



**Australian Government**  
**Department of Health**

**PHN PRIMARY MENTAL HEALTH CARE FLEXIBLE FUNDING POOL IMPLEMENTATION GUIDANCE**

**LOW INTENSITY MENTAL HEALTH SERVICES**

**FOR EARLY INTERVENTION**

PHNs are required to improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness at the local level through the development and/or commissioning of low intensity mental health services. These services will supplement the role of the Digital Mental Health Gateway (the Gateway) in providing an initial service 'step' within a primary care stepped care framework. When established, it is anticipated that the Gateway will provide a central entry point for national low intensity telephone and web-based mental health services. The Gateway will be complemented by a range of low intensity services commissioned by PHNs, including face to face services.

**In 2016-17 PHNs are expected to:**

- define target population groups for low intensity mental health services in their regional mental health and suicide prevention planning;
- commence the development of appropriate low intensity mental health service models for their region; and
- commence educating consumers and providers on low intensity services, including targeted recipients, referral pathways and service parameters.

**Longer term PHNs will be expected to:**

- commission low intensity mental health services to improve the targeting of psychological interventions to most appropriately support people with, or at risk of, mild mental illness as part of a stepped care approach to mental health service delivery; and
- help to promote the Digital Mental Health Gateway.

***What are low intensity mental health services?***

Essential features of low intensity mental health services include that they:

- are targeted at lower intensity mental health needs, within a stepped care approach;
- provide an efficient and less costly alternative to higher cost psychological services available through the Medicare-based Better Access initiative and other primary mental health care services funded from the PHN flexible pool as a form of early intervention;

- provide evidence based psychological intervention (e.g. cognitive behaviour therapy (CBT) to people with, or at risk of, mild mental illness (primarily anxiety and/or depressive disorders);
- provide a high quality service that people can access easily and directly, with or without needing a referral, while noting that it is best practice to involve a general practitioner (GP) in overall health and mental health care;
- offer the intervention in a variety of delivery formats (e.g. individual, group, telephone and web-based services, face-to-face, and combinations of modalities);
- offer the right frequency and volume of service to meet the needs of people with, or at risk of, mild mental illness (e.g. the right number of occasions of service at the right time, noting that services should be delivered in a time-limited manner, rather than as an ongoing service);
- draw from a broad workforce, whilst ensuring workforce skills, qualifications and supervision arrangements are appropriate for the level of service commissioned;
- address the low intensity service needs of the region, including those in underserved population groups;
- are consistent with relevant standards and legislative/regulatory requirements and align with standards articulated in the *National Standards for Mental Health Services 2010*;
- promote recovery, and align with the *National Framework for Recovery Oriented Mental Health Services 2013*, where relevant;
- provide links to other services within a stepped care approach to ensure people are matched to a service commensurate with their mental health need; and
- provide an easy to access service which may not require a referral.

Some examples of low intensity mental health services are provided under *Useful resources*.

Activities that are not considered to be in scope for PHN commissioned low intensity mental health services include those which:

- are not supported by an empirical evidence base;
- do not provide a structured form of psychological intervention to address a mental health problem or illness;
- primarily provide social support services;
- duplicate other services more appropriately provided through the PHN or other organisations, including state and territory government services, or through the Medicare Benefits Schedule and other national initiatives (e.g. the suite of existing Commonwealth-funded nationally available digital mental health services); and/or
- are relatively high cost compared to other available services, including through the Medicare Benefits Schedule Better Access initiative.

### *How will low intensity services support the Digital Mental Health Gateway?*

The Gateway, to be implemented nationally, is one way in which low intensity services will be delivered. However, it is recognised that online and telephone-based interventions and supports may not be suitable for all consumers, such as people with limited intellectual or literacy skills, and that other low intensity modalities, including face-to-face psychological services, will continue to be required. The Gateway will not preclude those with mental

health problems, their carers and professionals from directly approaching appropriate mental health services.

