

# BILATERAL SCHEDULE ON MENTAL HEALTH AND SUICIDE PREVENTION: WESTERN AUSTRALIA

## Parties to the Schedule

1. This is an Agreement between:
  - a. the Commonwealth of Australia; and
  - b. the state of Western Australia.

## Term of the Agreement

2. This Schedule is expected to expire on 30 June 2026. Commonwealth funding through this Schedule is contingent on Western Australia signing the National Mental Health and Suicide Prevention Agreement (the National Agreement).
3. This Schedule may be amended at any time with the agreement of both Parties.
4. This Schedule falls under the National Agreement and is subject to all agreed clauses. The Schedule is intended to be read together with the National Agreement. However, where inconsistencies exist between the Schedule and the requirements of the National Agreement, the National Agreement will prevail.
5. 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 Western Australia, if this relates to substantial financial or governance arrangements.
6. The Commonwealth recognises Western Australia's investment in community-based youth mental health services, adult mental health services, child mental health services and workforce (including initiatives in response to the priorities arising from the work of the Infant, Children and Adolescents Taskforce).

## Purpose

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

## Principles

8. Activities within this Schedule will align with, and be carried out according to, the principles outlined within the Heads of Agreement and the National Agreement.

## 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 are specified in the National Agreement. Specific roles and responsibilities for the Commonwealth and Western Australia 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. The Parties commit to continuing to work closely with the National Indigenous Australians Agency and Aboriginal and Torres Strait Islander service providers to ensure programs are best-placed to deliver optimal outcomes and to ensure that services are complimentary and not duplicative.
12. Under this Schedule, the Commonwealth agrees to be responsible for:
  - a. Providing a service model and national support to inform the development, implementation and operation of the Head to Health Kids Hub.
  - b. Maintaining and enhancing the Commonwealth's Intake, Assessment and Referral Tool and implementing in primary care and Commonwealth-funded mental health services.
  - c. Providing funding directly to the Western Australian Government to address gaps in the system of care for Western Australians with eating disorders.
  - d. Establishing and ongoing operation of the Head to Health Kids Hub.
13. Under this Schedule, Western Australia agrees to be responsible for:
  - a. The Commonwealth and Western Australia agree to collaboratively monitor and review the implementation of the Commonwealth Initial Assessment and Referral Tool in other states and territories, and to assess and consider opportunities to integrate approaches across state funded services and Commonwealth funded services that does not duplicate existing arrangements in Western Australia.
  - b. Working with the Commonwealth on plans to provide nationally consistent perinatal mental health screening data to AIHW from 2023-24 and on identifying and addressing gaps in perinatal mental health screening.
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 establishment and operation of one Head to Health Kids Hub to improve access to multidisciplinary team care to children.
  - b. Contributing to a two-part approach to aftercare for those individuals discharged from hospital, including Indigenous specific services, following a suicide attempt and/or suicidal crisis.
  - c. Working in partnership to improve access to multidisciplinary youth mental health services in Western Australia, ensuring integration with existing services without causing increased fragmentation.
  - d. 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; and
    - iii. working together to better harness data, analytics and evidence, to drive meaningful improvements in the health system.
  - e. Improving 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.
15. Outside of this Schedule, the Commonwealth will establish new Head to Health adult mental health services across Western Australia.

## Objectives and outcomes

16. 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 Western Australia, prevent and reduce suicidal behaviour, and deliver a mental health and suicide prevention system that is comprehensive, coordinated, consumer-focused and compassionate.
17. 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 advice and other inquiries.
18. 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

19. 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, LGBTQIA+SB and culturally and linguistically diverse communities, are addressed and services delivered in a culturally appropriate manner.

## Publication

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

## Linkages with other Agreements

21. 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.
22. Where inconsistencies exist between the requirements of this Schedule and the NHRA, the requirements of the NHRA will prevail.
23. 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; and
- l. *Mental Health Act 2014* (Western Australia) and other relevant state-based legislation.
- m. *WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024*
- n. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025
- o. Western Australian Suicide Prevention Framework 2021-25
- p. Western Australian Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025
- q. Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-2025
- r. Young People’s Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025
- s. Final Report – Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in WA (ICA Taskforce).

## Whole of Government

24. The Parties recognise that the enablers of mental health reform and suicide prevention 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

25. 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.
26. 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 the Council on Federal Financial Relations prior to finalising these amendments and comply with any advice provided.
27. 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 Health Secretary and the Western Australia Mental Health Commissioner for resolution. The Commonwealth Health Secretary and the Western Australian Mental Health Commissioner will report to Health Ministers and Ministers for Mental Health on implementation and key risks as required.
28. 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.

