

# BILATERAL SCHEDULE ON MENTAL HEALTH AND SUICIDE PREVENTION: **NEW SOUTH WALES**

## Parties to the Schedule

1. This is an agreement between:
  - a. the Commonwealth of Australia; and
  - b. the state of New South Wales.

## Term of the Agreement

2. This Schedule is expected to expire on 30 June 2026. Commonwealth funding beyond 30 June 2022 is contingent on New South Wales signing the National Mental Health and Suicide Prevention Agreement (National Agreement).
3. This Schedule may be amended at any time with the agreement of both Parties.
4. This Schedule will fall under the Federation Funding Agreement – Health until such time as the National Mental Health and Suicide Prevention Agreement is finalised.
5. Once the National Agreement is finalised, this Schedule will be transferred to the National Agreement and will be subject to all clauses agreed. Where inconsistencies exist between this Schedule and the requirements of the National Agreement, the National Agreement will prevail.
6. The Commonwealth undertakes to make the terms and conditions within this Schedule consistent, where appropriate, across the states and territories (states). In the event that more favourable terms and conditions are negotiated with a specific state, the Commonwealth will make these available to New South Wales, if this relates to substantial financial or governance arrangements.

## Purpose

7. This Schedule will support improved mental health and suicide prevention outcomes for all people in New South Wales, through collaborative efforts to address gaps in the mental health and suicide prevention system, and the agreement of funding arrangements for specified services in New South Wales.

## Principles

8. Activities within this Schedule will align with, and be carried out according to, the principles outlined in the Heads of Agreement on Mental Health and Suicide Prevention, or according to the National Agreement once finalised.

## Roles and Responsibilities specific to this Schedule

9. This Schedule builds on the roles and responsibilities agreed under the National Health Reform Agreement to improve health outcomes for all Australians and ensure the sustainability of the Australian health system.
10. Broad roles and responsibilities for the Commonwealth and the states and territories will be specified in the National Agreement. Specific roles and responsibilities for the Commonwealth and New South Wales as they relate to this Schedule are set out below.
11. The Parties are committed to achieving outcomes for Aboriginal and Torres Strait Islander Australians, including the Close the Gap target of a significant and sustained reduction in suicide of

Aboriginal and Torres Strait Islander people towards zero. The Parties commit to continuing to work closely with the National Indigenous Australians Agency and Aboriginal and Torres Strait service providers to ensure programs are best-placed to deliver optimal outcomes and to ensure that services are complementary and not duplicative.

12. Under this Schedule, the Commonwealth agrees to be responsible for:
  - a. Establishing new Head to Health adult mental health services across New South Wales, including fully funding the:
    - i. establishment costs for five new centres and six new satellites
    - ii. establishment and operational costs of three new satellites; and
    - iii. continued operation of the Penrith Head to Health Centre.
  - b. Providing funding to New South Wales to establish four Head to Health Kids Hubs and operate three Head to Health Kids Hubs.
  - c. Co-designing a service model in collaboration with New South Wales and providing national support for implementation and operation of the Head to Health Kids Hubs.
  - d. Establishing three new headspace sites to increase access to youth mental health services.
  - e. Providing funding to New South Wales to support perinatal mental health screening, and the development of a perinatal mental health minimum data set.
13. Under this Schedule, New South Wales agrees to be responsible for:
  - a. Establishing and ongoing operation of the Head to Health Kids Hubs in accordance with the service model developed under Clause 12(c) and Head to Health Kids branding, in close consultation with Primary Health Networks (PHNs).
  - b. Undertaking routine perinatal mental health screening across public antenatal and postnatal care settings, enhancing universal screening and electronic data collection and contributing the data to a national perinatal mental health data set.
14. To support delivery of the initiatives identified in this Schedule, the Parties will jointly be responsible for:
  - a. Co-funding, on a 50:50 basis, the ongoing operational costs for four Head to Health centres and five satellites to improve access to multidisciplinary adult mental health services and improve service integration.
  - b. Co-funding on a 50:50 basis, the establishment of four Head to Health Kids Hubs and ongoing operation of three Head to Health Kids Hubs to improve access to multidisciplinary team care to children.
  - c. Establishing a partnership approach to enhance, through funding and an in-kind contribution, current and planned headspace services to increase access to youth mental health services, consistent with the headspace model, and to facilitate support for complex and/or severe presentations where appropriate, and support transition to state-based services where required.
  - d. Co-funding the operational costs for three new headspace sites, noting that the New South Wales contribution commences from 2023-24.
  - e. Improving integration of youth mental health services, with a focus on ensuring young people can access an appropriate level of support, wait times are minimised, and transition between services is streamlined.
  - f. Enhancing electronic collection and central extraction of perinatal mental health screening data collected from public antenatal and postnatal care settings.