Low intensity workers may play an important role in helping people to get the most from digital interventions. There is significant evidence supporting good outcomes from a mix of digital and face-to-face support services. Information on available digital mental health resources that could be promoted by PHNs to providers in their regions can be found at [www.emhprac.org.au](http://www.emhprac.org.au).

### *What is expected of PHNs?*

PHNs are required to develop and commission low intensity mental health services to improve the targeting of psychological interventions to most appropriately support people with, or at risk of, mild mental illness as part of a stepped care approach to mental health service delivery.

PHNs need to ensure minimum standards are met and that clinical governance arrangements are in place. Clinical supervision channels should also be ensured in all commissioned services as a quality assurance mechanism.

Duty of care provisions need to be established to ensure consumers accessing commissioned services are provided with information about how to access other services in a crisis situation or when the level of service offered by the commissioned service no longer matches their presenting need. Service providers must appropriately screen for risk, routinely monitor and track a consumer's progress and support consumers to move to more appropriate services if required.

PHNs must ensure the low intensity services they commission remain cost efficient. In the context of continuing headspace early intervention services and in providing services to hard to reach groups; PHNs should ensure services remain on target and achieve the efficiency that underline the establishment of these programs.

PHNs are required to undertake continuous monitoring and performance reporting. This will be supported through regional data systems that include outcome data from commissioned services and feed into a national primary mental health care monitoring and reporting system and written reports. Data and reporting arrangements are currently under development.

### *Safety and Quality*

PHNs are expected to ensure a high level of service quality for commissioned services. PHNs need to establish mechanisms to ensure commissioned providers and consumers are aware of local crisis services and pathways, where necessary for consumer safety and clinical need.

While low intensity services are primarily delivered by individuals who do not meet the requirements for registration, credentialing and/or recognition as a mental health

professional, it is expected that the workforce involved is appropriately trained and competent to provide the level of service. PHNs should require commissioned services to ensure appropriate clinical supervision arrangements are established to maintain the safety and quality of commissioned service provision.

Relevant national standards (such as the *National Standards for Mental Health Services 2010*, the *National Practice Standards for the Mental Health Workforce 2013* and the *National Framework for Recovery Oriented Mental Health Services 2013*), regulations and guidelines should be applied where relevant to promote service quality and effectiveness.

### ***What flexibilities do PHNs have?***

In implementing low intensity mental health services, PHNs may choose to commission services from a range of different providers and in a range of different formats in line with the needs identified in their regional mental health plan. Each PHN is able to determine the most appropriate mix of service delivery modalities for commissioning in their region, including individual intervention, group programs, face-to-face services, telephone services and web-based interventions and resources.

PHNs are encouraged to consider the most cost effective and appropriate approach to providing services for their region, with regard to the broad flexibility offered by low intensity service provision (e.g. telephone based services, group services).

Each PHN is also be able to determine the most suitable workforce from which the commissioned services can be delivered based on the population group/s being targeted, existing workforce supply and any other relevant considerations. Workforce skills and qualifications must be commensurate with the level and type of service being provided and monitored through appropriate clinical risk management and supervision frameworks.

Within the scope of services for people with or at risk of mild mental illness, PHNs have flexibility to target particular groups for low intensity mental health services. For example, group therapy for women with, or at risk of, perinatal depression may be targeted in one area, and telephone based low intensity services for people in a remote community may be targeted in another. The target populations for low intensity services should be identified clearly through regional planning rather than being ad hoc or supplier driven.

### ***Why is this a priority activity for PHNs?***

Low intensity mental health services aim to increase overall community access to evidence based psychological intervention for people with, or at risk of, mild mental illness who do not require the traditional services provided through existing primary mental health care intervention pathways. They are premised on the principle of early intervention, support self-management, emphasise skill development, are short-term, highly focused and provide a key service platform within a stepped care approach.

