 Name	**SA3 Code**

Activity Consultation and Collaboration	
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy and is a strategic community leadership group who drives community involvement through a range of mechanisms. Gippsland PHN's Clinical Council comprises health professional representatives, who recommend and advise on issues that are specific to their sub-region and/or their discipline(s). Gippsland PHN also have Executive Team presence on the Clinical Council which assists with direct communication to the organisation, as well as the Gippsland PHN Board through its Board member sponsor. Gippsland PHN utilises these key governance mechanisms as the first point for consultation regarding service development and implementation. Specific consultation will continue with local Aboriginal Controlled Community Health Organisations (ACCHOs), Residential Aged Care Homes, existing Gippsland PHN commissioned service providers, other professional stakeholders and regional network groups. Gippsland PHN also facilitate the Gippsland Mental Health Alliance and will continue to consult with this Alliance, this Alliance includes Local Area Mental Health, Local Health Service Network, DFFH, Wellways, Relationships Victoria Australia, Australian Community Support Organisation, Lifeline, Mind Australia, Uniting VIC TAS, Gippsland Lakes Complete Health, Ramahyuck, Lakes Entrance Aboriginal Health Association and Neami Limited.
Collaboration	The key collaborations for this activity will be: • Gippsland Mental Health Alliance • Local Hospital Network and Area Mental Health Service provider; • Medicare Mental Health Phone and Intake Service • Head to Health Adult Mental Health Centres; • Victoria Adelaide Tasmania PHN Alliance (VATPHNA); • General practitioners and primary care providers; • Local Alcohol and other Drug service provider/s and Gippsland AOD Alliance • PHN commissioned services • Mental health and allied health professionals; • Local Mental Health and Wellbeing Locals • Consumers, their families and carers; • Department of Health, Disability and Ageing • Victorian Department of Health • Gippsland Local Health Services Network • Six Shire Councils

	• Communities of Practice; • Working groups. • Academics (e.g. Monash School of Rural Health, Federation University) • Regional Emergency Management Planning Committee
Activity Milestone Details/Duration	
Activity Start Date	25/11/2022
Activity End Date	30/06/2027
Other Relevant Milestones	-
Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Continuing service provider/contract extension
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	-