- g. Supporting the development of joint regional mental health and suicide prevention commissioning plans by the PHNs and LHDs.
- h. Co-funding, on a 50:50 basis, aftercare services to be universally available to people discharged from hospital after a suicide attempt and trial expanded referral pathways for two sites.
- i. Co-funding, on a 50:50 basis, establishment and evaluation of a Distress Intervention Trial.
- j. Co-funding, on a 50:50 basis, universally available, statewide postvention services for people bereaved and impacted by suicide.
- k. Operating funds beyond 30 June 2026 will be required for all initiatives detailed in this Schedule, subject to evaluation and further negotiation between New South Wales and the Commonwealth.
- l. Collecting and reporting data to support the objectives of this Schedule. Including:
  - i. Achieving comprehensive health data access, usage and sharing, whilst maintaining data security and preserving individual's privacy.
  - ii. Providing data access to support shared patient-clinician decision making, improved services delivery and system planning.
  - iii. Working together to better harness data, analytics and evidence, to drive meaningful improvements in the health system.
- m. Improve joint regional planning and commissioning for mental health and suicide prevention services, with appropriate governance, accountability and evaluation of Commonwealth, State and jointly planned and funded programs and services.

## Objectives and outcomes

- 15. The Parties agree on their shared objective to work collaboratively to implement systemic reforms that address gaps in the mental health and suicide prevention system, improve mental health outcomes for all people in New South Wales, prevent and reduce suicidal behaviour, and deliver a mental health and suicide prevention system that is comprehensive, coordinated, consumer-focused and compassionate.
- 16. As a priority in the first instance, the Parties agree to work together to address areas identified for immediate reform as informed by the Productivity Commission's final report into mental health, the National Suicide Prevention Adviser's final report and other inquiries.
- 17. This will be achieved by focusing efforts to:
  - a. reduce system fragmentation through improved integration between Commonwealth and State-funded services
  - b. address gaps in the system by ensuring community-based mental health and suicide prevention services, and in particular ambulatory services, are effective, accessible and affordable; and
  - c. prioritise further investment in prevention, early intervention and effective management of severe and enduring mental health conditions.

## Implementation

- 18. The Parties agree that implementation of this Schedule will:



- a. be informed by the lived experience of consumers and carers and will enable person-centered care that addresses the needs of diverse cohorts and regional and rural communities
- b. facilitate local level responses that take account of social determinants and their impact on mental health and wellbeing and risk of suicide, working cohesively with the broader health system; and
- c. ensure the particular needs of vulnerable population groups, including people in rural and remote locations, Aboriginal and Torres Strait Islander people, LGBTQ+ people and culturally and linguistically diverse communities, are addressed and services delivered in a culturally appropriate manner.

## Publication

- 19. This Schedule will be published on the Federal Financial Relations website after formal agreement.

## Linkages with other Agreements

- 20. This Schedule builds on, and re-affirms, the roles and responsibilities as agreed through the National Health Reform Agreement Addendum 2020-25 (the NHRA). The clauses in this Schedule do not supersede those in the NHRA.
- 21. Where inconsistencies exist between the requirements of this Schedule and the NHRA, the requirements of the NHRA will prevail.
- 22. Where relevant to the roles and responsibilities of the Parties, this Schedule should be read together with the:
  - a. Fifth National Mental Health and Suicide Prevention Plan
  - b. National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
  - c. National Safety and Quality Digital and Mental Health Standards
  - d. National Mental Health Workforce Strategy
  - e. National Mental Health Services Planning Framework
  - f. National Children’s Mental Health and Wellbeing Strategy
  - g. Equally Well Consensus Statement
  - h. National Mental Health Performance Framework 2020
  - i. National Mental Health and Suicide Prevention Information Development Priorities, Third and future editions
  - j. Intergovernmental Agreement on Data Sharing
  - k. National Agreement on Closing the Gap;
  - l. Living Well in Focus:2020-2024
  - m. Strategic Framework for Suicide Prevention in NSW 2018-2023; and
  - n. *Mental Health Act 2007 No 8 (NSW)* and other relevant state-based legislation.

## Whole of Government

- 23. The Parties recognise that the enablers of mental health and suicide prevention system reform are beyond the influence of the health system alone and span all aspects of where people live, work, learn and socialise. The Parties commit to engaging with other portfolios where required to progress the initiatives and activities under this Schedule.

## Governance

24. The Commonwealth Department of Health will be responsible for ongoing administration of this Schedule. Amendments to this Schedule must be agreed by all Parties in writing.
25. Commonwealth and state Ministers with portfolio responsibility for Mental Health are authorised to agree and amend this Schedule. If planned amendments may change the nature of this Schedule or involve significant changes to its associated funding, the Parties agree to notify CFFR prior to finalising these amendments and comply with any advice provided.
26. The Parties will nominate senior officials from their respective jurisdictions to monitor implementation of this Schedule. Where key risks and implementation issues cannot be resolved by senior officials, they will escalate to the Commonwealth and New South Wales Health Chief Executives for resolution. Health Chief Executives will report to Health Ministers and/or Mental Health Ministers on implementation and key risks as required.
27. The Parties commit to a consultative approach throughout the life of the Schedule and, where required, will seek advice from people with lived experience, other experts, and community and working groups on matters of service design, planning, implementation, evaluation, data and governance.
28. This Schedule will be jointly reviewed by December 2023 to assess progress and opportunity for more substantive reform.

