phn NORTH WESTERN MELBOURNE

An Australian Government Initiative

Mental health in the North Western Melbourne PHN region

A sector conversation about the system and NWMPHN commissioning intentions

April 2026

Acknowledgement

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, the Wurundjeri Woi Wurrung People, the Boon Wurrung People and the Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.

Art by Bayila Creative

Lived experience recognition

NWMPHN recognises, respects and affirms the central role played in our work by people with lived experience of a mental health condition and suicidality, their families and carers.

NWMPHN acknowledges the contribution that various stakeholders and co-designers have made to the work we will discuss today.

Agenda

1. Mental health landscape – state of the sector report
2. The Mental Health system in NWMPHN – what's new and what's expected

3. NWMPHN stepped care co-design
4. The future stepped care model
5. Discussion

6. Questions and next steps

1

State of the sector report insights for primary mental health

Mental Health Victoria

Early Intervention and Prevention

60% of the **mental health sector feel early intervention has not improved**

85% of the **community feel more investment is needed in prevention of mental illness.**

Only **25% of community sought help immediately**

41% of community **didn't know where to go for help**

Some of the regional places have local hubs, local Mental Health and Wellbeing Services, but not all places, like around the Grampians. We have some scattered services, but not available across the regional places.

A System Challenged by Demand

76% of providers report some **or high amounts of burnout** in their workforce

87% of providers report an **increase in turn away rates**.

52% of community report **waiting over a month for an initial consultation**

70% of providers note a **moderate to significant increase in wait times**

75% of providers report **increasing sick leave** over the last 2 years

73% of workforce report that their workplace is **understaffed** with over **10% working more than 10 hours of overtime** per week

Areas of High Need

Sector identified young people and First Nations People as priorities for Government

Community identified people in mental health crisis and children and young peoples as priorities for investment

64% of workforce were either pessimistic or very pessimistic about the future of the mental health system

67% of workforce felt either minimally or not all involved in the reform process

Ease of Access

82% of sector indicate they think **continuity of care has worsened or stayed the same**

40% of sector report that **system design has deteriorated** since the reforms began

29% of sector report that **navigation is more difficult** since the reforms began

32% of community report that **mental health services are not well integrated**

Priorities

96% of community **agreed Government has a key role** to play

96% and 64% of community believed communities and workplaces have a key role to play in responding to mental health.

Community identified earlier interventions, responses to people experiencing crisis, and more free, low-cost, or subsidised options for diagnosis and treatment for priority

Sector identified **more attention is required in design to improve the provision of psychosocial supports not adequately addressed by the NDIS.**

Sector identified **early intervention, continuity of care, and the appeal and acceptability of mental health services as priorities**

Workforce identified improving **pay and conditions and working environment as key to alleviating workforce pressure**

2

The mental health system in NWMPHN – what's new and what's expected

Insights from Health Needs Assessment, system overview and future commissioning intentions

In our region

Our region has a rapidly growing and diverse population.
Compared to others, more of our residents experience complex health needs.

Our service providers are stretched, and tertiary services are even more so.

NWMPHN's role is to **commission** services to meet health needs, and to **coordinate** and implement federally funded services. We also build **capacity** for providers in primary care to deliver mental health supports in the community**.**

13
Local Government Areas

2
million people

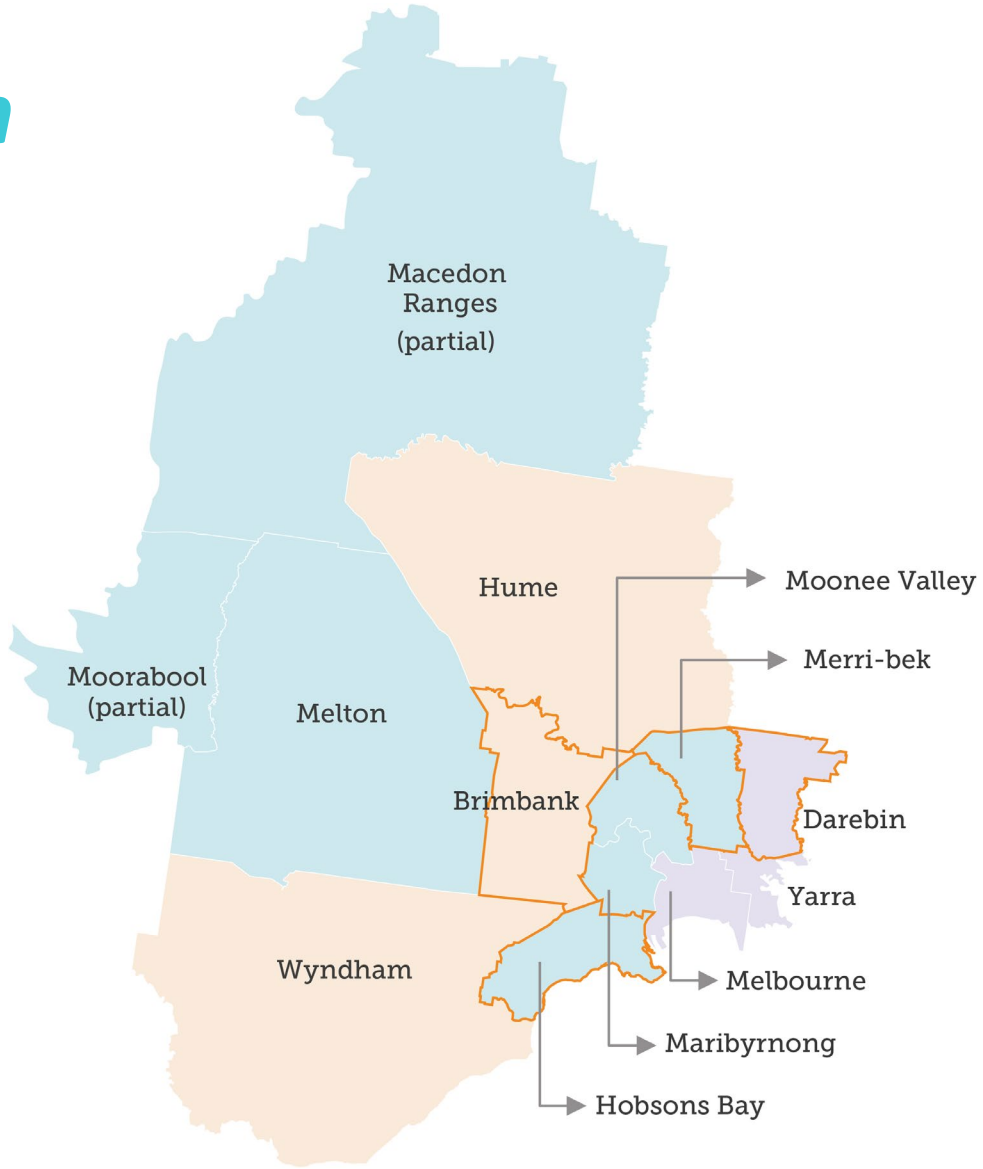
28%
Population growth by 2030

Brimbank, Hume and Melton show high levels of mental health need

Mental health need in the region

Mental health challenges are present across all communities. NWMPHN's 2024 *Mental Health Needs Assessment* found:

