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# **PHN PRIMARY MENTAL HEALTH CARE FLEXIBLE FUNDING STREAM PROGRAM GUIDANCE**

## **LOW INTENSITY MENTAL HEALTH SERVICES 2026**

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## Introduction

Low intensity mental health services have emerged as an important element of PHN primary mental health care since the commencement of the PHN Primary Mental Health Care Flexible Funding Stream.

PHNs are required to improve targeting of low intensity psychological interventions to most appropriately support people with or at risk of developing a mild mental health condition who are not able to access mainstream services or for whom these services do not meet their needs, including underserved populations. These services should form an integrated part of a stepped care system and offer a lower intensity, easy to access option for these consumers who need mild mental health supports and do not require more intensive psychological interventions.

The low intensity mental health services commissioned by PHNs should complement and not duplicate existing low intensity mental health services available in Australia's mental health and suicide prevention system, including the new Medicare Mental Health Check In service.

PHNs are expected to:

- **Plan** for the provision of low intensity mental health services as part of a stepped care approach to joint regional mental health and suicide prevention planning, with a focus on commissioning services for consumers who are not able to access mainstream services or for whom these services do not meet their needs, including underserved populations
- **Support appropriate intake**, assessment and referral protocols, including self-referral, to target low intensity mental health services to those who would benefit from them
- **Promote low intensity mental health services** as an effective choice for both professionals and the community, including digital low intensity mental health services; and
- **Commission evidence-based**, accessible and efficient low intensity mental health services, adapted as needed, for underserved populations that are unable to access or utilise mainstream services.

## Context

### National Mental Health and Suicide Prevention Agreement

The National Mental Health and Suicide Prevention Agreement<sup>1</sup> (National Agreement) sets out the shared intention of the Commonwealth and state and territory governments to work in partnership to improve the mental health of all Australians, ensure services are sustainable and enhance the Australian mental health and suicide prevention system. Part of this work includes reviewing and establishing mental health and suicide prevention system structures and mechanisms as required, to jointly drive planning and reform that supports:

- a stepped care model.
- effective early intervention; and
- service provision across the entire spectrum of care at the appropriate level accessible when needed.

The National Agreement offers the opportunity for a planned and integrated approach to provide low intensity mental health services, including digital services, between PHNs, LHNs and other relevant stakeholders at a regional level.

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<sup>1</sup> [The National Mental Health and Suicide Prevention Agreement](#)

## Digital Low Intensity Service Delivery

Low intensity mental health services are currently available through self-directed online educational programs and tools including online therapy. These services are clinician supported and provide an accessible entry point to early intervention for people with or at risk of developing a mild mental health condition. The [Medicare Mental Health](#) website is the recommended starting point to access these services.

All Commonwealth funded digital mental health services are required to attain and maintain accreditation against the National Safety and Quality Digital Mental Health Standards (the Digital Mental Health Standards). The Digital Mental Health Standards apply to mental health, suicide prevention and alcohol and other drug services delivered via a digital platform and comprise of three standards:

- Clinical and Technical Governance Standard,
- Partnering with Consumers Standard, and
- Model of Care Standard.

The Digital Mental Health Standards aim to improve the quality of digital mental health service provision, and to protect service users and their support people from harm. The Standards have been designed to provide safety and quality assurance for digital mental health service users, and best practice guidance for service providers.

## Medicare Mental Health Check In (MMHCI)

On 1 January 2026, Medicare Mental Health Check In (previously known as the National Early Intervention Service (NEIS)) launched. It is a new digital mental health service providing early support for those experiencing, or at risk of experiencing, mild mental health challenges or transient distress. It is free to access and available without a referral or diagnosis.

The service offers help-seekers the ability to access evidence-based Low-Intensity Cognitive Behavioural Therapy (LiCBT), and either work through LiCBT tools at their own pace or with the support of a qualified mental health practitioner via telehealth over a number of sessions.

For more information, please visit the [website](#) at: [www.medicarementalhealthcheckin.gov.au](http://www.medicarementalhealthcheckin.gov.au).