## Financial Contributions

29. The Parties agree to fund delivery of initiatives in this Schedule as outlined in Annex A.
30. In line with the provisions at A9 and A10 of the NHRA, the Commonwealth will not fund patient services through the NHRA if the same service, or any part of the same service, is funded through this Agreement or any other Commonwealth program except as specifically exempt.
31. Similarly, the Commonwealth will not fund through other Commonwealth programs any services that are funded through this Agreement.

## Data and Evaluation

### Data

32. New South Wales will work with the Commonwealth and other states and territories (states) to develop a nationally consistent approach to data collection and data sharing, including data linkage, program evaluation, system evaluation and performance monitoring, including key performance indicators.
33. For each initiative in this Schedule, New South Wales and the Commonwealth will agree, within 6 months, the minimum data specifications and reporting process to monitor service activity. Where appropriate, data collection will use existing data collection and reporting processes. If required, the commissioning organisation will be responsible for modifying processes to collect the minimum requirements and facilitating data access for both New South Wales and the Commonwealth in a timely manner (at least quarterly). Data collection and reporting processes will transition to nationally agreed approaches as part of the National Agreement.

### Evaluation

34. The Commonwealth and New South Wales will ensure funders and commissioners require programs and services funded through this Schedule to be evaluated. These evaluations will be conducted in accordance with the National Agreement.



## Initiatives for Collaboration

35. The Parties agree on their shared objective to work collaboratively to implement systemic reforms that:

- a. address gaps in the mental health and suicide prevention system
- b. improve mental health outcomes for all people in New South Wales
- c. prevent and reduce suicidal behaviour; and
- d. deliver a mental health and suicide prevention system that is comprehensive, coordinated, consumer-focused and compassionate.

36. Where initiatives are co-funded, unless otherwise specified:

- a. the Commonwealth agrees to provide its funding contribution to PHNs in New South Wales for commissioning of services; and
- b. New South Wales agrees to work through a co-commissioning approach with PHNs (in accordance with joint planning and commissioning arrangements specified in this Schedule) and agrees to provide its financial contribution directly to Local Health Districts (LHDs) or service providers.

37. As a priority in the first instance, the Parties agree to work together on key initiatives as described below.

### Adult Mental Health Centre and Satellite Network (Head to Health)

38. The Commonwealth and New South Wales agree to work collaboratively with the shared objective to address gaps in the mental health and suicide prevention system and provide more integrated, seamless mental health care for adults and older adults.

39. The Commonwealth agrees to:

- a. Continue operation of an existing centre in Penrith.
- b. Establish and provide operating costs for three new satellite clinics, to be established in 2021-22 and operational by December 2022.
- c. Fully fund the establishment costs for five new centres and six new satellite clinics in New South Wales:
  - i. two centres established in 2022-23 (operational in 2023-24)
  - ii. one centre established in 2023-24 (operational in 2024-25)
  - iii. one centre established in 2024-25 (operational in 2025-26)
  - iv. one centre established in 2025-26 (operational after 30 June 2026)
  - v. three satellites established in 2022-23 (operational in 2023-24)
  - vi. one satellite established in 2023-24 (operational in 2024-25)
  - vii. one satellite established in 2024-25 (operational in 2025-26); and
  - viii. one satellite established in 2025-26 (operational after 30 June 2026).

40. The Commonwealth and New South Wales agree to:

- a. Co-fund on a 50:50 basis the operation of five new centres and six new satellite clinics, with four centres and five satellites to be operational before 30 June 2026:
  - i. two centres operational in 2023-24 (established in 2022-23)

- ii. one centre operational in 2024-25 (established in 2023-24)
- iii. one centre operational in 2025-26 (established in 2024-25)
- iv. one centre operational after 30 June 2026 (established in 2025-26)
- v. three satellites operational in 2023-24 (established in 2022-23)
- vi. one satellite operational in 2024-25 (established in 2023-24)
- vii. one satellite operational in 2025-26 (established in 2024-25); and
- viii. one satellite operational after 30 June 2026 (established in 2025-26).

b. Work together to determine the location of the new centres and satellite clinics.

### **Investing in Child Mental Health and Social and Emotional Wellbeing**

41. The Commonwealth and New South Wales agree to:

- a. co-fund the establishment and ongoing operation of four Head to Health Kids Hubs in New South Wales:
  - i. two hubs established in 2022-23 and operational in 2023-24
  - ii. one hub established in 2024-25 and operational in 2025-26; and
  - iii. one hub established in 2025-26 and operational after 30 June 26.
- b. Work collaboratively to continue to improve access to multidisciplinary team care to children.
- c. Work together to flexibly implement a model that integrates with existing services.

42. The Commonwealth agrees to transfer their portion of the establishment funding directly to New South Wales to establish four Head to Health Kids Hubs, and their portion of the operational funding for ongoing operation of three Head to Health Kids Hubs.

### **Enhancement and Expansion of Youth Mental Health Services**

43. The Commonwealth agrees to fully fund the establishment of three new headspace sites in New South Wales.

44. The Commonwealth and New South Wales agree to:

- a. Co-fund the operational costs for the three new headspace sites.
- b. Establish a partnership approach to enhance, through funding or an equivalent in-kind contribution, 31 current and 3 planned headspace services to increase access to multidisciplinary youth mental health services in New South Wales, consistent with the headspace model, with a focus on ensuring young people can access an appropriate level of support, wait times are minimised, and transition between headspace and New South Wales youth mental health services is streamlined.

