



Australian Government

Department of Health

PHN PRIMARY MENTAL HEALTH CARE FLEXIBLE FUNDING POOL IMPLEMENTATION GUIDANCE

ABORIGINAL AND TORRES STRAIT ISLANDER MENTAL HEALTH SERVICES

This guidance document provides advice in relation to the \$85 million (2016-17 to 2018-19) of specific funding for Aboriginal and Torres Strait Islander mental health services.

In 2016-17 PHNs are expected to:

- commission culturally appropriate, evidence based mental health services for Aboriginal and Torres Strait Islander people to improve access, complement and link to existing activities such as drug and alcohol services, suicide prevention and/or broader social and emotional wellbeing services as well as mainstream services. In doing this PHNs should:
 - engage with local communities and consult with relevant local Indigenous and mainstream primary health care organisations to identify the specific mental health needs of Aboriginal and Torres Strait Islander people;
 - determine the most appropriate mix of service delivery modalities for commissioning in each region; and
 - ensure referral pathways are in place to enable and support patients to seamlessly transition between services as their needs change.

Longer term, PHNs will be expected to:

- establish linkages between commissioned and existing services to facilitate a joined up, integrated approach to the provision of mental health services;
- support providers to develop and maintain culturally appropriate and safe services that holistically meet the needs of patients and their families; and
- ensure referral pathways are in place to enable and support patients to seamlessly transition between services as their needs change.

Indigenous mental health funding is provided from the Indigenous Australian's Health Programme (IAHP). The objective of the IAHP is to provide Aboriginal and Torres Strait Islander people with access to effective high quality health care services in urban, regional, rural and remote locations across Australia. This includes through Aboriginal Community Controlled Health Services (ACCHS), wherever possible and appropriate, as well as through mainstream services delivering comprehensive, culturally appropriate primary health care.

In line with the Australian Government Response to *Contributing Lives, Thriving Communities* – Review of Mental Health Programmes and Services, Indigenous mental health funding is specifically quarantined to improve access to culturally appropriate mental health services for Aboriginal and Torres Strait Islander people. This funding builds on mainstream mental health funding provided to Primary Health Networks (PHNs) and aims to increase access to culturally appropriate and safe mental health services for Aboriginal and Torres Strait Islander peoples.

What are Aboriginal and Torres Strait Islander mental health services?

Aboriginal and Torres Strait Islander people are to have access to mental health services that are joined up, integrated, culturally appropriate and safe, and designed to holistically meet the mental health and healing needs of Aboriginal and Torres Strait Islander people at the local level. Mental health plans with a specific Indigenous component will inform what is required to meet the mental health needs of Aboriginal and Torres Strait Islander people. Services are to complement and link with other closely connected activities, such as social and emotional wellbeing services, headspace, suicide prevention approaches and alcohol and other drug services. Services should be integrated across the whole mental health system.

Aboriginal and Torres Strait Islander mental health services can be provided through a variety of avenues including ACCHSs, and Aboriginal Medical Services (AMSs), as well as mainstream services which may include Local Hospital Networks (LHNs), headspace or suicide prevention services. Mental health services are to be supported by clinical evidence and delivered by an appropriately skilled workforce.

Culturally appropriate health services and providers will facilitate more effective mental health service delivery and improved mental health outcomes for Aboriginal and Torres Strait Islander people. This requires cultural awareness, cultural respect, cultural safety and an understanding of the cultural determinants of health.¹

What is expected of PHNs?

PHNs should take a flexible and innovative approach in meeting the mental health needs of Aboriginal and Torres Strait Islander people in their regions.

PHNs are expected to undertake regional needs analysis in collaboration with relevant local Indigenous organisations including ACCHSs and peak bodies and with mainstream primary health care organisations to identify the specific mental health needs and service gaps for Aboriginal and Torres Strait Islander people. This analysis should be done in the context of providing holistic, culturally appropriate and safe mental health services. Local engagement with Indigenous communities will also help to identify community needs.