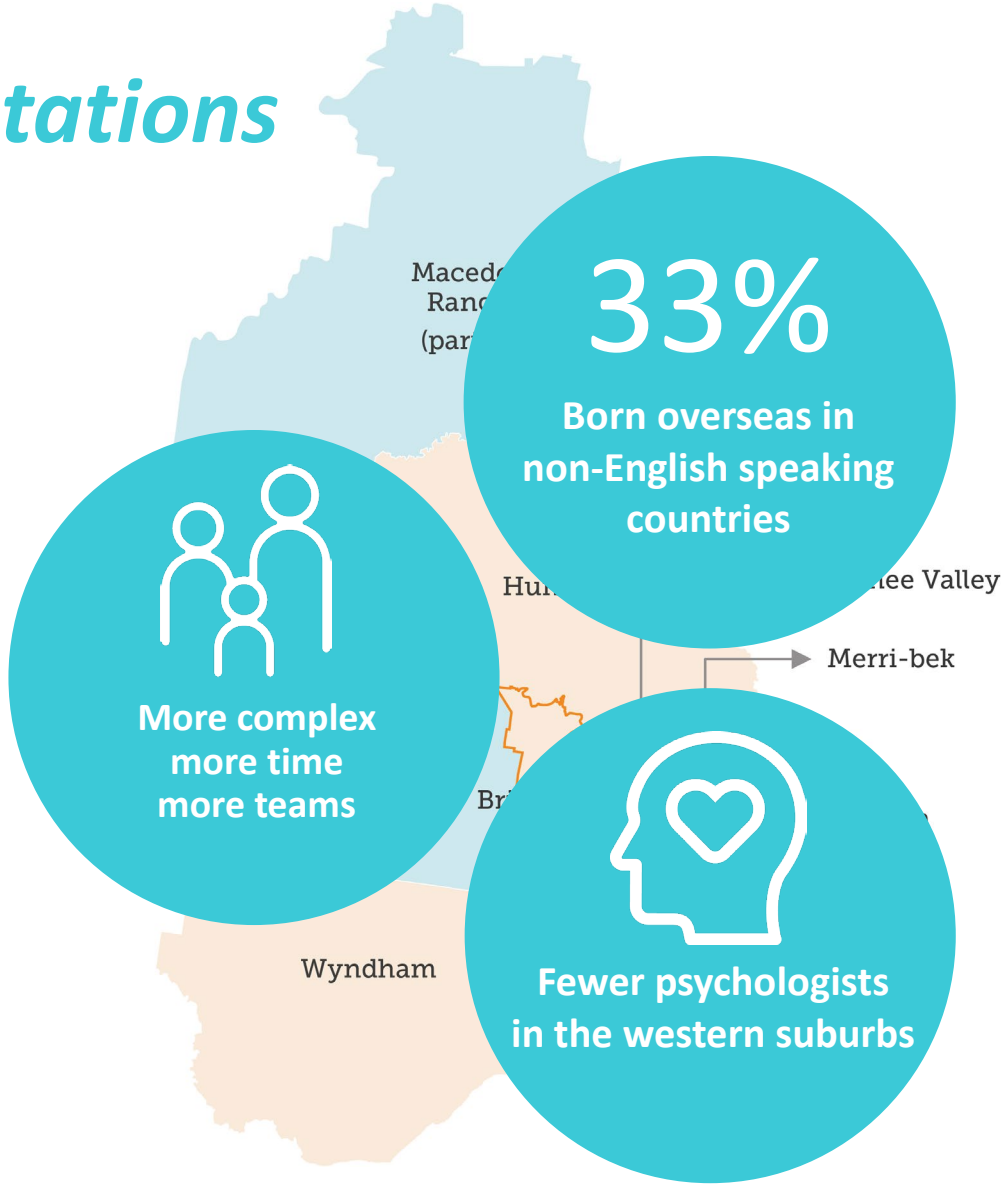
- Anxiety and depression across region
- Highest needs - Hume, Wyndham, and Brimbank
- Highest psychological distress - Brimbank, Darebin, Hobsons Bay and Merri-bek
- Highest need related to mental health conditions leading to presentation rates to emergency departments. (higher than the state average) in Yarra, Melbourne, and Darebin.



Change in mental health presentations

The HNA identified three factors contributing to changing mental health needs. These impact how models of care are delivered.

- The region is culturally and linguistically diverse. Nearly half speak a language other than English at home.
- Psychologist numbers have decreased, particularly in Hume, Wyndham, Brimbank and Melton.
- Providers report that consumers are presenting with more complex mental health. This contributes to longer episodes of care, involving multiple teams or programs.

