



Australian Government

Department of Health

PHN PRIMARY MENTAL HEALTH CARE FLEXIBLE FUNDING POOL IMPLEMENTATION GUIDANCE

CHILD AND YOUTH MENTAL HEALTH SERVICES

PHNs are required to commission primary mental health care services for children and young people with, or at risk of, mental illness being managed in primary care, including delivery of headspace centres nationally.

In 2016-17 PHNs are expected to:

- maintain service delivery within headspace centres, in line with the existing headspace service delivery model;
- improve the integration of headspace centres with broader primary mental health care services; physical health services; drug and alcohol services; and social and vocational support services;
- commence the development and delivery of evidence-based early intervention services for young people with, or at risk of, severe mental illness;
- support service continuity for children and young people formerly provided under ATAPS and other mental health programs;
- liaise with relevant local organisations in the context of future regional planning, including those delivering Family Mental Health Support Services (FMHSS), early childhood services, schools and tertiary and vocational providers; and
- where relevant, support transition arrangements associated with services formerly funded under the Early Psychosis Youth Services program.

Longer term, PHNs will be expected to:

- support the broader rollout of evidence-based early intervention services for children and young people with, or at risk of, severe mental illness;
- promote resources for clinical and non-clinical professionals available under the new child mental health workforce initiative;
- promote local partnerships between primary mental health care services and the education sector; and
- work with LHNs, CAMHS, AMHS, FMHSSs and other regional organisations to ensure appropriate pathways for referral and support are available for children and young people with or at risk of mental illness in the context of implementation of regional mental health and suicide prevention plans.

What are child and youth mental health services?

Approximately 560,000 children and adolescents are estimated to have mental illness and one in four young Australians aged 16-24 years will experience mental illness in any given year. Three quarters of all mental illness manifests itself in people under the age of 25. Intervention early in life and at an early stage of illness can reduce the duration and impact of mental illness. Services that recognise the significance of family and social support and functional recovery are particularly important for children and young people.

The education sector also has a central role in supporting positive mental health outcomes for children and young people. This includes supporting protective factors and effective referral pathways as well as the provision of services, with approximately 40% of children and adolescents with mental disorders accessing services provided through schools. There is also evidence that supporting positive mental health outcomes for children and young people in the education setting has a positive impact on educational outcomes.

Child and youth mental health services include both those services commissioned by PHNs specifically for those aged up to 25 years as well as broader mental health services that are accessed by children and young people.

As part of commissioning child and youth mental health services, PHNs are required to maintain for two years the existing national network of headspace centres to support young people with, or at risk of, mild to moderate mental illness.

PHNs are also required to commission new services to meet the needs of local young people with, or at risk of, severe mental illness.

In addition, PHNs have a key role in supporting integration and partnerships between health services (including state and territory funded services, NGOs and private practitioners), education providers and other relevant support services such as drug and alcohol and social and vocational support services.

Additional guidance on transition arrangements will be provided directly to those PHNs that have existing early psychosis youth services in their regions.

What is expected of PHNs?

In 2016-17

headspace centres

PHNs are responsible for the management of the 100 existing and establishing headspace centres from 1 July 2016. headspace centres aim to improve mental health outcomes for young people aged 12-25 years with, or at risk of, mild to moderate mental illness. For the period 1 July 2016 to 30 June 2018, PHNs are required to engage the existing headspace centre lead agencies to operate the headspace centres in the nominated 100 locations nationally in line with the existing headspace model of care and consistent with current funding levels.

Specific details regarding the requirements of PHNs in delivering headspace centres were included in the schedule to the funding agreement.

Services for young people with, or at risk of, severe mental illness

PHNs are required to develop and commission new early intervention services to meet the needs of young people with, or at risk of, severe mental illness who can be appropriately managed in the primary care setting.

In addition to the information provided in the severe mental illness guidance for PHNs, there are particular considerations for young people with, or at risk of, severe illness. These include differences in the needs of young people and the relevant skills and appropriate service delivery models to meet these needs. A range of models may be needed to address the diverse clinical needs of young people with severe mental illness, as a one size fits all approach is unlikely to be appropriate. In line with a stepped care model, there is likely to be a need to match the intensity and mix of services to the intensity of need by the young person. For example some young people may simply require additional services. Others may require more complex packages of care, or access to a broader range of professional support.

What flexibilities do PHNs have?

headspace

In the first two years, PHNs will be required to deliver services in line with the existing headspace model. However, PHNs will be able to improve integration between the existing model of care and other local services including through broader primary mental health care services, state and territory services, and alcohol and other drug services.

In the longer term, PHNs will have greater flexibility in meeting the needs of local young people with, or at risk of, mild to moderate mental illness.

New services for young people with, or at risk of, severe mental illness

A transition strategy has been developed for the services previously funded under the Early Psychosis Youth Services program. Advice will be provided regarding the requirements of PHNs in supporting those transition arrangements.

Beyond the requirement to support the transition of existing services (where applicable), and the importance of staying within the parameters set for the flexible funding pool by the Programme Guidelines and funding schedule, PHNs have considerable flexibility to determine how new services for young people with, or at risk of, severe mental illness will be delivered across their region. There is likely to be the need to develop flexible and responsive models in consultation with experts and in line with evidence based best practice, which make use of a broader range of workforce, including vocational support, links to education, allied health providers, and case managers, as well as offering additional psychological therapy. Models should also consider integrated approaches to provision of services to young people with severe mental illness and comorbid substance misuse problems.

Safety and quality of care

PHNs are expected to ensure a high level of service quality for services commissioned within a stepped care approach. PHNs need to establish mechanisms to ensure commissioned providers and consumers are aware of local crisis services and pathways.