45. Work collaboratively to identify an approach to improving access to multidisciplinary youth mental health services in New South Wales that ensures integration with existing services. New South Wales will work with new and existing headspace sites to provide support for complex and /or severe presentations and to facilitate a transition to state-based services where needed.

### **Universal Aftercare Services**

46. The Commonwealth and New South Wales agree to the objective of achieving universal aftercare services to support individuals following a suicide attempt and / or suicidal crisis.

47. The Commonwealth and New South Wales agree to:

- a. Co-fund universal aftercare services to support individuals following a suicide attempt and / or suicidal crisis via a two-part approach:
  - i. Part 1: Implement 35 services to support those who have been discharged from hospital following a suicide attempt (Aftercare Services program). This is inclusive of 9 existing Way Back sites; and
  - ii. Part 2: Implement a pilot to expand referral and entry pathways to Aftercare Services from other settings in two of the 35 services to support those who have experienced a suicidal crisis without being admitted to hospital (Aftercare Pilot program).
- b. Establish commissioning arrangements that enable New South Wales and PHNs to have equal responsibility for governance and decision-making for the Aftercare Services Program and Aftercare Pilot Program.

### **Distress Intervention Trial Program**

48. The Commonwealth and New South Wales will work collaboratively with the shared objective of preventing and reducing suicidal behaviour in New South Wales through implementation of a Distress Intervention Trial Program. The Commonwealth and New South Wales agree to work together to:

- a. Co-fund on a 50:50 basis two Distress Intervention Trial sites in New South Wales with the objective of preventing and reducing suicidal behaviour through early intervention in non-mental health settings.
- b. Agree on principles and objectives of the Distress Intervention Trial, including pilot locations.
- c. Ensure the program integrates with the existing service system.

### **Postvention Support**

49. The Commonwealth and New South Wales agree to co-fund Youturn Ltd to deliver postvention support modelled on the StandBy Support After Suicide Program and the New South Wales Post Suicide Support initiative to ensure all people in New South Wales who are bereaved or impacted by suicide can access its services.

50. New South Wales agrees to provide funding directly to the Commonwealth to commission the postvention service, provided the model is aligned with the above model.

51. The Parties will establish commissioning arrangements that enable New South Wales to be involved in commissioning decisions.

### **Perinatal Mental Health Screening**

52. The Commonwealth and New South Wales agree to work collaboratively to build on existing infrastructure to enhance electronic capture and centralised extraction and reporting of perinatal mental health screening data from public antenatal and postnatal care settings in New South Wales.

53. New South Wales agrees to work towards providing nationally consistent perinatal mental health data to the Australian Institute of Health and Welfare within the first 12 months of this Schedule.

54. New South Wales agrees to identify and address gaps in screening, including implementing findings from the review of the Safe Start program, where the findings align with the intent of the Perinatal Mental Health Screening initiative.

### **National Phone/Digital Intake Service**



55. The Commonwealth and New South Wales will work collaboratively to:
- a. share information about existing assessment and referral systems to investigate opportunities for integration and avoid duplication
  - b. monitor and review the implementation of the National Phone/Digital Intake Service in other states and territories to consider its application in New South Wales to support an integrated approach to consistent intake, assessment and referral across state-funded services and Commonwealth-funded services that does not duplicate existing arrangements for triage and referral in New South Wales; and
  - c. support referral pathways between state services and the Head to Health Centres and satellites.

### **Initial Assessment and Referral**

56. The Commonwealth and New South Wales agree to work collaboratively to:
- a. share information about existing state-wide assessment and referral systems to investigate opportunities for integration and avoid duplication; and
  - b. monitor and review the implementation of the Commonwealth Initial Assessment and Referral tool in other states and territories to consider opportunities to integrate intake, assessment and referral approaches across state-funded services and Commonwealth-funded services that does not duplicate existing arrangements for triage and referral in New South Wales.

### **Workforce**

57. The Commonwealth and New South Wales agree to work collaboratively to:
- a. Support alignment with the soon-to-be finalised National Medical Workforce Strategy and similar measures already funded by the Commonwealth.
  - b. Ensure students and graduates receive a mix of rotations between the acute and community/primary care settings, and to ensure they are appropriately supervised throughout training and placements.
  - c. Promote mental health careers as an attractive career option.
  - d. Support a national approach to attracting an overseas workforce with consideration given to broader health workforce needs.
  - e. Build structures and supports for the Lived Experience workforce.

### **Regional Planning and Commissioning**

58. The Parties acknowledge the importance of regional planning to identify the specific mental health and suicide prevention and support needs of local communities, particularly in rural and regional areas.
59. The Parties agree to continue to support the development, implementation and monitoring of joint regional mental health and suicide prevention plans between PHNs, LHDs, consumers, carers and service providers. This includes undertaking activities in accordance with these plans and supporting the joint service planning and commissioning of services to meet local needs and establish governance to enable shared decision making and evaluation.

## **Performance and Reporting Requirements**

60. Performance and reporting requirements are outlined in Annex B.

## Annex A: Financial contributions

The Commonwealth will provide an estimated financial contribution of \$215.96m in respect of this Schedule, as outlined in Table 1.