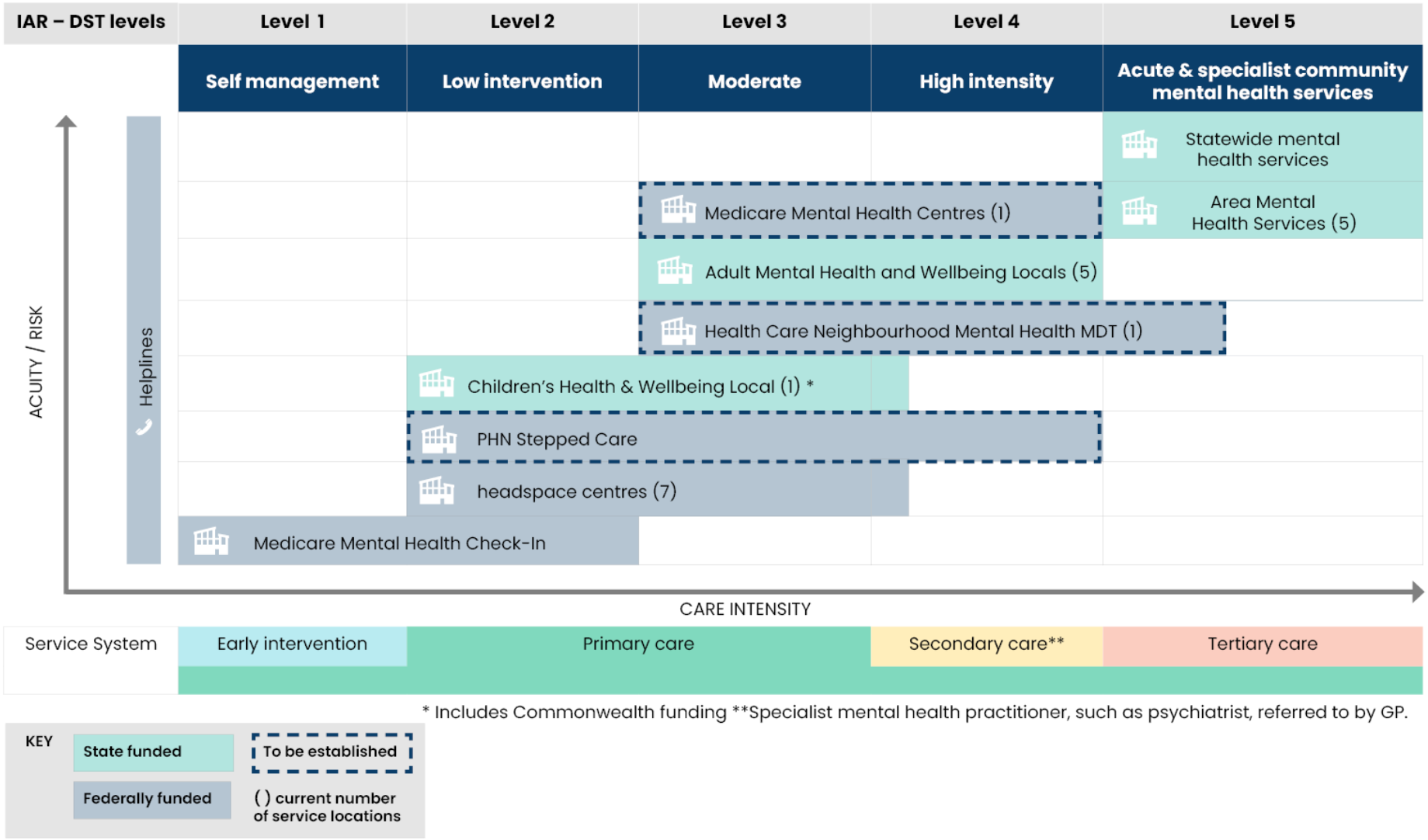


Victorian mental health service landscape in NWMPHN region

The mental health service system landscape across Victoria is changing, complex and fluid.

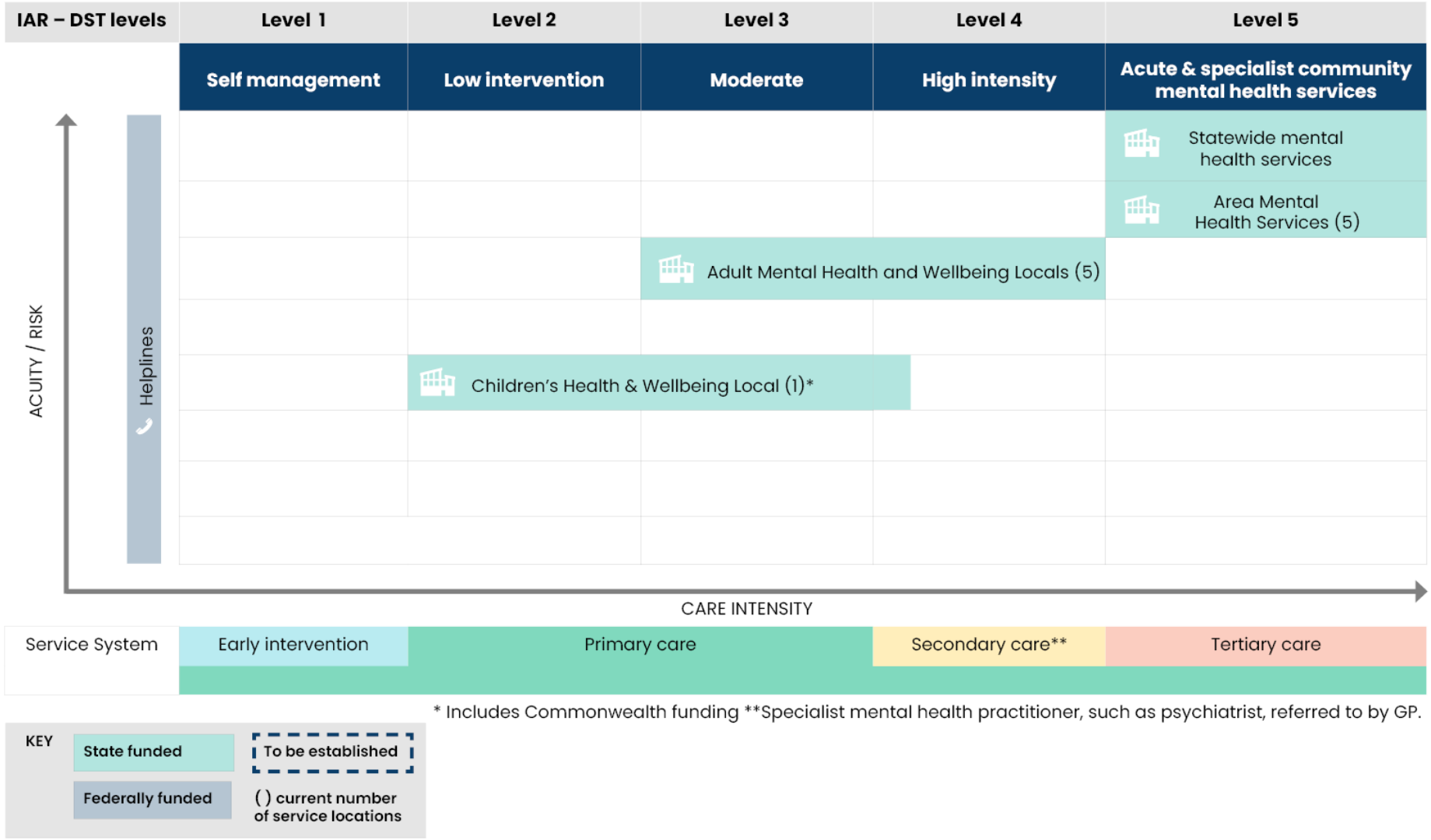
The challenge now is to understand how these new and existing services combine to provide benefit or pressure to providers and, most importantly, consumers.