It is expected that the workforce involved in delivering PHN commissioned services be appropriately qualified, skilled and competent to provide relevant interventions, in line with professional scope of practice where applicable. PHNs should ensure appropriate clinical supervision arrangements are established to maintain the safety and quality of commissioned service provision. PHNs also need to establish policies for managing complaints.

Relevant national standards (such as the *National Standards for Mental Health Services 2010* 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.

Delivery of headspace services should be supported by accreditation and guidance for the workforce and services provided by headspace national office.

PHNs should work within their regional clinical governance arrangements and with the advice and support of experts to ensure appropriate duty of care in relation to commissioning new services for young people with severe mental illness. Given the vulnerability of young people with severe mental illness it is important to ensure approaches to care are consistent with the evidence base, involve clinical supervision and are implemented in line with key professional standards and guidance. In addition, given the heightened risk of crisis and suicide among young people with severe mental illness, policies to ensure ease of access to crisis support and to ensure staff are skilled in identification of individuals at risk of suicide and are able to respond in emergency situations.

Why is this a priority activity for PHNs?

Child and youth mental health services aim to increase overall community access to evidence-based early intervention to reduce the prevalence and impact of mental illness. There is evidence to demonstrate that early intervention in both management of the mental illness and functional development/recovery for children and young people can have a significant impact on a wide range of outcomes.

PHNs have a role in improving access to appropriate early intervention services, delivered by suitably qualified mental health professionals with a focus on evidence-based early intervention. For example access to primary mental health care services can be limited for children and young people by shortages in available mental health professionals offering services to those with particular needs (e.g. young people exhibiting self-harming behaviours or suicidality). This can negatively impact the length of time between the identification of a need for, and the delivery of, early intervention services. PHNs need to

identify the particular challenges in their regions and develop locally appropriate strategies to address these challenges.

How should PHNs implement this priority?

In 2016-17, implementation of child and youth mental health services should focus on the following:

- support for the transition of headspace centres and maintain service delivery in line with the existing headspace service delivery model;
- identifying potential linkages and initial relationship building between headspace centres and broader health, mental health, drug and alcohol and social and vocational support sectors;
- commencing the development and delivery of early intervention services for young people with, at or at risk of, severe mental illness;
- support for service continuity for children and young people formerly provided under ATAPS and other mental health programs;
- exploring the non-clinical services available in the region, including the FMHSS and the trial of youth mental health Disability Employment Services to reduce the risk of young people disengaging from education or employment;
- commencing liaison with relevant local organisations in the context of future regional planning, including those delivering FMHSS, early childhood services, schools and tertiary and vocational providers;
- promoting resources for clinical and non-clinical professionals available under the National Centre of Excellence for Youth Mental Health; and
- where relevant, supporting transition arrangements associated with services formerly funded under the Early Psychosis Youth Services program.

Longer term, PHNs will be expected to:

- support the broader rollout of evidence-based early intervention services for young people with, or at risk of, severe mental illness;
- promote resources for clinical and non-clinical professionals available under the new child mental health workforce initiative in addition to those available from the National Centre of Excellence in Youth Mental Health;
- promote local partnerships between primary mental health care services and the education sector; and
- work with LHNs, CAMHS, AMHS, FMHSSs and other regional organisations to ensure appropriate pathways for referral and support are available for children and young people with or at risk of mental illness in the context of implementation of regional mental health and suicide prevention plans.

What national support will be available for local implementation?

headspace National Office will continue to support PHNs in the delivery of headspace centres through advice about the existing service delivery model and support the identification of suitable lead agencies where necessary. The headspace Centre of Excellence will continue to conduct research relevant to both headspace services and primary youth mental health care and support PHNs in the planning, design and

commissioning of services for young people. This will enable information on the latest research, resources and professional development regarding the delivery of service provision of youth mental health (including severe mental illness) to be available to PHNs in meeting identified need. PHNs are also encouraged to provide feedback to the headspace Centre of Excellence regarding gaps that may be addressed through future work.

Once established, the new Child Mental Health Workforce Initiative will provide resources for the clinical and non-clinical workforces that have contact with children and their families. In addition, the nationally funded network of Family Mental Health Support Services will also provide locally based information and resources to support the broader needs of children with mental illness, and their parents.

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. The Department is developing further advice on service quality and value for money.

Useful resources

- headspace website – provides resources for clinical and non-clinical staff <http://headspace.org.au/>
- National Centre of Excellence in Youth Mental Health Resources: <https://orygen.org.au/Campus/Expert-Network/Resources>
- Improving the mental health of children and adolescents in Australia, position paper of the Australian Infant, Child, Adolescent and Family Mental Health Association. Includes the principles of effective care for children and young people http://www.emergingminds.com.au/images/About-Us/AICAFMHA_pos_paper_final.pdf
- Eating Disorders: The Way Forward, An Australian National Framework http://www.nedc.com.au/files/pdfs/NEDC_National%20Framework_Final.pdf
- Young Minds Matter Survey <http://youngmindsmatter.org.au/>
- KidsMatter website - provides information about this initiative for early childhood education and care services and primary schools, information about child mental health as well as resources for health and community stakeholders <http://www.kidsmatter.edu.au/>
- MindMatters website – provides information about this initiative for secondary schools <http://www.mindmatters.edu.au/>
- Family Mental Health Support Services (FMHSS) <https://www.dss.gov.au/our-responsibilities/mental-health/programmes-services/family-mental-health-support-service-fmhss>
- Disability Employment Services (DES) <https://www.dss.gov.au/our-responsibilities/disability-and-carers/programmes-services/disability-employment-services>