Existing New South Wales investment of \$20.67m is recognised as in-kind support in respect of this Schedule, for aftercare services for people discharged from hospital after a suicide attempt, postvention services, enhancement and expansion of youth mental health services, and perinatal mental health screening. New South Wales will provide an estimated additional financial contribution of \$146.49m as outlined in Table 1.

The Parties will ensure the collection, sharing and reporting of service activity data for all initiatives in this Schedule, and ensuring all initiatives are evaluated.

Detailed financial contributions are outlined in Table 2.

**Table 1: Summary of Financial Contributions**

(\$)	2021-22	2022-23	2023-24	2024-25	2025-26	Total
<b>Total contribution</b>	<b>8,629,514</b>	<b>86,669,769</b>	<b>79,786,360</b>	<b>101,234,415</b>	<b>106,799,309</b>	<b>383,119,367</b>
<b>Commonwealth total contribution</b>	<b>2,445,000</b>	<b>52,065,983</b>	<b>44,397,408</b>	<b>57,245,851</b>	<b>59,809,938</b>	<b>215,964,180</b>
Commonwealth payments to New South Wales	875,000	7,589,028	5,719,417	6,679,417	6,390,000	27,252,861
Other Commonwealth payments	1,570,000	44,476,955	38,677,991	50,566,434	53,419,938	188,711,319
<b>New South Wales total contribution</b>	<b>6,184,514</b>	<b>34,603,786</b>	<b>35,388,953</b>	<b>43,988,564</b>	<b>46,989,370</b>	<b>167,155,187</b>
New South Wales payments to Commonwealth	-	1,239,341	2,279,028	2,279,028	-	5,797,397
New South Wales financial commitments	-	23,589,932	30,005,411	40,105,022	46,989,370	140,689,735
Recognised existing NSW investment	6,184,514	9,774,514	3,104,514	1,604,514	-	20,668,056

Notes:

- Other Commonwealth payments include payments to the PHN to commission services in support of services and activities funded under this Schedule.
- In line with provisions in the Addendum to the National Health Reform Agreement 2020-2025, the Commonwealth will not fund patient services through the NHRA if the same service, or any part of the same service, is funded through this Schedule or any other Commonwealth program.
- As the figures are rounded, there may be some discrepancies with the total figures provided.

**Table 2: Detailed Financial Contributions**

(\$)	2021-22	2022-23	2023-24	2024-25	2025-26	Total
Commonwealth contribution	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
<b>Commonwealth payments to New South Wales</b>	<b>875,000</b>	<b>7,589,028</b>	<b>5,719,417</b>	<b>6,679,417</b>	<b>6,390,000</b>	<b>27,252,861</b>
Perinatal mental health screening						
Universal perinatal mental health screening	-	3,209,028	2,175,417	2,175,417	-	7,559,861
National perinatal mental health check initiative	875,000	875,000	-	-	-	1,750,000
Investing in child mental health and social and emotional wellbeing	-	3,505,000	3,544,000	4,504,000	6,390,000	17,943,000
<b>Other Commonwealth payments</b>	<b>1,570,000</b>	<b>44,476,955</b>	<b>38,677,991</b>	<b>50,566,434</b>	<b>53,419,938</b>	<b>188,711,319</b>
Aftercare services for people discharged from hospital after a suicide attempt						
Additional aftercare services	-	19,480,844	12,530,590	12,705,972	12,883,855	57,601,261
Outside hospital trial	-	1,329,277	855,026	866,906	-	3,051,209
Distress Intervention Trial Program	-	1,207,250	615,750	624,375	-	2,447,375
Postvention	-	3,319,341	2,279,028	2,279,028	-	7,877,397
Adult mental health centre and satellite network						
Adult mental health centres (co-funded)	-	3,500,000	5,836,269	7,965,123	10,152,929	27,454,321
Adult mental health satellite clinics (co-funded)	-	1,577,561	1,793,776	2,365,313	2,952,586	8,689,236
Adult mental health centres (Commonwealth only funded)	-	-	-	4,143,415	4,201,465	8,344,880
Adult mental health satellite clinics (Commonwealth only funded)	510,000	3,202,682	3,247,552	3,292,969	3,339,104	13,592,307
Enhancement and expansion of youth mental health services						
Boosting clinical capacity at existing sites	-	8,280,000	7,380,000	11,673,333	15,180,000	42,513,333
Service delivery costs at new sites	1,060,000	2,580,000	4,140,000	4,650,000	4,710,000	17,140,000
<b>Commonwealth total contribution</b>	<b>2,445,000</b>	<b>52,065,983</b>	<b>44,397,408</b>	<b>57,245,851</b>	<b>59,809,938</b>	<b>215,964,180</b>
<b>New South Wales contribution</b>						