¹ See definitions in the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023, page 53

As part of their regional planning, mental health plans with a specific focus on Indigenous needs will be required. In preparing this plan, PHNs should take into consideration existing service arrangements provided through a variety of organisations and services in the region, including those delivered by ACCHSs.

PHNs should commission a continuum of primary mental health services for Aboriginal and Torres Strait Islander people within a person-centred stepped care approach providing a range of services to meet local needs. This could include but is not limited to access to services for low intensity interventions; hard to reach populations; severe mental illness; child and youth services; and suicide prevention.

Commissioned services are to make the best use of available workforce and technology, for example early identification of mental health illness through a GP or providing access to telephone and/or online services such as headspace.

PHNs should not commission mental health activities that are not supported by clinical evidence, or that duplicate existing activities. Services commissioned should holistically meet the needs of each patient, including providing support for affected families and/or communities.

PHNs are expected to collaborate with existing services and seek opportunities to join up or integrate mental health, suicide prevention, social and emotional wellbeing and alcohol and other drug services to minimise duplication of services, including those delivered by state and territory governments and maximise workforce resources. This should include:

- establishing partnerships with all relevant organisations and services in the region, including those delivered by ACCHSs;
- developing linkages with existing Commonwealth and state government initiatives, such as for social and emotional wellbeing, as well as with bordering PHNs, particularly where patients cross PHN boundaries to access services;
- linking mental health professionals to drug and alcohol services to provide integrated mental health and alcohol and other drug services;
- forming linkages between separately funded wellbeing services to provide integrated wellbeing services across a region or community;
- implementing team based approaches across a region or within local communities to deliver efficient, coordinated mental health services; and
- working with headspace which has a focus on supporting its centres to engage locally with Aboriginal and Torres Strait Islander communities and young people to improve access, strengthen partnerships and assist with capacity building in local communities.

PHNs are expected to establish referral pathways and follow up services to support patients as well as provide information to patients about how to access other services in a crisis situation. Referral pathways should enable and support patients to seamlessly transition between services as their needs change, such as moving from low intensity services to

services for severe mental illness. Follow up services should ensure patients are provided with ongoing support or follow up treatments as required, for example post-discharge care and support for individuals after a suicide attempt or at high risk of suicide.

General practitioners (GPs) will continue to play a central role in the management of physical and mental health needs of Aboriginal and Torres Strait Islander people with a mental illness. In recognition of the difficulties in accessing GPs and psychiatrists or other referring health professionals to obtain a referral, 'provisional referral' from ACCHSs could enable service provision to commence while arrangements are made to see a GP or a psychiatrist.

PHNs should commit to developing and improving cultural competence in the PHN and commissioned health services through a sustained focus on knowledge, awareness, behaviour, skills and attitudes at all levels of service in tailoring service delivery to the needs and preferences of the Aboriginal and Torres Strait Islander people and communities. This includes understanding the historical, cultural and social complexity of specific local or regional contexts. This could require PHNs to invest in capacity building, training, including cultural sensitivity training, or providing training resources to service providers.

PHNs should collect and report information to the Department specifically in relation to funding for commissioned Aboriginal and Torres Strait Islander mental health services including the amount of funds for each commissioned service; the type of services commissioned; the services provided; the number of clients accessing services; and identification of any changes in mental health outcomes.

What flexibilities do PHNs have?

Each PHN will undertake its own mental health needs assessment in collaboration with relevant local Indigenous organisations and mainstream primary mental health organisations. Planning processes to determine how best to meet the local service needs of Aboriginal and Torres Strait Islander people will be informed by the mental health plan developed through the needs assessment process and which includes a specific focus on Indigenous mental health needs. PHNs are able to take a flexible approach to trialling different models of integrated service delivery and are encouraged to be innovative and to share information about successful models across the national network.

PHNs can commission services from a range of different providers (including ACCHSs) and in a range of different formats in line with identified needs. Following needs analysis, PHNs are able to take an informed approach in determining the most appropriate mix of service delivery modalities for commissioning in each region, including individual intervention, group programs, face-to-face services, telephone services and web-based interventions and resources.