## National PHN Initial Assessment and Referral Guidance

PHNs must utilise the [Initial Assessment and Referral \(IAR\) Decision Support Tool](#) and [relevant guidance documentation](#) (2024) to ensure that people are effectively referred to appropriate levels of low intensity care and services to support their needs.

The guidance documentation provides information about the IAR and how to use it appropriately and effectively with people of different ages (children, adolescents, adults, and older adults) who present to the primary care system with mental health symptoms and/or psychological distress.

This documentation provides specific guidance on the services, referral criteria and decision-making in relation to referring people to low intensity mental health services, which generally equate to Level 2 (Low intensity mental health services) Care in the guidance.

Other PHN guidance<sup>2</sup> which should be read in conjunction with this document includes:

- PHN Guidance on Stepped Care.

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<sup>2</sup> PHN guidance documents on mental health are available at [www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental\\_Tools](http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools)

- Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services: A Guide for Local Health Networks (LHNs) and Primary Health Networks (PHNs); and
- Psychological Treatment Services for People with Mental Health Challenges in Residential Aged Care Homes.

## Why is this a priority activity for PHNs?

Low intensity mental health services aim to increase overall community access to evidence based psychological interventions for people with, or at risk of developing, mild mental health conditions who do not require the traditional services provided through existing primary mental health care intervention pathways. There is a growing evidence-base pointing to the efficacy of these services.

Providing a low intensity mental health service option as part of stepped care should also:

- Increase ease of access to services in the trajectory of mental health challenges to improve the chances of recovery and long-term health, wellbeing, participation and productivity.
- 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; and
- Help to address stigma associated with psychological interventions.

## What are low intensity mental health services?

Low intensity mental health services are evidence-based psychological services designed to target people with or at risk of developing a mild mental health condition within a stepped care approach, and are designed to be accessed:

- **Quickly**, without the need for a formal referral, making them accessible to individuals who may face barriers to traditional referral pathways.
- **Easily**, through a range of modalities available to consumers including face to face, group work and digital (phone and video-based) services; and
- **Efficiently**, typically involving a small number of services, and short sessions, and providing a less costly alternative to traditional psychological services and providing services for those who mainstream services such as the Medicare Mental Health Check In are not suitable or available for.

Low intensity episodes can be delivered through a range of mechanisms including:

- Use of individuals with appropriate competencies but who may not meet the requirements for registration and credentialing as a mental health professional.
- Delivery of services through group-based programs; and
- Delivery of brief or low-cost forms of treatment by mental health professionals.

Low intensity mental health services should not be defined simply by the workforce delivering services. Commissioned services may engage mental health professionals and other relevant health practitioners enabling a broader health workforce to deliver an evidence-based low intensity service, as outlined below. However, they must ensure training, workforce skills, qualifications and supervision arrangements are appropriate to the level of service.

## What low intensity mental health services are in scope for PHN commissioned activities?

Low intensity mental health services commissioned by PHNs should be designed to target populations who may face barriers to accessing traditional low intensity mental health care and/or mainstream services. PHN commissioned low intensity mental health services should also enable triaging and directing people to appropriate levels of care needed, within the stepped care approach, to support early intervention and prevent escalation.

Groups that may benefit from PHN commissioned services include:

- People in rural and remote areas (including those affected by drought or other natural disasters),
- First Nations peoples,
- Older Australians,
- Children and youth,
- People who may be experiencing social or economic disadvantages,
- LGBTQIA+ people,
- Culturally and linguistically diverse individuals,
- Underserved groups experiencing barriers to accessing mainstream services or for whom these services are not suitable for their needs, and
- Other people not mentioned who may not be able to access services under mainstream services or for whom these services are not suitable for their needs.

The goal is to ensure these populations have access to timely, evidence based psychological interventions suited to their unique circumstances without duplicating existing services.