Stepped care – all services

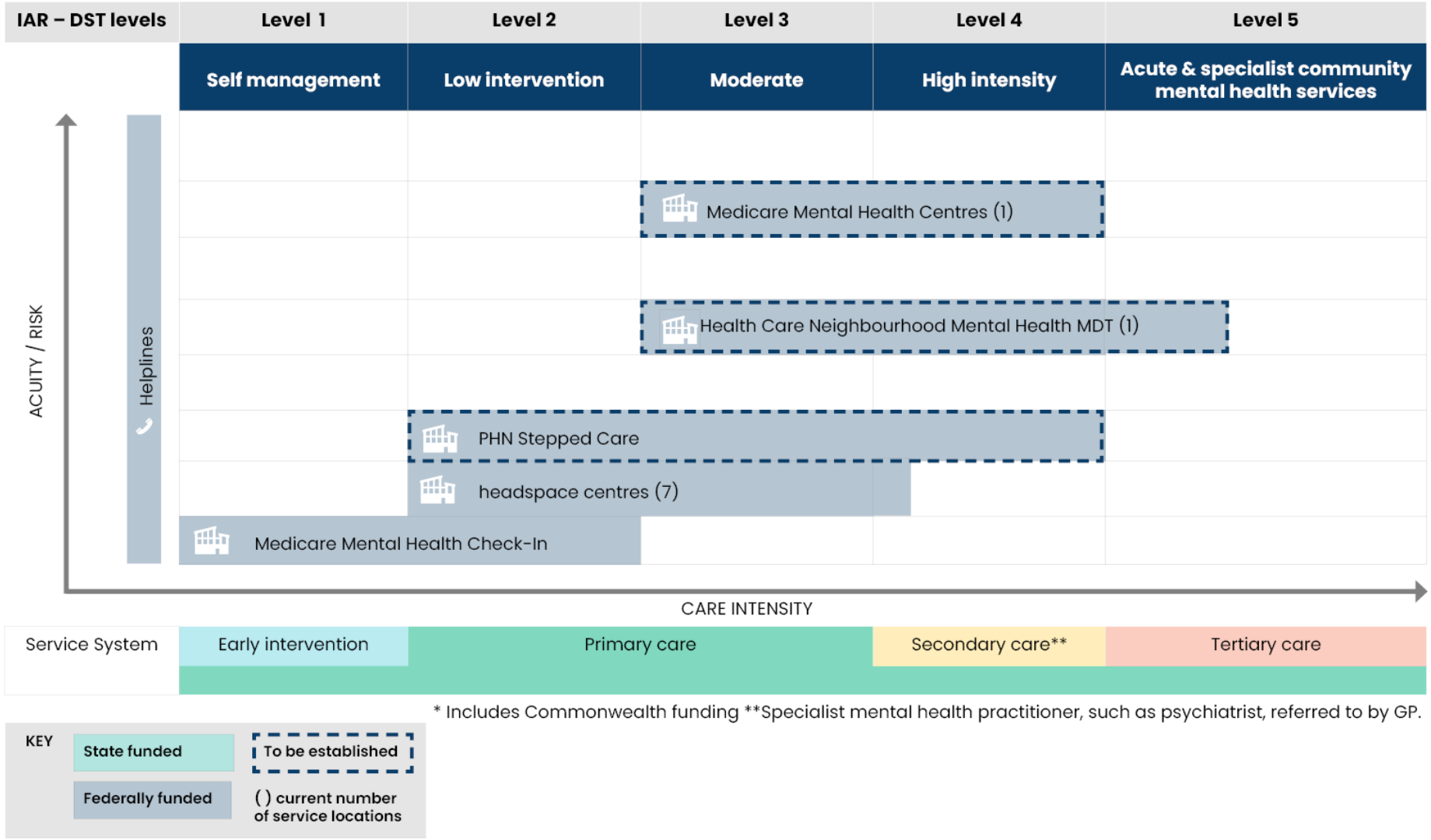


* Includes Commonwealth funding **Specialist mental health practitioner, such as psychiatrist, referred to by GP.

Stepped care – State funded services



Stepped care – federally funded services



Key services and differences across the landscape in NWMPHN region

Feature	Victorian Children's Local	headspace centres (and headspace PLUS)	Victorian Adult Local	Medicare Mental Health Centre	PHN Stepped Care
Target group	Infants, Children (11 and under) and their families	Ages 12 to 25	Adults 26+	Adults 18+	All ages
Access	Free, no referral	Free, no referral	Free, no referral	Free, no referral	Free, with or without GP referral
Region (LGA)	Brimbank, Melton	Brimbank, Melton, Merri-bek, Wyndham, Yarra, Hume	Melton, Maribyrnong, Wyndham, Brimbank	Broadmeadows	Inner/Northern Western/Growth Areas Northern/Rural
Service model	Multidisciplinary team targeting developmental, emotional, relational and behavioral challenges of children, while also providing support to their families and carers. **Victorian model**	Integrated youth health hub model: mental health, AOD, physical health, vocational support; youth-friendly, recovery-oriented, early intervention. **National model**	"missing middle" model: multidisciplinary clinical and lived-experience teams providing treatment, care coordination and psychosocial support. **Victorian model**	High-visibility front door providing assessment, triage, short- to medium-term care, navigation and crisis support for moderate–high need with access to medical and psychiatry services, peer work, AOD. **National model**	population-based mix of low- to medium-intensity services matched to need and adjusted over time **Regionally tailored by PHNs**
Service length	Flexible and needs-based; episodic to medium-term, with warm transitions as needs change	Generally short- to medium-term episodes; stepped up/down or transitioned as needed	Medium-term, ongoing while clinically indicated (not time-limited by sessions)	Short- to medium-term intervention, stabilisation and navigation; not intended for long-term ongoing care	Short to medium term intervention time-limited psychological therapies, care coordination- stepping up/ transitioning as needed
Unique point	Designed to intervene early in childhood to alter life-course outcomes; strong integration with family and developmental systems	Nationally consistent youth brand with strong youth participation and accessibility	Acts as Victoria's new front door for adults with needs too complex for primary care but below tertiary thresholds	National, highly visible, walk-in, reduce ED presentation or Better Access, with salaried workforce	System-level model rather than a single service; enables right care, right time, right intensity
Funding size	State-funded (Victoria): significant recurrent investment under Royal Commission reforms	C'wlth (PHN): circa $2M per centre (headspace PLUS TBC)	State-funded (Victoria): circal $4M per Local	C'wlth (PHN): $4M per centre	C'wlth (PHN): circa $8M for all NWMPHN region
Role in system	Prevent progression to CAMHS and reduce pressure on CAMHS services	Early access and diversion from acute services for young people	Reduce pressure on tertiary AMHS and ED by absorbing the "missing middle"	Immediate access point for people not well served by Medicare-rebated care or other service types	Targeted at people less well served – early access and supporting diversion from more complex services

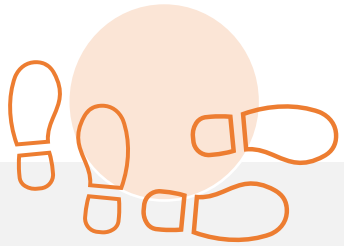
Common elements in mental health reforms

It is changing with the introduction of new services and the consolidation of existing services.

The future of mental health care embeds key principles of access, connection and with multidisciplinary collaboration and stepped care approaches.

Multiple access points
(walk in, online, phone)

Multidisciplinary teams & culture
(clinical and non-clinical)



Flexible to needs
(cultural safety and flexibility)