Whilst the Better Access initiative and the former Access to Allied Psychological Services programs have provided an efficient means of providing access to primary mental health

service delivery for many people, these programs may not be the most appropriate or efficient service pathway for people with mild mental illness. Evidence points to use of Better Access and other MBS mental health items by many people who might equally be assisted by alternative, more efficient models of service delivery and a broader workforce.

Providing a low intensity service option for people with or at risk of mild mental illness is intended to:

- increase access to evidence based psychological interventions;
- increase ease of access to services early in the trajectory of mental illness in order to improve the chances of recovery and longer term health, wellbeing, participation and productivity;
- improve the service offer previously available, increasing the scope of service options available and enabling better targeting of services to meet need within a stepped care approach;
- enable more efficient use of finite resources and a broader workforce to ensure the resources directed to higher cost, higher intensity services are targeted at those with the greatest clinical need;
- help to address stigma associated with traditional face-to-face psychological intervention, particularly if there are no or few barriers to accessing low intensity services; and
- help target and reach typically harder to engage population groups.

#### *How should PHNs implement this priority?*

Across 2016-17 PHNs will undertake regional planning which will include targeting population groups for low intensity mental health services, as well as the types of services that will be commissioned. The PHN will develop appropriate low intensity mental health service models for their region in line with this plan.

Communication activities need to be undertaken with relevant providers, with a particular focus on GPs. Providers need to be given information on low intensity services, including targeted recipients, referral pathways and service parameters. Ideally this information would be within the context of overarching information on a stepped care approach to mental health service provision.

PHNs need to lead the development of appropriate service delivery models to guide the commissioning of low intensity services. This would include examining evidence, consultation with relevant experts and organisations on previous experience and essential service characteristics, defining intake and referral pathways and linkages, etc.

PHNs should engage with local psychological intervention service providers and organisations in the development of low intensity service models and their commissioning. Psychological intervention providers also need to be informed about the services available and how they link with other services they may be involved in delivering, such as the Better Access initiative or other primary mental health care services commissioned by PHNs.

Local GPs and general practices need to be provided with information on the availability of low intensity mental health services within a stepped care model. Consideration also needs to be given to what information and/or incentives need to be available to providers to encourage utilisation of low intensity mental health services.

Consumer and carer information would also be useful on the availability of low intensity service options.

PHNs are expected to develop risk management strategies and procedures to ensure links to crisis support services are offered by the low intensity services commissioned.

### ***Consumer participation***

The participation of consumers with or at risk of mild moderate illness is vital to the design, delivery and review of low intensity services. Where particular groups are targeted through services, such as young people, or people with intellectual disability, it is important to also target their particular views in design, and ensure information about services is subject to consultation with them or their carers. Peer support models can offer opportunity for consumers themselves to participate in the delivery of services, and there is a significant evidence base to indicate that appropriately trained peers with the support of clinical supervision can provide effective low intensity services.

A wide range of resources are attached to the *Consumer and Carer Engagement Participation* guidance paper.

### ***What national support will be available for local implementation?***

PHNs should factor in the availability of Commonwealth-funded nationally available digital mental health services when undertaking regional planning and developing and implementing low intensity mental health service models. Existing digital mental health services comprise a mix of telephone and web-based self-directed, clinician-moderated, and peer support evidence-based interventions. These services are available nationally and should be considered as part of the service infrastructure landscape available within each PHN region. Should PHNs determine that digital mental health services (that do not duplicate existing digital services) would be an appropriate service offer to commission within the low-intensity activity stream, consideration should also be given to how such services could interface with the new Gateway.

The Gateway, which will be implemented through a staged approach, will be a multichannel platform that will provide the general community, consumers, carers, service providers and health professionals with access to evidence-based information, advice and digital mental health treatment options. The Gateway will not provide treatment services, but rather, it will identify those treatment services that best suit a person's need and refer the person to those services. Where digital services are not appropriate to need, alternate more appropriate services (including face to face services) will be recommended. The Gateway will act as a form of triage to assist people to access the most appropriate digital mental health services based on their specific needs. It will promote the use of low cost and

evidence based interventions for consumers whilst providing links to online mental health services and information offered by portfolios such as the Department of Veterans' Affairs, Department of Social Services, Department of Defence and Department of Education. Supplementary information will be provided to PHNs about the Gateway, and the role of PHNs in its promotion within their regions.