Services that are in scope for PHN commissioned activities must be evidence-based and could include:

- Face-to-face low intensity psychological services delivered 1:1 or in a group.
- Psychological services or coaching provided to support and supplement services provided online; and
- Activities to promote mainstream services such as walk-in centres, website and phone services to consumers and health professionals as a source of low intensity mental health services.

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

- Are not supported by empirical evidence.
- Do not provide a structured form of counselling or psychological intervention to address a mental health challenge or diagnosed mental health condition.
- Primarily provide social support services or lifestyle interventions (psychosocial supports).
- Duplicate other services including those provided by the state and territory government, through the Medicare Benefits Schedule (MBS) or through other national initiatives.
- Duplicate the suite of existing Commonwealth-funded nationally available digital mental health services including those accessed through Medicare Mental Health Centres and the Medicare Mental Health Check In.
- Are relatively high cost compared to other available services. A good benchmark for this is the cost of services under the MBS Better Access initiative.

Community wellbeing activities aimed at improving connectedness, lifestyle or resilience, such as exercise, yoga or relaxation, are not considered to be low intensity mental health services. These types of activities are generally seen as being out of scope of the Flexible Funding pool.

## What is expected of PHNs?

PHNs are required to plan, promote and commission low intensity mental health services focusing on commissioning services for people who are not able to access mainstream services or for whom these services do not meet their needs. These services should be part of a stepped care approach to mental health service delivery and address the unique needs of underserved groups, ensuring that resources are targeted appropriately. PHNs are also expected to promote mainstream services, such as Medicare Mental Health Centres and the Medicare Mental Health Check In, to ensure widespread awareness and access to digital and low intensity mental health services.

### Planning and commissioning for targeted populations.

PHNs are expected to plan and commission low intensity mental health services specifically designed to meet the needs of the target groups. When commissioning services, PHNs should consider the specific barriers these groups face and design low intensity mental health services that are tailored to address their unique circumstances without duplicating existing services.

### Planning for regional needs for low intensity mental health services as part of joint regional mental health and suicide prevention planning.

Joint regional mental health and suicide prevention planning should cover a full spectrum of services targeting a range of needs. It is imperative low intensity mental health services are included in joint regional planning processes with Local Health Networks (or equivalent) to support access to early intervention services 'upstream', and to avoid a disproportionate focus on more intense service needs. Early embedding of these considerations in the planning process will be important to achieve a balanced and disciplined approach to service planning.

The low intensity mental health services offered in a region may be a combination of nationally provided digital services such as the Medicare Mental Health Check In, services provided by headspace centres, and the low intensity mental health services commissioned by PHNs.

### Promoting evidence-based low intensity mental health services to GPs, other health professionals and consumers, including promotion of low intensity mental health services available both online and in-person

PHNs are well placed to help increase the confidence of consumers/carers, GPs and other health professionals in low intensity mental health services as an option for those whom they are suited. This will free up higher intensity services for those who require them. A range of modalities may be needed to promote and market low intensity mental health services, given the importance of self-referral. This may include raising awareness of services within local NGOs, through local media and service directories.

Local GPs and general practices should be provided with information on the availability of low intensity mental health services within a stepped care model. Consideration should 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. In promoting low intensity mental health services to GPs and consumers, a clear message should be that consumers should remain in contact with their GPs regarding their progress in using these services, even if they self-refer.

PHNs are also expected to help promote mainstream services such as walk-in centres, website and phone services as trustworthy and accessible points of access to low intensity mental health services, as outlined in the PHN Guidance on Stepped Care. This may include:

- Sharing social media posts, surveys, newsletters and/or other communication materials (e.g., posters, postcards, videos, and topic-specific banners for inclusion on your website) where possible; and
- Installing links to mainstream services such as walk-in centres, website and phone services on the PHN's website.

PHNs should also promote resources for health professionals which are available through eMHPac (e-Mental Health in Practice) to support their use of evidence based low intensity digital services for patients (See Useful Resources).