Connected to broader community support

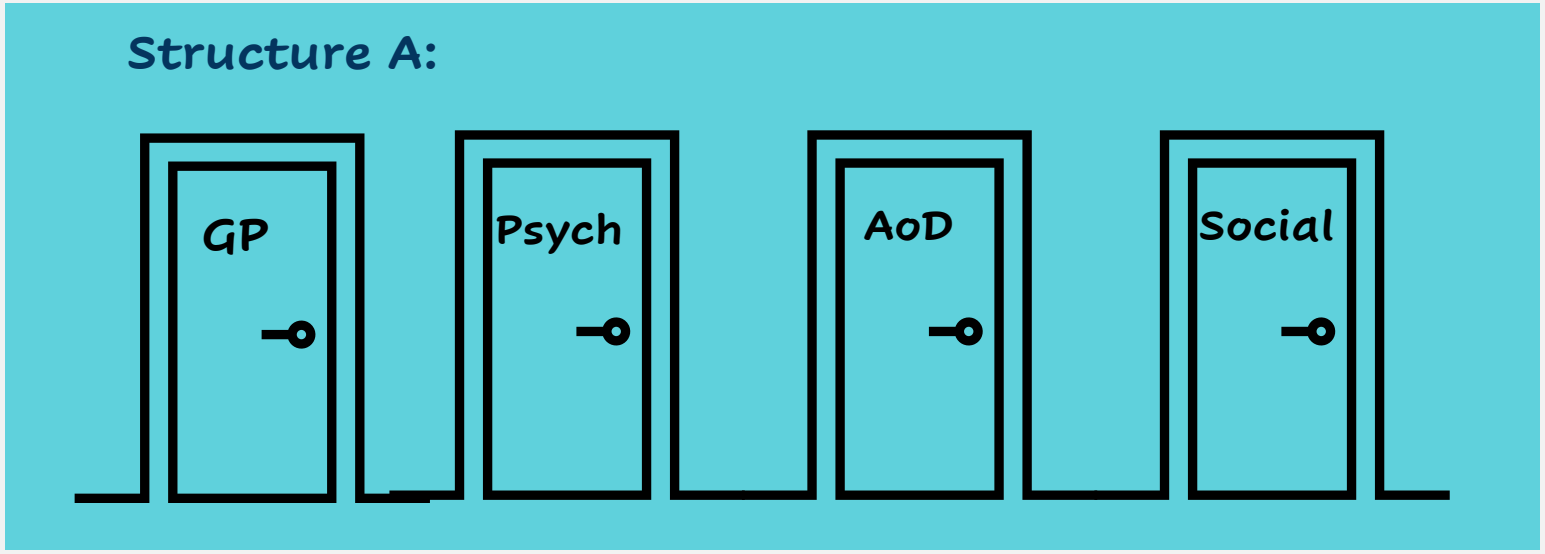
Professional silos or shared practice..

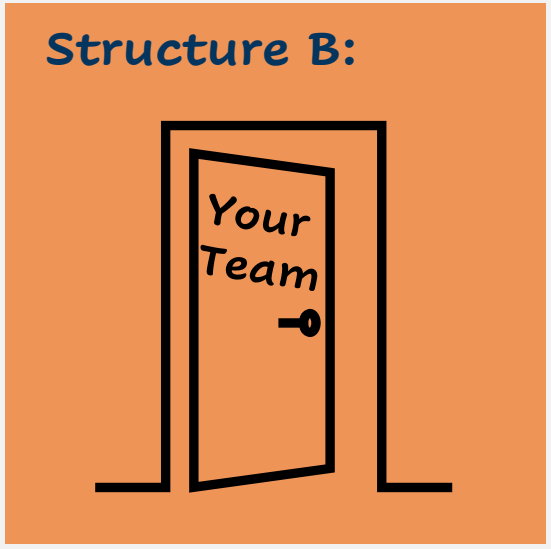
Multidisciplinary teams are defined by ***how*** professionals work together- not just ***who*** is employed.

Effective multidisciplinary care includes shared responsibility, shared planning and shared outcomes for consumers

Co-located disciplines; parallel practice; inconsistent shared planning

Shared goals and accountability; Integrated care planning; roles adapt to consumer needs





Opportunity..

We have an opportunity to rethink how services are organised, accessed and delivered to respond to and improve access for NWMPHN population.

Including a targeted focus on:

LOCATION
Strengthening services in underserved areas: Brimbank, Yarra, Hume, Melton and Hobsons Bay

ACCESS
Improving access to types of services **for priority cohorts**

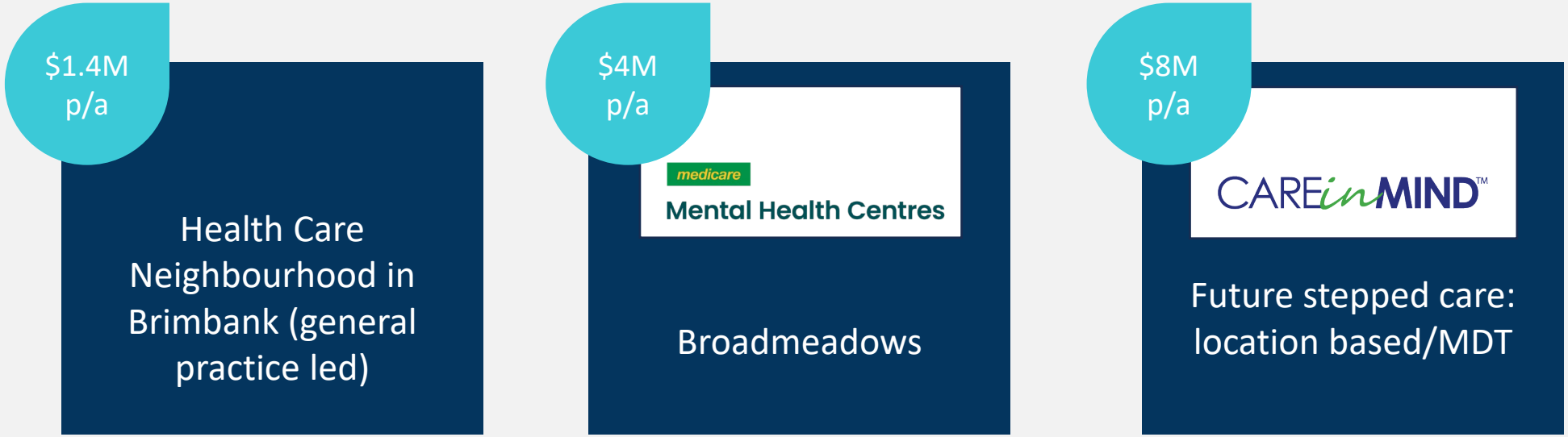
COLLABORATION
Delivering effective and coordinated care, for the whole region and as part **of a service network**

COMPLEXITY
Ensuring a service model supports and navigates consumers with complex **mental health**

Mental health service commissioning in 2026

Over the next 12 months, NWMPHN expects to commence several nationally funded initiatives and locally tailored programs that will strengthen primary mental health care across our region.

- A multidisciplinary team-based model in general practice in Brimbank
- Establishment of a new Medicare Mental Health Centre in Broadmeadows
- A phased refresh of our CAREinMIND stepped care program
- We are also expecting further investment into headspace and youth mental health