29. This Schedule will be jointly reviewed by December 2023 to assess progress and opportunity for more substantive reform.

## Financial Contributions

30. The Parties agree to fund delivery of initiatives in this Schedule as outlined in Annex A.
31. 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 Schedule or any other Commonwealth program except as specifically exempt.
32. Similarly, the Commonwealth will not fund through other Commonwealth programs any services that are funded through this Schedule.

## Data and Evaluation

### Data

33. Western Australia will work with the Commonwealth and other 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, as part of the National Agreement and this Schedule.
34. For each initiative in this Schedule, Western Australia and the Commonwealth will agree, the minimum data specifications and reporting processes to monitor service activity in line with the data and evaluation section of the National Agreement. Where appropriate, existing data collection and reporting processes will be used.
35. If required, the commissioning organisation will be responsible for modifying processes to collect the minimum requirements and facilitating data access for both Western Australia and the Commonwealth in a timely manner subject to nationally agreed approaches as part of the National Agreement.
36. Western Australia and the Commonwealth commit to improve data collection and sharing, balanced with a focus on reducing burdensome and duplicative data collection, sharing and reporting.

### Evaluation

37. The Commonwealth and Western Australia 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

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

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

39. The Commonwealth and Western Australia will work collaboratively to continue to improve access to multidisciplinary team care to children, and flexibly implement a model that integrates with existing services.
40. The Commonwealth and Western Australia agree to co-fund on a 50:50 basis the establishment and ongoing operation of one new Head to Health Kids Hub, established in 2022-23 (operational in 2023-24).
41. The Hub will be established in accordance with the Head to Health Kids model and branding, noting the role of the Regional Planning and Governance Committee at Clause 65 and 67 is to ensure a localised and integrated approach.

42. The Commonwealth and Western Australia will be cognisant of the potential construction delays when implementing projects with a capital works component and use existing sites where possible, including as interim arrangements. Should delays to implementation be likely, the Parties will communicate this to each other in a timely manner.
43. The Commonwealth recognises Western Australia's investments in community based children's mental health services, including responding to the priorities arising from ICA Taskforce.

### **Youth Mental Health Services**

44. The Commonwealth and Western Australia will work in partnership to improve access to multidisciplinary youth mental health services in Western Australia, ensuring integration with existing services without causing increased fragmentation.
45. The Parties recognise both government's investment in community-based youth mental health services.

### **Perinatal Mental Health Screening**

46. Working with the Commonwealth on plans to provide nationally consistent perinatal mental health screening data to AIHW from 2023-24 and on identifying and addressing gaps in perinatal mental health screening

### **Aftercare Services**

47. The Commonwealth and Western Australia will contribute funding for the ongoing operational costs to support individuals following a suicide attempt and / or suicidal crisis, via a two-part approach:
- a. Part 1: Implement services to support those who have been discharged from hospital following a suicide attempt (Aftercare Services program), to commence in 2022-23; and
  - b. Part 2: Implement a pilot to expand referral and entry pathways to aftercare service from other health settings to capture those who have experienced a suicidal crisis without being admitted to hospital (Aftercare Pilot program).
48. The Commonwealth and Western Australia will develop and agree to an aftercare model of service to be delivered in Western Australia, including cooperating on Indigenous-specific Aftercare arrangements in partnership with Aboriginal and Torres Strait Islander stakeholders.
49. The Commonwealth recognises Western Australia's in-kind contribution to Aftercare services.

### **Western Australia Eating Disorders program**

50. The Commonwealth will provide funding directly to Western Australia to fund initiatives to address gaps in the system of care for eating disorders and provide mental health and suicide prevention services for the 'missing middle'.
51. The Commonwealth will provide the Western Australian Government to provide a multidisciplinary Eating Disorders service based in the East Metropolitan Region. This service will include:
- i. an intensive day program; and
  - ii. specialist multidisciplinary outpatient clinic that includes a step-down service for inpatients with eating disorders.
52. This service will complement the two specialist Eating Disorders services being funded by the Western Australian Government based in the South and North Metropolitan Regions.
53. Western Australia will ensure its residential eating disorder centre is completed in accordance with the provisions of the Community Health and Hospitals Program Agreement.

### **Initial Assessment and Referral (IAR)**

54. The Commonwealth and Western Australia agree to collaboratively monitor and review the implementation of the Commonwealth Initial Assessment and Referral Tool in other states and

territories, and to assess and consider opportunities to integrate approaches across state funded services and Commonwealth funded services that does not duplicate existing arrangements in Western Australia.

55. The Commonwealth agrees to maintain the current IAR tool and implement the IAR in general practice and Commonwealth-funded mental health care services.