### Commissioning low intensity mental health services to address service gaps and support sustainable mental health service provision

PHNs are expected to commission appropriate low intensity mental health services that address specific gaps in service provision and complement the availability of mainstream programs such as the Medicare Mental Health Check In, Better Access initiative and other more traditional psychological services available in the region. The focus of commissioning should be on meeting the needs of target groups in the region for whom there is a service gap in relation to low intensity mental health services. In these circumstances it may be appropriate to adapt the low intensity model to meet the needs of these groups (e.g., First Nations Australians, older Australians, people living in rural and remote settings, youth, LGBTQIA+, and culturally and linguistically diverse individuals).

An important element of commissioning will be putting in place arrangements for ensuring the appropriate assessment and referral of individuals, including self-referral, to ensure intake arrangements are fit for purpose and that the services target those for whom low intensity mental health services are appropriate. The Initial Assessment and Referral for Mental Health Guidance provides detailed advice to PHNs on referral criteria and protocols.

It is important for PHNs to ensure that intake and assessment arrangements do not compromise the ease of access for consumers to services or prevent self-referral. On the other hand, it is vital that arrangements are in place for the identification of individuals for whom escalation to higher intensity services is important, or who may require urgent services. The PHN Guidance on Stepped Care documentation outlines the appropriate levels of service offerings and can be utilised by PHNs for service navigation.

The Initial Assessment and Referral Guidance documentation is designed to provide services with specific advice to accurately refer people to the most appropriate level of care required, including low intensity mental health services. Currently there is a tendency for assessment/intake staff to be risk averse and refer people to higher intensity services than is needed. It is important for services to draw upon this guidance to build confidence in referring to the appropriate level of care.

PHNs are expected to maintain appropriate data collection and outcome measurement arrangements to meet Departmental Primary Mental Health Care Minimum Data Set requirements and broader reporting requirements.

PHNs should ensure the low intensity mental health services they commission remain cost efficient and offer a value for money service. A useful benchmark is that the cost of low intensity mental health services should generally not exceed the average cost of psychological services commissioned by the PHN unless there are service costs associated with addressing the needs of underserved groups.

In summary, the evidence-based low intensity mental health services commissioned by PHNs should be:

- Subject to appropriate intake and assessment arrangements to ensure low intensity mental health services are available to those with low intensity care needs who are not able to access mainstream services or for whom these services do not meet their needs.
- Provided by trained individuals, supported by a strong clinical governance framework.
- Embedded within a broader stepped care framework, and supported through appropriate step-up mechanisms, should care needs increase; and
- Subject to data capture and outcome measurement in line with the National Minimum Data Set for Mental Health

## Performance indicators

The following performance indicators for PHN-led mental health reform, as listed in the Primary Mental Health Care Schedule for PHNs and linked to the PHN Program Performance and Quality Framework, are relevant to this priority area:

- Acc-1 Proportion of regional population receiving PHN-commissioned low intensity psychological interventions; and
- Out-3 Completion rates for clinical outcome measures.

## What flexibilities do PHNs have?

PHNs are encouraged to consider the most cost effective and appropriate approach to providing services for their region, regarding the broad flexibility offered by low intensity service provision for underserved populations. In implementing low intensity mental health services, the following flexibilities may be pursued:

- PHNs may choose to commission services in a range of different formats and modalities to address needs and gaps of the populations identified in their joint regional mental health and suicide prevention plan. Each PHN can identify the appropriate approach to service provision including individual intervention, group programs, and face-to-face services. PHNs must make optimal use of relevant services available including Medicare Mental Health initiative digital resources and the Medicare Mental Health Check In and not duplicate them at a local level.
- Each PHN should 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; and
- Within the scope of services for people with or at risk developing of mild mental health conditions, PHNs have flexibility to target groups who are not able to access mainstream services or for whom these services do not meet their needs. Low intensity mental health services are often made available in integrated settings, such as within general practices, at workplaces and/or within schools or aged care homes, to optimise accessibility for targeted groups.

## Safety and Quality of Services

The information provided in the PHN Stepped Care Guidance on safety and quality issues applies to the provision of low intensity mental health services.