(\$)	2021-22	2022-23	2023-24	2024-25	2025-26	Total
<b>New South Wales payment to Commonwealth</b>	-	1,239,341	2,279,028	2,279,028	-	5,797,397
Postvention	-	1,239,341	2,279,028	2,279,028	-	5,797,397
<b>New South Wales financial commitments</b>	-	23,589,932	30,005,411	40,105,022	46,989,370	140,689,735
Aftercare services for people discharged from hospital after a suicide attempt						
Additional aftercare services	-	16,480,844	11,030,590	12,705,972	12,883,855	53,101,261
Outside hospital trial	-	1,329,277	855,026	866,906	-	3,051,209
Distress Intervention Trial Program	-	1,207,250	615,750	624,375	-	2,447,375
Adult mental health centre and satellite network						
Adult mental health centres (co-funded)	-	-	4,086,269	6,215,123	8,402,929	18,704,321
Adult mental health satellite clinics (co-funded)	-	1,067,561	1,623,776	2,195,313	2,782,586	7,669,236
Enhancement and expansion of youth mental health services						
Boosting clinical capacity at existing sites	-	-	7,380,000	11,673,333	15,180,000	34,233,333
Service delivery costs at new sites	-	-	870,000	1,320,000	1,350,000	3,540,000
Investing in child mental health and social and emotional wellbeing	-	3,505,000	3,544,000	4,504,000	6,390,000	17,943,000
<b>New South Wales recognised existing contribution</b>	<b>6,184,514</b>	<b>9,774,514</b>	<b>3,104,514</b>	<b>1,604,514</b>	-	<b>20,668,056</b>
Perinatal mental health screening	1,604,514	1,604,514	1,604,514	1,604,514	-	6,418,056
Aftercare services for people discharged from hospital after a suicide attempt – additional aftercare services	1,500,000	1,500,000	1,500,000	-	-	4,500,000
Postvention	-	1,040,000	-	-	-	1,040,000
Enhancement and expansion of youth mental health services						
Boosting clinical capacity at existing sites	3,080,000	5,200,000	-	-	-	8,280,000
Service delivery costs at new sites	-	430,000	-	-	-	430,000
<b>New South Wales total contribution</b>	<b>6,184,514</b>	<b>34,603,786</b>	<b>35,388,953</b>	<b>43,988,564</b>	<b>46,989,370</b>	<b>167,155,187</b>

## Annex B: Reporting requirements and payment summary

Table 3: Reporting requirements, due dates and payment summary

Report (delete if the schedule has one output only)	Requirements	Report due	Payment
Head to Health Child Hubs Model	New South Wales to provide feedback on the proposed draft Head to Health Child Hubs model.	Within two months of execution of this Schedule.	\$875,000 (Commonwealth payment to New South Wales for Perinatal initiative)
Joint Commonwealth-New South Wales Implementation plan	<p>Joint Commonwealth-New South Wales Implementation plan including key deliverables, proposed service models and timeframes that align with needs analysis, service and workforce mapping and planning in the joint regional plans for the following initiatives:</p> <ul style="list-style-type: none"> <li>• Adult Mental Health Centre and Satellite Network</li> <li>• Child mental health and social and emotional wellbeing hubs</li> <li>• Enhancement and expansion of youth mental health services</li> <li>• Aftercare services for people after a suicide attempt</li> <li>• Distress Intervention Trial Program, also including: <ul style="list-style-type: none"> <li>○ evidence base on site selection, logistical arrangements, workforce training, and plan for data sharing for national evaluation of the Distress Intervention Trial.</li> </ul> </li> <li>• Postvention Support</li> <li>• Perinatal mental health screening</li> </ul>	Four months from the date of execution of this Schedule	<p>\$3,505,000 (Commonwealth payment to New South Wales for Head to Health Kids Hubs)</p> <p>\$1,239,341 (New South Wales payment to the Commonwealth for Postvention)</p>
Agreed Minimum Data Specifications	For each initiative in this bilateral Schedule, New South Wales and the Commonwealth will agree the minimum data specifications and reporting process to monitor service activity. Where appropriate, data collection will use existing data collection and reporting processes.	Six months from the date of execution of this Schedule	Nil

<b>Report</b> (delete if the schedule has one output only)	<b>Requirements</b>	<b>Report due</b>	<b>Payment</b>
<b>Joint Regional Plan</b>	New South Wales and the Commonwealth to develop joint regional plans within the first 2 years of this Schedule, with further details to be provided by the Commonwealth on planning and reporting requirements.	Within two years from the date of execution of this Schedule	Nil
<b>Data for Perinatal mental health screening</b>	Nationally consistent perinatal mental health data provided to the Australian Institute of Health and Welfare (or evidence that working toward data provision).	Within 12 months of execution of this Schedule	\$4,084,028 (Commonwealth payment to New South Wales for Perinatal initiative)
<b>Annual performance report</b>	Performance report against the Joint Commonwealth-New South Wales Implementation Plan and key deliverables for the period from 01/07/2022 to 30/06/2023.  Refer to Table 4 for detail of the requirements.	31/08/2023	\$5,719,417 (Commonwealth payment to New South Wales for Perinatal initiative and Head to Health Kids Hubs)  \$2,279,028 (New South Wales payment to the Commonwealth for Postvention)