### **Workforce**

56. The Commonwealth and Western Australia agree to work collaboratively to align the *Western Australia Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025* and the *National Mental Health Workforce Strategy* and broader national workforce plans and strategies.

57. Western Australia and the Commonwealth agree to working collaboratively to:

- a. Coordinate mental health workforce planning for new services commissioned by both the Commonwealth and Western Australia.
- b. Promote mental health careers as an attractive career option.
- c. Build structures and supports for the lived experience workforce.
- d. Work with the education sector to advocate for the inclusion of job ready skills in undergraduate curricula.
- e. Support attraction of overseas workforce.

58. The Parties recognise both government's investment to support and strengthen the mental health and suicide prevention workforce.

59. The Commonwealth will:

- a. Lead national coordination of mental health workforce activities, including workforce planning, investment, distribution and data collection, in consultation with states and territories and the broader sector.
- b. Lead collaboration with the Royal Australian & New Zealand College of Psychiatrists (RANZCP) to grow the psychiatry workforce including through additional psychiatry training posts, developing a rural and remote training pathway, and activities to encourage medical students to undertake a fellowship in psychiatry.
- c. Support pathways to practice for allied health and nursing students through scholarships, clinical placements, internships and graduate positions in Commonwealth funded services, NGOs and other settings.
- d. Support the mental health of workforce through targeted early intervention and treatment services, and implementation of Every Doctor, Every Setting: A National Framework.
- e. Provide specialised training and support for GPs and other medical practitioners to enhance their capacity to address the mental health concerns of patients.
- f. Develop and promulgate messaging to reduce the stigma associated with mental health among the health workforce and encourage students to undertake careers in mental health.
- g. Support initiatives to attract and retain mental health professionals in rural and remote areas.

60. Western Australia will:

- a. Contribute to national coordination and collaboration of workforce activities with the Commonwealth, other states and territories and the broader sector.
- b. Promote physically and psychologically safe workplaces and work practices for mental health workers in Western Australia.

## Regional Planning and Commissioning

61. The Parties acknowledge the importance of regional planning to identify the specific mental health and support and suicide prevention needs of local communities, particularly in rural and regional areas.
62. The Parties agree to continue to support the development, implementation and monitoring of joint regional mental health and suicide prevention plans between WAPHA, the Mental Health Commission, Area Health Services, the Local Health Districts, 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.
63. The Commonwealth and Western Australia agree, within three months of signing this Schedule, to establish the Western Australian Joint Service Planning and Governance Committee (the Committee) to provide high level leadership regarding local system planning to contribute to reform of the mental health, alcohol and other drug system in Western Australia.
64. The Committee will include representatives from the Commonwealth Department of Health, the Western Australia Mental Health Commission, and WAPHA. Other representatives may be included (such as key stakeholders and lived experience representatives) as agreed between the Parties.
65. The Committee will provide guidance to enable WAPHA and the Western Australia Mental Health Commission to make informed decisions that meet the needs of local communities and ensure alignment and integration with Commonwealth and state-based services.
66. Terms of Reference for the Committee will be developed and agreed by the Committee, confirming structure, Chair, membership, roles, key functions, reporting structures, and frequency of meetings.
67. The Committee will:
  - a. use the Western Australian Joint Regional Mental Health Plan and the WA Mental Health and Other Drug Services Plan 2015-2025 alongside joint regional mental health and suicide prevention plans as the foundational tools to inform decision-making.
  - b. support jurisdictional decision-making and provide recommendations to guide the coordination and integration of care across the stepped care model, identification of gaps, duplication and inefficiencies of current services, determination of local community needs, and, location, planning and design of initiatives established as part of this Schedule.
  - c. be informed through the monitoring, evaluation and reporting of services aimed at improving the outcomes and experiences of consumers.
  - d. provide guidance to commissioning bodies to guide the commissioning of services regarding service models, location of services, level of funding allocation, and procurement approach.
68. The initiatives outlined in this Schedule, as well as the Aboriginal Aftercare initiatives will be subject to the Committee's arrangements.
69. For the purposes of this Schedule, the Committee will not hold Commonwealth or State funds. Commonwealth funds will be held and administered by WAPHA. Western Australia funds will be held and administered by the Western Australia Mental Health Commission.

## Performance and Reporting Requirements

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



## Annex A: Financial contributions

The Commonwealth will provide an estimated financial contribution of \$35.05 million in respect of this Schedule, as outlined in Table 1.