In addition, PHNs should ensure they provide attention to two dimensions of the quality of services in relation to this priority area:

- Ensuring the quality and integrity of low intensity mental health services – in line with the expectations in this guidance document about the importance of providing evidence-based low intensity psychological therapy. This requires having processes in place to ensure the fidelity of services to proven models of delivering low intensity psychological services and ensuring the services are culturally appropriate and accessible for groups such as rural and remote communities, First Nations populations, or these in aged care homes; and
- Ensuring that the workforce delivering low intensity mental health services has the necessary skills and accredited training required to deliver these models of service. Service providers must have the capability and knowledge to screen for risk, routinely monitor a consumer's progress and support consumers to move to more appropriate services if required. The workforce should also be equipped to deliver services to vulnerable or isolated groups, ensuring that care remains safe, effective, and accessible.

PHNs are responsible for ensuring PHN commissioned mental health service providers apply and maintain the relevant Australian Commission for Safety and Quality in Health Care (ACSQHC) standard, applicable to services funded under their activities. The relevant National Safety and Quality Standards include:

- National Safety and Quality Health Standards,
- National Safety and Quality Mental Health Standards for Community Managed Organisations, and
- National Safety and Quality Digital Mental Health Standards.

PHN commissioned mental health service providers are required to transition to a relevant ACSQHC standard, if that accreditation is not already held.

## **Critical success factors for low intensity mental health services**

The experience of PHNs and other organisations in implementing models of low intensity mental health services over recent years, and early evaluations of some of these services, has helped to identify some key critical success factors which may underpin effective models of low intensity mental health services.

Some of the critical success factors attributed to low intensity service provision included:

- Locating services where people can easily access them.
- The ability to self-refer and low stigma associated with accessing the service.
- Recognising low intensity service provision is the first step of the stepped care mental health model.
- Maintaining processes to support fidelity and manage clinical risk.
- Positioning low intensity service providers within the mental health workforce, providing accredited training and developing career pathways; and
- Using a range of marketing modes to promote low intensity mental health services.

## **Consumer participation**

The participation of consumers and carers/family/kin is vital to the design, delivery and review of low intensity mental health services. Where groups are targeted through services, such as young people, First Nations populations, culturally and linguistically diverse populations, or individuals in

rural and remote areas it is important to consult with them to ensure that services are culturally sensitive, accessible, and appropriately communicated.

Peer support models can offer opportunity for consumers themselves to participate in the delivery of services. There is a significant evidence base to indicate that appropriately trained peers with the support of clinical supervision can provide effective low intensity mental health services, particularly if they are from the same cohort in terms of age or special needs groups.

## Useful resources

### Models of low intensity service

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 mental health services include the following:

- 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 developing mild mental health conditions 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). These include virtual services delivered through e-headspace, which utilises CBT methodologies.
- The NHS Talking Therapies Model (formerly Improving Access to Psychological Therapies (IAPT) was 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 and access to low intensity CBT resources, supported 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 like those low intensity mental health services offered in various locations across the United Kingdom, such as:
  - Glasgow Wellbeing Services – offer services from cognitive-behavioural therapists and guided self-help workers; and
  - 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.

### Workforce support and on-line training resources

#### e-Mental Health in Practice (eMHPrac)

- eMHPrac provides free e-mental health training and support for health practitioners – GPs, allied health professionals, and service providers working with First Nations people. The eMHPrac website provides information about available digital mental health services that could be promoted to service providers.

#### Australian Psychological Society Institute eLearning courses

- Principles and Practice of Cognitive Behaviour Therapy (CBT)

- Electronic Cognitive Behaviour Therapy (formerly called ATAPS Telephone Cognitive Behaviour Therapy)

#### Evaluations of low intensity mental health services

- The Centre for Rural and Remote Mental Health published a review, [Low Intensity Mental Health Services: A Rapid Review - January 2017](#), which provides an overview of the literature on the implementation of low intensity (LI) mental health interventions, assesses the quality of the evidence, effectiveness of interventions and moderating factors influencing successful implementation.