<b>Report</b> (delete if the schedule has one output only)	<b>Requirements</b>	<b>Report due</b>	<b>Payment</b>
<b>Annual performance report</b>	Performance report against the Joint Commonwealth-New South Wales Implementation Plan and key deliverables for the period from 01/07/2023 to 30/06/2024.  Refer to Table 4 for detail of the requirements.	31/08/2024	\$6,679,417 (Commonwealth payment to New South Wales for Perinatal initiative and Head to Health Kids Hubs)  \$2,279,028 (New South Wales payment to the Commonwealth for Postvention)
<b>Annual performance report</b>	Performance report against the Joint Commonwealth-New South Wales Implementation Plan and key deliverables for the period from 01/07/2024 to 30/06/2025.  Refer to Table 4 for detail of the requirements.	31/08/2025	\$6,390,000 (Commonwealth payment to New South Wales for Head to Health Kids Hubs)
<b>Distress Intervention Trial Evaluation</b>	Jurisdiction's performance in national evaluation conducted by independent party to inform future service provision.	01/07/2026	Nil
<b>Annual performance report</b>	Performance report against the Joint Commonwealth-New South Wales Implementation Plan and key deliverables for the period from 01/07/2025 to 30/06/2026.  Refer to Table 4 for detail of the requirements.	31/08/2026	Nil

Report (delete if the schedule has one output only)	Requirements	Report due	Payment
Final report	<p>Final report for the period from execution of this Schedule to 30/06/2026, for:</p> <ul style="list-style-type: none"> <li>• Adult Mental Health Centre and Satellite Network (Head to Health)</li> <li>• Child mental health and social and emotional wellbeing hubs</li> <li>• Enhancement and expansion of youth mental health services</li> <li>• Aftercare services for people after a suicide attempt</li> <li>• Distress Intervention Trial Program</li> <li>• Postvention Support</li> <li>• Perinatal mental health screening</li> <li>• Initial Assessment and Referral tool</li> <li>• Collaboration, implementation and governance in line with joint regional mental health and suicide prevention plan</li> </ul> <p>Refer to Table 5 for detail of the requirements.</p>	31/08/2026	Nil

**Table 4: Joint performance reporting requirements**

Commissioning leads for each initiative, in collaboration with relevant organisations, will be responsible for preparing one report to address the requirements outlined below for each initiative. The report will be provided to both Parties.

Initiative	Requirements
<b>Adult Mental Health Centre and Satellite Network (Head to Health)</b>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-New South Wales Implementation Plan. Performance reports against Key Performance Indicators developed through the National Agreement, and including:               <ul style="list-style-type: none"> <li>○ growth in service volume,</li> <li>○ 100% of clients at risk of suicide followed up within 7 days,</li> <li>○ proportion of services delivered to the Aboriginal and Torres Strait Islander population that were culturally appropriate; and</li> <li>○ 70% of completed episodes of care have recorded valid outcome measures at Episode Start and Episode End.</li> </ul> </li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NSW within a month of the evaluation's completion.</li> </ul>
<b>Investing in Child Mental Health and Social and Emotional Wellbeing</b>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-New South Wales Implementation Plan. Performance reports against Key Performance Indicators developed through the National Agreement, and including:               <ul style="list-style-type: none"> <li>○ growth in service volume,</li> <li>○ 100% of clients at risk of suicide followed up within 7 days,</li> <li>○ proportion of services delivered to the Aboriginal and Torres Strait Islander population that were culturally appropriate; and</li> <li>○ 70% of completed episodes of care have recorded valid outcome measures at Episode Start and Episode End.</li> </ul> </li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NSW within a month of the evaluation's completion.</li> </ul>
<b>Enhancement and expansion of headspace services</b>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-New South Wales Implementation Plan.</li> <li>• Quantification of financial and in-kind contributions</li> <li>• Regular engagement to monitor implementation.</li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NSW within a month of the evaluation's completion.</li> </ul>
<b>Aftercare services for people after a suicide attempt</b>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-New South Wales Implementation Plan.</li> <li>• Evaluation plan.</li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NSW within a month of the evaluations completion.</li> </ul>
<b>Joint regional mental health and suicide prevention plans</b>	<ul style="list-style-type: none"> <li>• Performance report on support and engagement provided to the joint regional planning processes by New South Wales LHDs and PHNs in New South Wales.</li> <li>• Each PHN and related LHDs to develop and report on joint regional mental health and suicide prevention plans</li> </ul>



Initiative	Requirements
<b>Distress Intervention Trial Program</b>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-New South Wales Implementation Plan.</li> <li>• Progress report against deliverables in each location for the period, including:</li> <li>• Number of clients receiving Level 1 response, Level 2 response, and measures of improved wellbeing/decreased levels of distress/short-term needs met;</li> <li>• Average wait time for contact from Level 2 response;</li> <li>• Number of distress management plans developed;</li> <li>• Evidence of referral pathways for Level 2 responses; and</li> <li>• Staffing levels and skill set at each response level.</li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NSW within a month of the evaluation's completion.</li> </ul>
<b>Postvention Support</b>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables, proposed service models and timeframes as outlined in the Joint Commonwealth-New South Wales Implementation Plan.</li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NSW within a month of the evaluations completion.</li> </ul>
<b>Perinatal mental health screening</b>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables and timeframes as outlined in the Joint Commonwealth-New South Wales Implementation Plan and provision of perinatal mental health data to the Australian Institute of Health and Welfare.</li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and New South Wales within a month of the evaluation's completion.</li> </ul>
<b>Initial Assessment and Referral tool</b>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables and timeframes as outlined in the Joint Commonwealth-New South Wales Implementation Plan.</li> </ul>