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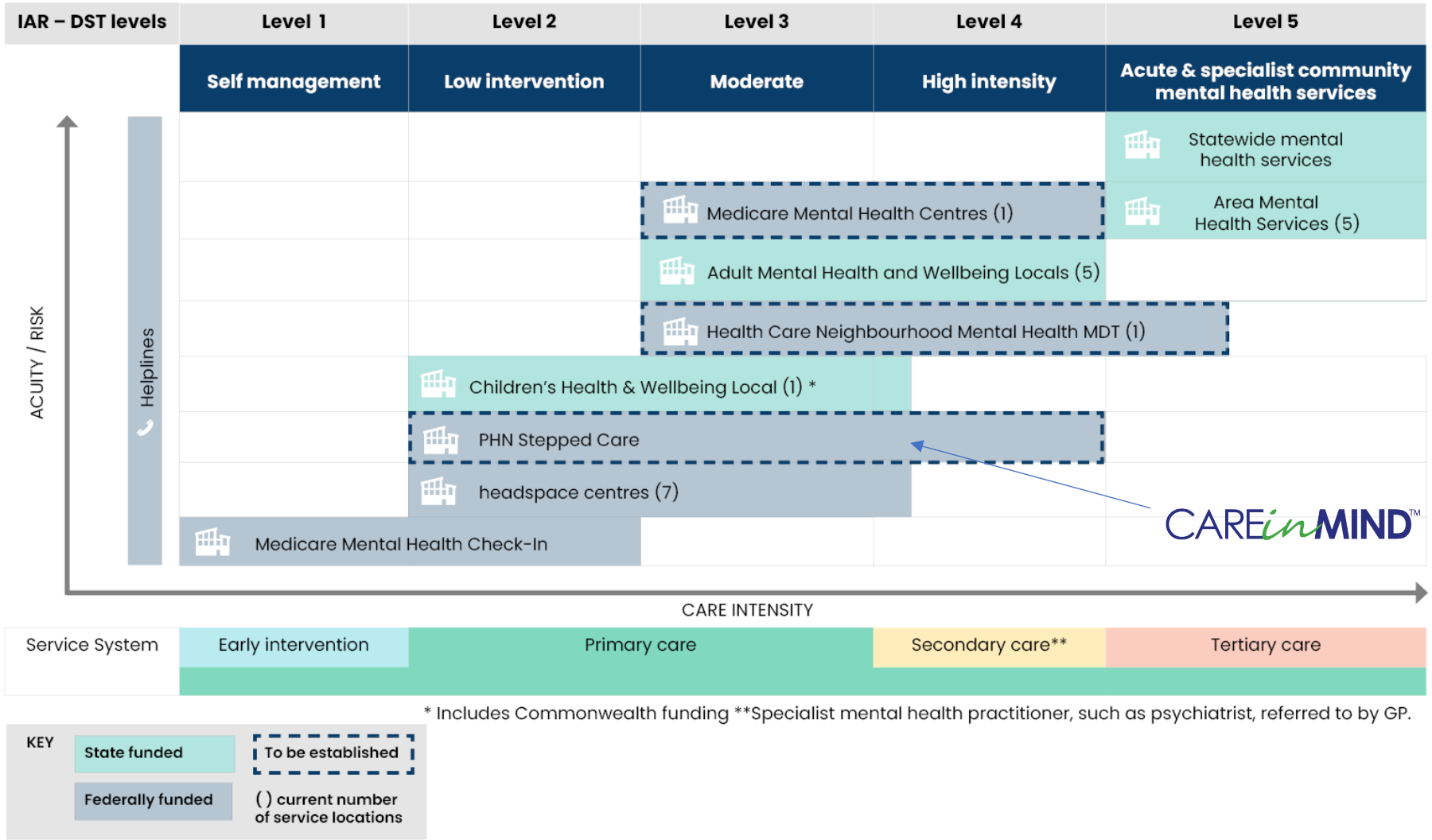
Stepped care co-design

Stepped care – all services



Current CAREinMIND™

What is CAREinMIND?

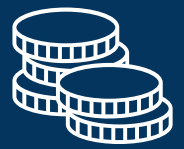
CAREinMIND provides mental health care to the most vulnerable and marginalised in our community.

It has been operating for almost a decade.

It includes three distinct programs – Targeted Psychological Interventions (TPS), Suicide Prevention Service (SPS) and Intensive Support Service (ISS)

- ✓ Meets Australian Government Funding Schedule requirements: provides access to a range of free mental health services through a central referral, intake, and assessment function

Free, for all ages. Live, work or study in the region



Can't afford or ineligible for other services

Mild to Moderate mental health distress

61,640

attended sessions in the CAREinMIND program (2024-2025)

Self-reported experience

70% improved overall wellbeing

60% significantly improved clinical outcomes

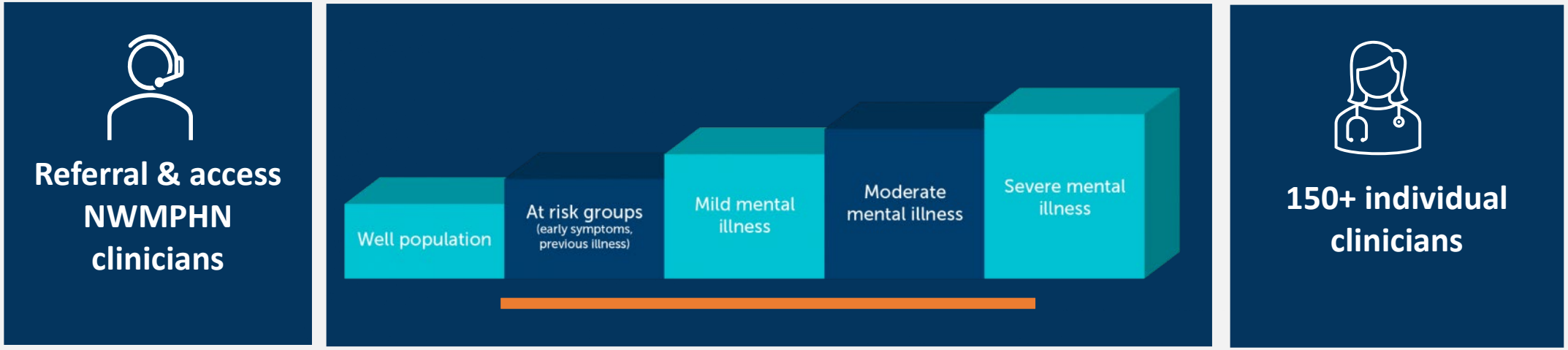
Current CAREinMIND™

How it works

GPs and other health and community service professionals trust NWMPHN's Referral and access team to find the right mental health provider for their patients to get the care they need.

NWMPHN commissions 60+ organisations, mostly delivering 1:1 psychological therapy.

The current stepped care model is clinically sound and has provided mental health and wellbeing support for many thousands of community members for almost a decade.



Review of stepped care impact and outcomes

To test the existing model's efficacy in the modern service scape, NWMPHN has undertaken an extensive review.

We conducted interviews and focus groups, drawn from service users and service providers.

Local needs analysis through Health Needs Assessment

1

Insights report of the existing model

2

Interviews and focus groups with service users, non-users and providers

3

I need to feel like the door is always open, that I can hit pause on getting support for any amount of time and when I come back, feel like I can pick up where I left off and it never feels like the door shuts behind me.

I need a combination of holistic mental health and wellbeing supports that help me connect to self, practical support and community stay encouraged and make progress.

I liked that I didn't have to retell my story again and again and could leverage established trust.

I don't want to open up complex issues if coming to end of my session limit.

Service options address the multiple needs ... recognising that mental health is interconnected with practical life challenges.

Insights

We learned that delivery of the model could be strengthened through improved mechanisms to step consumers up and down with more holistic care and through wider integration of services.

