

Annexure A1 – Primary Mental Health Care

This Annexure is specifically related to the Primary Mental Health Care Activity and supplements the *Primary Health Networks Grant Programme Guidelines*. All information contained in the Programme Guidelines applies to this Activity.

1) Activity summary

On 26 November 2015, the Australian Government announced the release of the *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services* (the Response), available on the Department's website.

The Response included an expanded role for Primary Health Networks (PHNs) in the planning and commissioning of primary mental health care services. Implementation of this Primary Mental Health Care Activity (the Activity) will align with the Response and forms part of the Primary Health Network Grant Programme.

The Activity contributes to the Programme's objectives by:

- increasing the efficiency and effectiveness of primary mental health and suicide prevention services for people with or at risk of mental illness and/or suicide; and
- improving access to and integration of primary mental health care and suicide prevention services to ensure people with mental illness receive the right care in the right place at the right time.

2) Activity outcomes

The Activity aims to build and enable the capacity of PHNs to lead mental health and suicide prevention planning, commissioning and integration of services at a regional level to improve outcomes for people with or at risk of mental illness and/or suicide, in partnership with state and territory governments, general practitioners (GPs), non-government organisations, National Disability Insurance Scheme providers and other related services, organisations and providers.

3) Activity objectives

The objectives of the Activity are to:

1. 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**;
2. support region-specific, cross sectoral approaches to early intervention for **children and young people** with, or at risk of mental illness (including

- those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group;
3. address service gaps in the provision of psychological therapies for people in **rural and remote areas and other under-serviced and/or hard to reach populations**, making optimal use of the available service infrastructure and workforce;
 4. commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with **severe and complex mental illness** who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses;
 5. encourage and promote a regional approach to **suicide prevention** including community based activities and liaising with Local Hospital Networks (LHNs) and other providers to help ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide; and
 6. enhance and better integrate **Aboriginal and Torres Strait Islander mental health** services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services. For this Objective this Annexure to the *Primary Health Networks Grant Programme Guidelines* should be applied in conjunction with the *Indigenous Australians' Health Programme – Programme Guidelines*, unless otherwise stated in this Annexure.

Objectives 1-6 will be underpinned by:

- evidence based **regional mental health and suicide prevention** plans and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration; and
- a continuum of primary mental health services within a person-centred **stepped care approach** so that a range of service types, making the best use of available workforce and technology, are available within local regions to better match with individual and local population need.

4) **Funding available**

Approximately \$1.030 billion (GST exclusive) is available for this Activity over three years commencing in 2016-17. The funding will be quarantined specifically for this mental health Activity and can only be used to support actions identified at Item 7.

Funding will be allocated to PHNs based on population size, rurality, socio-economic factors and relative access to Medicare-funded psychological services.

The Activity funding will include a capped operational component to be used to support PHNs to manage the Activity.

An additional \$28 million (GST exclusive) will be available annually under the *Indigenous Australians' Health Programme*, and further quarantined to specifically support Objective 6: Enhance and better integrate Aboriginal and Torres Strait Islander mental health. The *Indigenous Australians' Health Programme* Guidelines apply, unless otherwise stated in this Annexure.

5) Type of selection process

The grant funding will be available through a non-application targeted process and allocated to all PHN organisations that were selected from the open competitive process that was used to establish PHNs. PHNs that are determined to have adequate capability to deliver mental health care services will be approached by the Department and allocated funding under the current Funding Agreement commencing in 2016-17.

6) Who is eligible for grant funding?

The funding will be allocated to selected PHN organisations.

7) What actions are eligible for grant funding?

The use of funding should be consistent with the outcomes and objectives of the Activity. The funding will be quarantined specifically for this mental health Activity and can only be used for the following actions to support the Activity:

- Commission evidence-based clinical primary mental health care services in line with a best practice stepped care approach.
- Develop and commission cost effective low intensity psychological interventions for people with mild mental illness, making optimal use of the available workforce and technology.
- The phased implementation of approaches to provide primary mental health care to people with severe and complex mental illness which offer clinical support and care coordination, including services provided by mental health nurses.
- Establish joined up assessment processes and referral pathways to enable people with mental illness, particularly those people with severe and complex mental illness, to receive the clinical and other related services they need. This will include provision of support to GPs in undertaking assessment to ensure people are referred to the service which best targets their need.
- Develop and commission region-specific services, utilising existing providers, as necessary, to provide early intervention to support children and young

people with, or at risk of, mental illness. This should include support for young people with mild to moderate forms of common mental illness and also early intervention support for young people with moderate to severe mental illness, including emerging psychosis and severe forms of other types of mental illness.

- Develop and commission strategies to target the needs of people living in rural and remote areas and other under-serviced populations.
- Develop evidence based regional suicide prevention plans and commission activity consistent with the plans to facilitate a planned and agile approach to suicide prevention. This should include liaison with LHNs and other organisations to ensure arrangements are in place to provide follow-up care to people after a suicide attempt.