PHNs are able to determine the most suitable workforce from which the commissioned services can be delivered based on existing workforce supply and any other relevant considerations, noting that workforce skills and qualifications must be commensurate with

the level of service being commissioned. In some circumstances funding can be considered for workforce development activities.

PHNs have the flexibility to utilise additional funding they are receiving for Indigenous suicide prevention with the specific funding for Indigenous mental health services to develop an integrated and planned approach to addressing the mental health needs of Aboriginal and Torres Strait Islander people, particularly those potentially at risk of suicide.

Why is this a priority activity for PHNs?

The National Mental Health Commission's *Contributing Lives, Thriving Communities – Report of the National Review of Mental Health Programmes and Services* (the Review) indicated that there is a significant mental health gap between Indigenous and non-Indigenous Australians and that Aboriginal and Torres Strait Islander people have lower access to mental health services. It also identified the need to focus on a consultative and collaborative approach to improve access to integrated, culturally appropriate mental health care delivered through the primary care sector.

In its response to the Review, the Government provided quarantined funding for Aboriginal and Torres Strait Islander mental health.

This funding acknowledges the Review's findings that access to culturally appropriate and safe mental health services for Aboriginal and Torres Strait Islander people is limited. Services and programs designed for the general population generally do not meet the needs of Aboriginal and Torres Strait Islander people. Many lack cultural appropriateness within a broader context of social and emotional wellbeing as understood by Aboriginal and Torres Strait Islander people.

A better joined up, innovative and integrated approach is needed to bring together programs which are currently designed to separately support services such as social and emotional wellbeing, suicide prevention, and where appropriate alcohol and other drug services, to improve support for Aboriginal and Torres Strait Islander people.

Mental health is a priority theme identified across domains within the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

How should PHNs implement this priority?

PHNs are able to take a flexible and innovative approach to implementing this priority. PHNs should map services that respond to the mental health needs of Aboriginal and Torres Strait Islander people, as identified in mental health plans, against what is currently available to identify any gaps.

Linkages and partnerships with and between service providers including state and territory governments and neighbouring PHNs should be developed and maintained to facilitate the effective implementation of joined up mental health services to Aboriginal and Torres Strait Islander people.

PHNs should support providers to develop culturally appropriate and safe services that holistically meet the mental health and healing needs of Aboriginal and Torres Strait Islander people, including support for families.

New and existing programs should be integrated to deliver a joined up approach for activities like social and emotional wellbeing support, suicide prevention and alcohol and other drug services.

Whilst the Department does not want to prescribe the approach to be taken by PHNs, the Review report provided useful examples of how mental health professionals could be added to social and emotional wellbeing teams, or linked to headspace and drug and alcohol services providing integrated mental health and drug and alcohol services.

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

All PHN commissioned services must represent value for money, in line with section 1.6.1 of the Primary Health Networks Grant Programme Guidelines.

Useful Resources

- *Aboriginal and Torres Strait Islander Health Plan 2013 - 2023*
<http://www.health.gov.au/natsihp>
- *Implementation Plan for the Aboriginal and Torres Strait Islander Health Plan 2013 - 2023*
<http://www.health.gov.au/natsihp>
- *National Integration Strategy for Closing the Gap in Indigenous Disadvantage*
http://www.coag.gov.au/sites/default/files/NIS_closing_the_gap.pdf
- *Indigenous Advancement Strategy*
<https://www.dpmc.gov.au/indigenous-affairs/about/indigenous-advancement-strategy>
- *Indigenous Suicide Prevention Strategy*
<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pub-atsi-suicide-prevention-strategy>
- *National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014-2019*
<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/natsipds2014-19>
- *Australian Indigenous Psychologists Association cultural competency training*
<http://www.indigenouspsychology.com.au/workshop/about-the-workshops/>

- Royal Australian and New Zealand College of Psychiatrist’s Aboriginal and Torres Strait Islander mental health webpage.
<https://www.ranzcp.org/Publications/Indigenous-mental-health/Aboriginal-Torres-Strait-Islander-mental-health.aspx>

Please refer to guidance materials for mainstream mental health funding for further information.