In addition:

More flexibility in the types of support available and options for engagement

More transparency in what is possible within the service and how someone is progressing through care

More agency for a consumers' decisions about their care, and as an outcome of engaging with the service

More accountability in meeting consumer needs and preferences

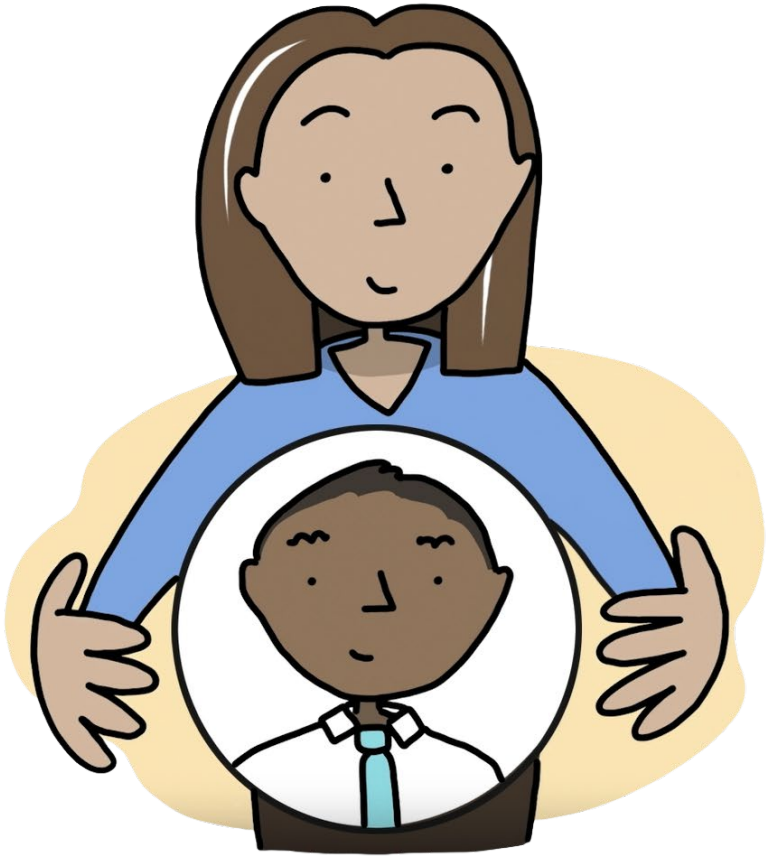
What is next for CAREinMIND?

- ✓ Introduce a new service model that integrates all three service components from the current model (TPS/ISS/SPS)
- ✓ Better locate and coordinate CAREinMIND within the broader system (linkages and navigation)
- ✓ Introduce consistent care planning methods, measurements and expectations of service.
- ✓ Block fund the new integrated service model

4

The future stepped care model

Stepped care model video



View video: https://youtu.be/whcKR8KmjiM

Broader access to entry

People who live, work, and/or study within the NWMPHN region:

- ✓ cannot afford private mental health services or gap fees
- ✓ do not meet the eligibility criteria for comparable programs or services
- ✓ face structural barriers such as limited access to culturally safe care.

Initial support eligibility

All consumers (walk in / referred)

1

Treatment eligibility

for structured psychological interventions / support

2

- ✓ Assessed require psychotherapy beyond brief interventions
- ✓ Structured mental health supports – such as IAR level 2-4

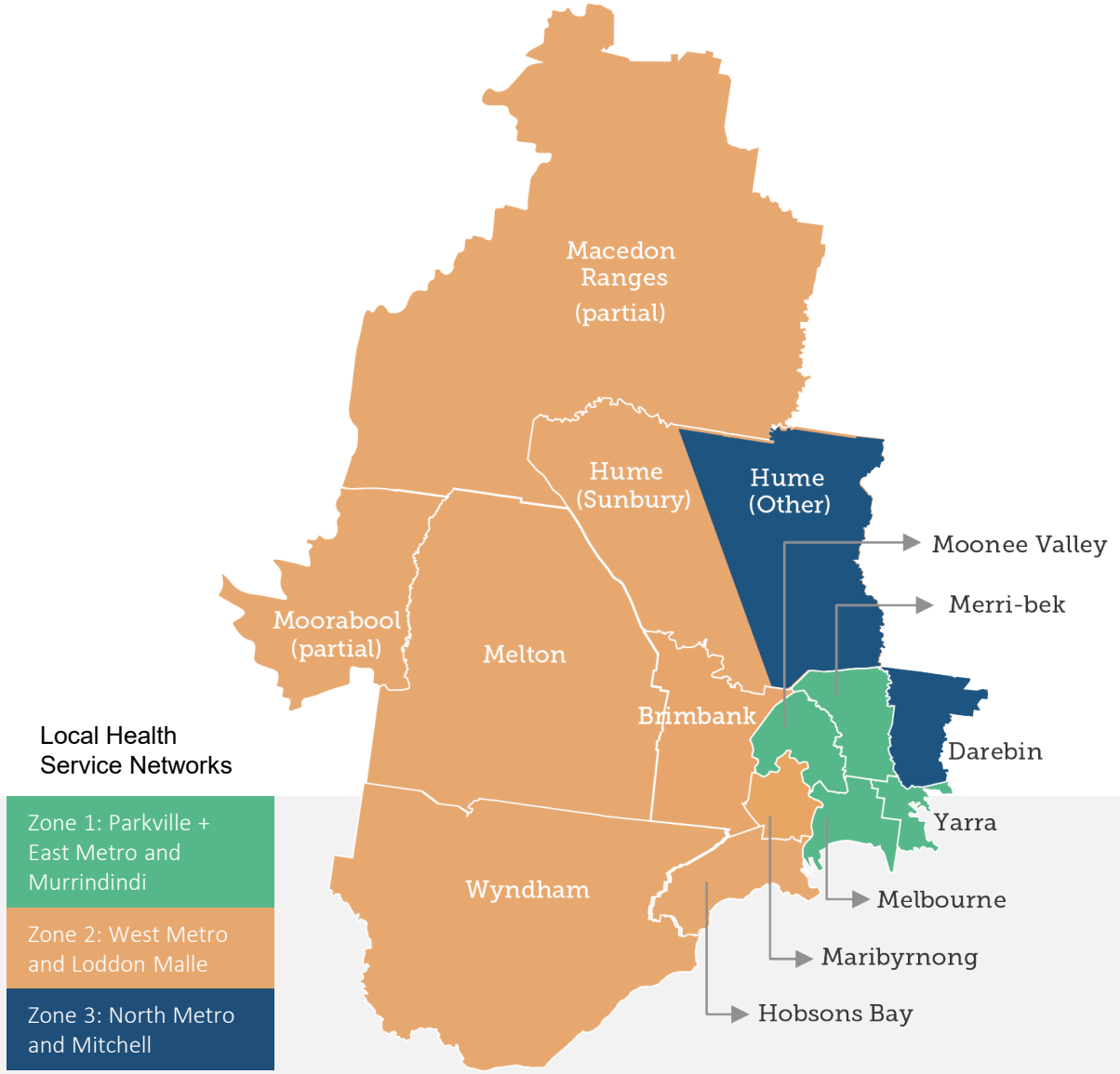
Service zones to improve access

NWMPHN is planning to delineate three service zones across the catchment, to align with existing Local Health Service Network areas.