**Table 5: Final Report requirements**

Initiative	Requirements
<b>Adult Mental Health Centre and Satellite Network (Head to Health)</b>	<ul style="list-style-type: none"> <li>• Confirmation of total expenditure</li> <li>• Assessment of integration approach, including referral in and out of Head to Health</li> <li>• Assessment of outcomes at start and end of episode</li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NSW by the end of this Schedule.</li> </ul>
<b>Investing in Child Mental Health and Social and Emotional Wellbeing</b>	<ul style="list-style-type: none"> <li>• Confirmation of total expenditure</li> <li>• Assessment of integration approach, including referral in and out of Head to Health Kids</li> <li>• Assessment of outcomes at start and end of episode</li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NSW by the end of this Schedule.</li> </ul>
<b>Enhancement and expansion of Youth Mental Health services</b>	<ul style="list-style-type: none"> <li>• Progress of implementation against jointly developed plan.</li> <li>• Assessment of initiative outcomes.</li> <li>• Confirmation of total expenditure.</li> <li>• Assessment of integration approach</li> <li>• Identification of ongoing activities to maintain integration of services</li> </ul>

Initiative	Requirements
	<ul style="list-style-type: none"> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NSW by the end of this Schedule.</li> </ul>
<b>Aftercare services for people after a suicide attempt</b>	<ul style="list-style-type: none"> <li>• Progress of implementation against jointly developed plan.</li> <li>• Assessment of initiative outcomes.</li> <li>• Confirmation of total expenditure.</li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NSW by the end of this Agreement.</li> </ul>
<b>Joint regional mental health and suicide prevention plan</b>	<ul style="list-style-type: none"> <li>• Ongoing collaboration, implementation and governance in line with comprehensive joint regional mental health and suicide prevention plan, with identified priorities and actions.</li> <li>• Identified priorities and actions should inform further reform and planning processes.</li> </ul>
<b>Distress Intervention Trial Program</b>	<ul style="list-style-type: none"> <li>• Progress of implementation against jointly developed plan.</li> <li>• Assessment of initiative outcomes.</li> <li>• Confirmation of total expenditure.</li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NSW by the end of this Agreement.</li> </ul>
<b>Postvention Support</b>	<ul style="list-style-type: none"> <li>• Progress of implementation against jointly developed plan.</li> <li>• Assessment of initiative outcomes.</li> <li>• Confirmation of total expenditure.</li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NSW by the end of this Agreement.</li> </ul>
<b>Perinatal mental health screening</b>	<ul style="list-style-type: none"> <li>• Progress of implementation against jointly developed plan, including national reporting of perinatal mental health data to the AIHW.</li> <li>• Assessment of initiative outcomes.</li> <li>• Confirmation of total expenditure.</li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and NSW by the end of this Agreement.</li> </ul>
<b>Initial Assessment and Referral tool</b>	<ul style="list-style-type: none"> <li>• Report on any opportunities to integrate intake, assessment and referral approaches across state-funded services and Commonwealth-funded services that does not duplicate existing arrangements for triage and referral in New South Wales.</li> </ul>



**Table 6: Number of proposed sites for initiatives^**

Initiative	Funding	-	Number of sites					
			2021-22	2022-23	2023-24	2024-25	2025-26	Total
Adult Mental Health Centres	Co-funded	Established	0	2	1	1	1	5
		Operational	0	0	2	3	4	4
	Commonwealth only funded	Established	0	0	0	0	0	0
		Operational	1	1	1	1	1	1
Adult Mental Health Satellite Clinics	Co-funded	Established	0	3	1	1	1	6
		Operational	0	0	3	4	5	5
	Commonwealth only funded	Established	3	0	0	0	0	3
		Operational	0	3	3	3	3	3
Head to Health Kids Hubs	Co-funded	Established	0	2	0	1	1	4
		Operational	0	0	2	2	3	3
Enhancement and Expansion of Youth Mental Health Services	Co-funded	Boosting clinical capacity at existing sites	0	11	16	24	31	31
	Commonwealth only funded	New sites established	1	1	1	0	0	3
	Co-funded	New sites operational	0	1	2	3	3	3
Aftercare	Co-funded	Additional services operational	0*	17	35	35	35	35
	Co-funded	Outside hospital trial operational	0	2	2	2	-	2
Distress Intervention	Co-funded	Operational	0	2	2	2	-	2
Postvention	Co-funded	Operational service regions	5	5	5	5	-	5

^Please note that established sites are recorded as individual counts in the year they are established, whereas operational or existing sites are recorded as a cumulative total.

\*Note there are 9 existing Way Back sites funded separately to this Agreement.

The Parties have confirmed their commitment to this schedule as follows:

**Signed for and on behalf of the Commonwealth of Australia by**



**The Honourable Greg Hunt MP**

Minister for Health and Aged Care

1 March 2022

**Signed for and on behalf of the State of New South Wales by**



**The Honourable Bronnie Taylor MLC**

Minister for Mental Health