Western Australia will provide a contribution of \$26.49 million as outlined in Table 1, including \$10.48 million recognised as in-kind contribution in respect of this Schedule for aftercare. The Commonwealth recognises Western Australia's investment in community-based youth mental health services, adult mental health services, child mental health services and workforce (including initiatives in response to the priorities arising from the work of the Infants, Children and Adolescents taskforce).

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>Estimated total budget</b>	-	<b>15,643,732</b>	<b>15,211,508</b>	<b>15,478,480</b>	<b>15,211,036</b>	<b>61,544,756</b>
<b>Commonwealth total contribution</b>	-	<b>7,821,866</b>	<b>8,978,177</b>	<b>9,157,736</b>	<b>9,094,939</b>	<b>35,052,718</b>
Estimated payments to Western Australia	-	-	2,744,846	2,836,992	2,978,842	8,560,680
Other Commonwealth payments	-	7,821,866	6,233,331	6,320,744	6,116,097	26,492,038
<b>Western Australia total contribution</b>	-	<b>7,821,866</b>	<b>6,233,331</b>	<b>6,320,744</b>	<b>6,116,097</b>	<b>26,492,038</b>
Western Australia financial commitments	-	4,225,104	3,919,799	3,974,846	3,889,288	16,009,038
Western Australia in-kind contribution	-	3,596,762	2,313,532	2,345,898	2,226,809	10,483,000

Notes:

- Other Commonwealth payments include payments to the Primary Health Network 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
<b>Commonwealth contribution</b>	<b>(\$)</b>	<b>(\$)</b>	<b>(\$)</b>	<b>(\$)</b>	<b>(\$)</b>	<b>(\$)</b>
Commonwealth payments to Western Australia	-	-	2,744,846	2,836,992	2,978,842	8,560,680
Eating Disorder Services	-	-	2,744,846	2,836,992	2,978,842	8,560,680
<b>Other Commonwealth payments</b>	-	<b>7,821,866</b>	<b>6,233,331</b>	<b>6,320,744</b>	<b>6,116,097</b>	<b>26,492,038</b>
Aftercare services for people discharged from hospital after a suicide attempt						
Additional aftercare services	-	6,492,827	4,176,357	4,234,810	4,294,097	19,198,091
Outside hospital trial	-	443,039	284,974	288,934	-	1,016,947
Investing in child mental health and social and emotional wellbeing	-	886,000	1,772,000	1,797,000	1,822,000	6,277,000
<b>Commonwealth total contribution</b>	-	<b>7,821,866</b>	<b>8,978,177</b>	<b>9,157,736</b>	<b>9,094,939</b>	<b>35,052,718</b>
<b>Western Australia contribution</b>	<b>(\$)</b>	<b>(\$)</b>	<b>(\$)</b>	<b>(\$)</b>	<b>(\$)</b>	<b>(\$)</b>
<b>Western Australia financial commitments</b>	-	<b>4,225,104</b>	<b>3,919,799</b>	<b>3,974,846</b>	<b>3,889,288</b>	<b>16,009,038</b>
Aftercare services for people discharged from hospital after a suicide attempt						
Additional aftercare services	-	3,125,814	2,010,605	2,038,746	2,067,288	9,242,454
Outside hospital trial	-	213,290	137,194	139,100	-	489,584
Investing in child mental health and social and emotional wellbeing	-	886,000	1,772,000	1,797,000	1,822,000	6,277,000
<b>Western Australia in-kind contribution</b>	-	<b>3,596,762</b>	<b>2,313,532</b>	<b>2,345,898</b>	<b>2,226,809</b>	<b>10,483,000</b>
Aftercare services for people discharged from hospital after a suicide attempt						
Additional aftercare services	-	3,367,013	2,165,752	2,196,064	2,226,809	9,955,637
Outside hospital trial	-	229,749	147,780	149,834	-	527,363
<b>Western Australia total contribution</b>	-	<b>7,821,866</b>	<b>6,233,331</b>	<b>6,320,744</b>	<b>6,116,097</b>	<b>26,492,038</b>

**Table 3: Summary of contributions**

	<b>Initiative</b>	<b>Commonwealth</b>	<b>State</b>
<b>Collaborative as part of this Schedule</b>	Child Health and Wellbeing Hubs	6,277,000	6,277,000
	Aftercare	20,215,038	20,215,038
	Eating disorders	8,560,680	
	<b>Total</b>	<b>35,052,718</b>	<b>26,492,038</b>

<b>Parallel outside this Schedule</b>	Commonwealth Only: <ul style="list-style-type: none"> <li>• Adult Mental Health Centres</li> <li>• Enhancement and expansion of headspace</li> </ul>	81,160,000	
	WA Only: <ul style="list-style-type: none"> <li>• Youth and Adult Community Treatment</li> <li>• Initiatives related to the ICA Taskforce</li> </ul>		86,400,000