This will:

- boost communication and team building
- facilitate effectiveness and efficiency
- localise service networks for residents

NWMPHN will be seeking to commission service providers or service partnerships with a lead agency who will provide whole of zone coverage.



An opportunity

Expanding the model to a range of support services and providers presents an opportunity for building a network and **partnerships**.

It is an opportunity to review existing alignments and business models, and to identify gaps where multidisciplinary partnerships can be made.

Service enhancements include:

- clearer pathways
- stronger data insights
- less administration pressure

5

Let’s discuss

For discussion

We are keen to hear your experience of how the system operates in practice, and what would support more connected delivery across services.

Question 1

- Where does the current mental health service system work well for consumers, and where does fragmentation most undermine access or continuity?

Question 2

- If we were designing services around the whole consumer journey rather than individual programs, what would need to change in how services work together?

Question 3

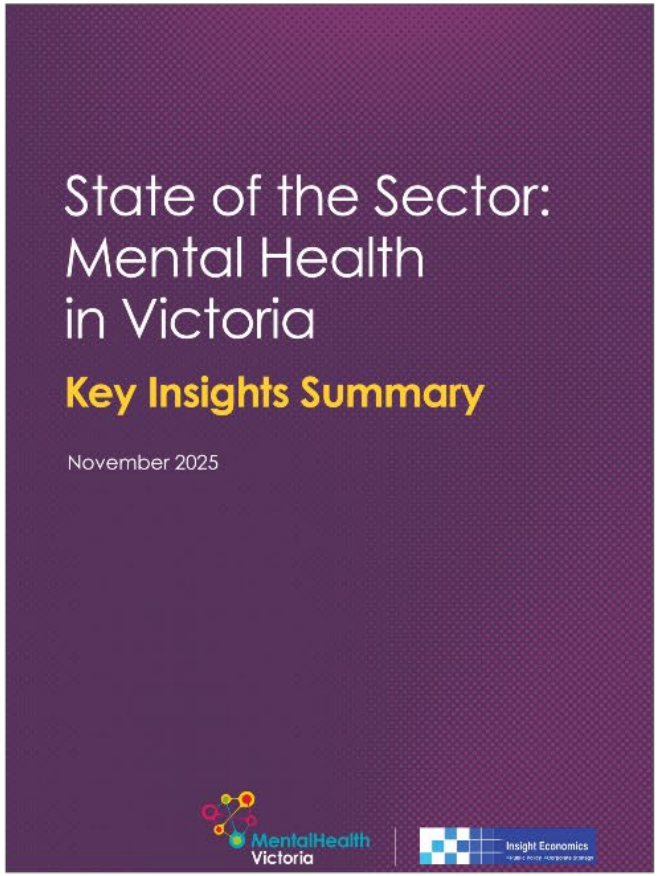
- What would most help providers operate with shared responsibility for consumer outcomes across service/ program boundaries?

Next steps

Services are planned to be commissioned throughout 2026/27.

To stay up to date with developments, sign up to NWMPHN's fortnightly Network News.

If you have questions after today, email servicedesign@nwmphn.org.au



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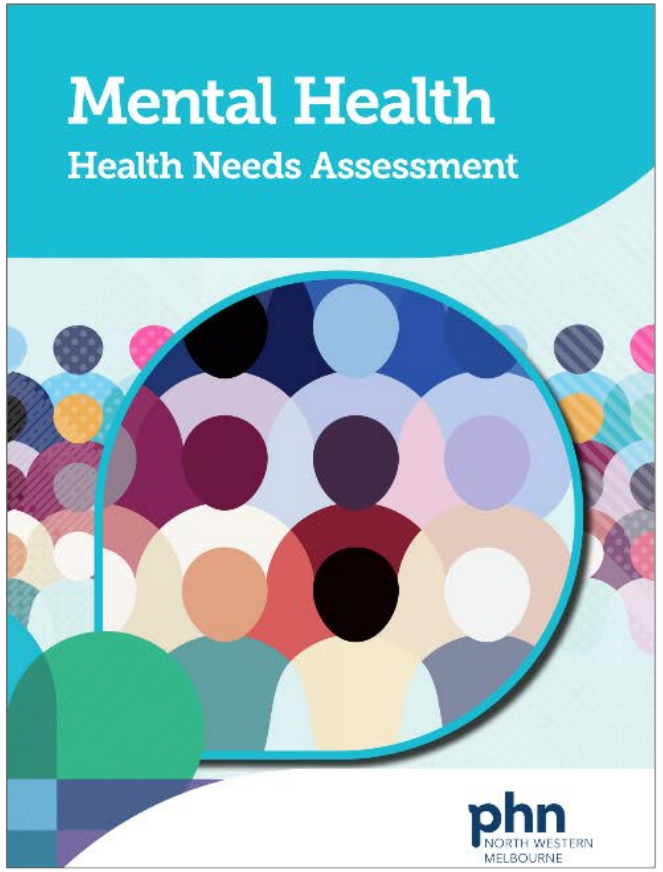

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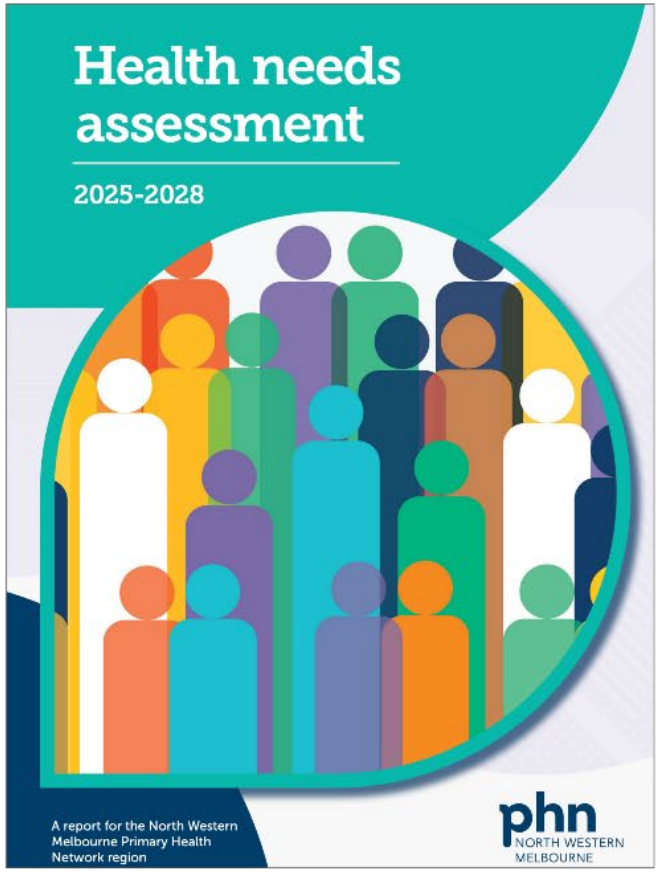

Scan for report

Thank you