There will be national support provided to establish national training and accreditation systems for an appropriate workforce to deliver low intensity mental health services.

### *How can the PHN ensure they are commissioning value for money services?*

PHNs are not required to charge consumers a co-payment for services. However, in commissioning primary mental health services, PHNs need to determine their own consumer co-payment policies and guidance for service providers that take into account the characteristics of the population, including capacity to pay for services.

In general, it is recommended that low intensity services cost less than services provided under the Better Access initiative, with support for additional costs associated with delivery of services in areas of workforce shortage.

### *Definitions*

Please refer to the stepped care guidance document for definitions of mental health problems, mental illness and severity of mental illness.

### **Digital mental health**

Digital mental health is the delivery of services targeting common mental health problems through online and mobile phone interactive websites, apps, sensor-based monitoring devices and computers. The term also extends to telephone crisis lines and online crisis support services. Digital mental health services are delivered real-time through multiple settings, including the home, the workplace, schools and through clinicians' workplaces. Some services offer fully automated self-help programs, while others involve guidance from and interaction with clinicians, crisis workers, teachers, administrators or peers.

### *Useful resources*

PHNs are encouraged to examine available evidence and resource material on low intensity mental health services that have been implemented both in Australia and internationally.

Some examples of low intensity services include the following:

- beyondblue's NewAccess initiative, which provides coaching services from CBT-trained individuals based on the United Kingdom's Improving Access to Psychological Therapies (IAPT) program ([www.beyondblue.org.au/get-support/newaccess](http://www.beyondblue.org.au/get-support/newaccess));
- structured group-based programs based on CBT and/or psychoeducation (e.g. provided to women with or at risk of perinatal depression, not otherwise available through state/territory services);

- brief motivational interviewing or problem solving (in the context of brief CBT) for depression and anxiety;
- some of the early intervention services provided through headspace centres for young people with or at risk of mild mental illness that are not otherwise funded through the MBS (i.e. psychological intervention provided to young people who do not meet full diagnostic criteria for a mental disorder or whose needs are suited to a lower intensity service than Better Access MBS service);
- the Improving Access to Psychological Therapies (IAPT) implemented in the UK with trials commencing from 2006 (the ‘Doncaster’ model) and the first wave of national rollout commencing from 2008 - which involved the provision of low intensity CBT by trained coaches by telephone or face to face for those assessed as having mild presentations of common disorders such as anxiety or depression; and
- services designed to be similar to those low intensity services offered in various locations across the United Kingdom, such as:
  - South Glasgow Wellbeing Services – offer services from cognitive-behavioural therapists and guided self -help workers – <http://wellbeing-glasgow.org.uk/>
  - Inclusion Matters Wirral – Psychological Wellbeing Practitioners (specially trained primary care mental health professionals) provide brief CBT-based services for treatment of common mental disorders like depression and anxiety – <http://inclusion-matters-wirral.org.uk/>

Australian Psychological Society Institute eLearning courses

<https://www.psychology.org.au/APSinstitute/eLearning/>

Includes:

- Fundamentals of Cognitive Behaviour Therapy (CBT): V2 2014
- ATAPS telephone delivered cognitive behaviour therapy (CBT) training

National Standards for Mental Health Services 2010

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-servst10>

National Practice Standards for the Mental Health Workforce 2013

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-wkstd13>

National Framework for Recovery-Oriented Mental Health Services 2013

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-recovfra>

eMHPrac

<http://www.emhprac.org.au/>

e-Mental Health in Practice (eMHPrac) provides free e-mental health training and support for health practitioners – GPs, allied health professionals, and service providers working with Aboriginal and Torres Strait Islander people. The eMHPrac website provides information about available digital mental health services that could be promoted by PHNs to service providers.