To support these commissioning actions, PHNs will also be expected to undertake the following actions:

- develop evidence based regional mental health plans based on needs assessment and service mapping designed to identify gaps and opportunities for optimal use of services to reduce duplication and promote efficiencies;
- establish and maintain partnerships and integration with regional stakeholders, including LHNs, non-government organisations, local National Disability Insurance Scheme (NDIS) providers, alcohol and other drug services, Indigenous organisations, general practices and other regional stakeholders;
- develop and implement clinical governance and quality assurance arrangements to guide the primary mental health care activity undertaken by the PHN, in line with section 1.3 of the *Primary Health Networks Grant Programme Guidelines*;
- ensure appropriate data collection and reporting systems are in place for all commissioned services to inform service planning and facilitate ongoing monitoring and evaluation at the regional and national level, utilising existing infrastructure where possible and appropriate;
- develop and implement systems to support sharing of consumer history and information between service providers and consumers, building on the foundation provided by myHealth Record;
- facilitate ongoing sharing of information across the national network of PHNs and with the Department, including on innovative approaches; and

- establish and maintain appropriate consumer feedback procedures, including complaint handling procedures, in relation to services commissioned under the Activity.

8) Principles for purchasing/commissioning primary mental health care services

The actions identified at Item 7 will be undertaken in accordance with the following overarching principles:

1. Primary mental health care service commissioning needs to target individuals who can be appropriately managed in the primary care sector and be in accordance with the regional mental health plan.
2. Service planning and commissioning needs to be evidence based and in line with an integrated, person-centred, stepped care approach, with optimal use of available resources, including workforce and infrastructure.
3. Commissioning of services must represent value for money, in line with section 1.6.1 of the *Primary Health Networks Grant Programme Guidelines*.
4. Referral pathways need to be clearly established, in partnership with regional stakeholders, to ensure intake into commissioned primary mental health care services is appropriate and well targeted, in line with the regional mental health plan.
5. GPs will continue to have the central role in referring consumers to most primary mental health care services commissioned by PHNs. GPs will also continue to have a central role in the provision of primary mental health care more broadly, including in assessment, development of mental health care plans and provision of intervention.
6. A team approach to the management of mental illness should be promoted.
7. Workforce skills and qualifications must be appropriate for the mental health needs being targeted within an evidence-based, stepped care approach.
8. Service commissioning will comply with all relevant standards and legislative/regulatory requirements, including, but not limited to, the *National Standards for Mental Health Services 2010*.
PHNs will ensure continuity of support for consumers transitioning across from former primary mental health care programmes to services commissioned under the Activity.
9. PHNs are encouraged to commission efficient services which optimise consumer access to services, and to which a fair pricing approach is applied which recognises the differential capacity of consumers to pay for care.
10. Continuous monitoring and performance reporting needs to be undertaken and 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.

11. Actions should promote integration and complement, not duplicate or replace, other mental health service systems, including state and territory mental health services and psychosocial supports.
12. Actions should complement and align with relevant national reforms, where appropriate or directed by the Minister or Department.

9) What actions are not eligible for grant funding?

Section 3.2 of the *Primary Health Networks Grant Programme Guidelines* outlines items that are not eligible for funding under the Activity. Funding for the Activity is quarantined and is only to be used for the actions identified at Item 7.

In addition, funds cannot be used for capital works, or actions that duplicate existing funded activities that are primarily the responsibility of state and territory governments, or are more appropriately funded through other programmes, such as disability or psychosocial support services. Other social support services will generally not be eligible for grant funding, with the exception of limited vocational or education support, or services relevant to suicide prevention actions.

10) Contractual arrangements

To participate in this Activity eligible PHNs will be offered a Schedule to their existing Funding Agreement and, as such, the terms and conditions of the Standard Funding Agreement will apply.

11) Reporting requirements

Specific reporting requirements will form part of each PHN's agreement with the Department. The reporting requirements for the Activity include:

- an annual Activity work plan and Budget;
- six monthly performance reporting;
- reporting against performance indicators;
- ongoing data reporting via the national primary mental health care monitoring and reporting system; and
- annual income and expenditure reports.

Reporting requirements may vary depending on the Department's risk assessment of each grant agreement. Risk assessments may be reviewed by the Department at any time during the life of the grant agreement and reporting requirements may be adjusted accordingly.

The Department is responsible for assessing the information provided in progress reports and monitoring the performance of grant recipients.

12) Decision making

The Minister for Health has delegated authority to the Department of Health Chief Executive or their delegate for decision making in relation to this Activity. The Approver for this Activity is the First Assistant Secretary, Health Services Division or her delegate.

Refer to section 2.3 of the *Primary Health Networks Grant Programme Guidelines* for further information.