## Annex B: Reporting requirements and payments

**Table 4: Reporting requirements, due dates and payment summary**

<b>Report</b> (delete if the schedule has one output only)	<b>Requirements</b>	<b>Report due</b>	<b>Payment</b>
<b>Joint Commonwealth-Western Australia Implementation plan</b>	<p>Joint Commonwealth-Western Australia Implementation plan including key deliverables, proposed service model 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>• Child mental health and social and emotional wellbeing hubs</li> <li>• Aftercare services for people after a suicide attempt, and</li> <li>• Eating disorders program</li> </ul> <p>It will also provide an update on the progress in establishing the Western Australian Joint Service Planning and Governance Committee (the Committee).</p>	Four months from the date of execution of this schedule	Nil
<b>Agreed Minimum Data Specifications</b>	For each initiative in this Schedule, Western Australia and the Commonwealth will agree the minimum data specifications and reporting process to monitor service activity. Where appropriate, data collection will use the commissioning organisation's existing data collection and reporting processes.	Six months from the date of execution of this schedule	Nil
<b>Joint Regional Plan</b>	Western Australia and the Commonwealth to develop a joint regional plan 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>Annual performance report</b>	<p>Performance report against the Joint Commonwealth-Western Australia Implementation Plan and key deliverables for the period from 01/07/2022 to 30/06/2023.</p> <p>Refer to Table 5 for detail of the requirements.</p>	31/08/2023	\$2,744,846 (Commonwealth payment to Western Australia for Eating Disorder Services)

<b>Annual performance report</b>	Performance report against the Joint Commonwealth-Western Australia Implementation Plan and key deliverables for the period from 01/07/2023 to 30/06/2024. Refer to Table 5 for detail of the requirements.	31/08/2024	\$2,836,992 (Commonwealth payment to Western Australia for Eating Disorder Services)
<b>Annual performance report</b>	Performance report against the Joint Commonwealth-Western Australia Implementation Plan and key deliverables for the period from 01/07/2024 to 30/06/2025. Refer to Table 5 for detail of the requirements.	31/08/2025	\$2,978,842 (Commonwealth payment to Western Australia for Eating Disorder Services)
<b>Annual performance report</b>	Performance report against the Joint Commonwealth-Western Australia Implementation Plan and key deliverables for the period from 01/07/2025 to 30/06/2026. Refer to Table 5 for detail of the requirements.	31/08/2026	Nil
<b>Final report</b>	Final report for the period from execution of this Schedule to 30/06/2026, for: <ul style="list-style-type: none"> <li>• Child mental health and social and emotional wellbeing hubs</li> <li>• Aftercare services for people after a suicide attempt</li> <li>• Initial Assessment and Referral tool</li> <li>• Collaboration, implementation and governance in line with joint regional mental health and suicide prevention plan, and</li> <li>• Eating disorders</li> </ul> It will also provide an <b>update on the progress of the Western Australian Joint Service Planning and Governance Committee (the Committee).</b> Refer to Table 5 for detail of the requirements.	31/08/2026	Nil

**Table 5: Performance reporting requirements**

Initiative	Requirements
<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-Western Australia Implementation Plan. Performance reports against Key Performance Indicators developed through the National Agreement, and including:</li> <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> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and Western Australia 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-Western Australia Implementation Plan.</li> <li>• Evaluation plan.</li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and Western Australia within a month of the evaluation's completion.</li> </ul>
<b>Eating Disorders Program</b>	<ul style="list-style-type: none"> <li>• Performance report against key deliverables and timeframes as outlined in the Joint Commonwealth-Western Australia Implementation Plan.</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 the Western Australian Joint Service Planning and Governance Committee and the WAPHA.</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-Western Australia Implementation Plan.</li> </ul>

**Table 6: Final Report requirements**

Initiative	Requirements
<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 Western Australia 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 Western Australia by the end of this Agreement.</li> </ul>
<b>Eating Disorders Program</b>	<ul style="list-style-type: none"> <li>• Progress of implementation against jointly developed plan.</li> <li>• Assessment of initiative outcomes.</li> </ul>

Initiative	Requirements
	<ul style="list-style-type: none"> <li>• Confirmation of total expenditure.</li> <li>• Progress against evaluation and all evaluation findings have been made available to the Commonwealth and Western Australia 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>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 Western Australia.</li> </ul>

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  
8 April 2022

**Signed for and on behalf of Western Australia by**



**The Honourable Amber-Jade Sanderson MLA**  
Minister for Health; Mental Health  
[Day] [Month] [Year]

10 April 2022