



Australian Government

Department of Health

phn

An Australian Government Initiative

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

**PSYCHOLOGICAL THERAPIES PROVIDED BY
MENTAL HEALTH PROFESSIONALS FOR
UNDERSERVED GROUPS**

2019

Introduction

PHNs are required to identify service gaps and commission short term psychological therapy services targeting the needs of people with mild to moderate mental illness, who are underserved by Medicare Benefits Schedule (MBS) based psychological treatment. In commissioning these services, PHNs are expected to make optimal use of the available service infrastructure and workforce in their region.

PHNs are expected to:

- **Plan** services to meet the needs of underserved groups in their region for psychological therapies. This planning should:
 - Be included in the process of developing a joint regional mental health and suicide prevention plan;
 - Be undertaken within a stepped care framework;
 - Consider workforce availability and future workforce needs; and
 - Consider opportunities for providing integrated services.
- **Commission** services to deliver evidence based psychological therapies to underserved groups in a way which complements MBS based psychological interventions, and where possible adapts to the needs of these groups. These groups should include:
 - People from rural and remote locations or experiencing locational disadvantage;
 - Other underserved groups identified as a priority by the Commonwealth; and
 - Underserved groups identified through joint regional planning processes, for whom there are barriers to MBS based psychological therapies.
- **Promote partnerships** with GPs, consumers and other key stakeholders to support addressing the needs of underserved groups. This should include establishing appropriate referral pathways.
- Ensure **quality and efficiency** of commissioned services. PHNs are expected to ensure a high level of service quality for services commissioned within a stepped care approach. PHNs are also expected to ensure commissioned services make efficient use of resources to support more equitable access to services.
- **Review** and monitor service delivery and collect data on provision of psychological therapy services

Context

A key role for PHNs in association with the Mental Health Flexible Funding Pool continues to be commissioning psychological services to complement fee for service MBS based mental health services. This is achieved through targeting population groups who are not easily able to access these services or for whom these services do not meet their needs.

This is a continuation of the broad program imperative, underlying the former Access to Allied Psychological Services initiative and the Mental Health Services for Rural and Remote Communities Initiative. PHNs are well-placed to plan and commission services to address service gaps for priority groups identified by the Commonwealth, and for other groups in the region who emerge as being underserved through needs assessment and planning processes.

The Fifth National Mental Health and Suicide Prevention Plan highlights the importance of recognizing the diversity of experience of mental illness across population groups and commits to promoting effective access to services to promote improvements in mental health and wellbeing through relationships with these population groups. It further promotes identifying service gaps and targeting resources to address these gaps through evidence based joint regional planning processes. Separate guidance has been provided to LHNs and PHNs on joint regional planning, including advice on how to identify service gaps for particular population groups.

A stepped care approach to provision of structured psychological services for underserved groups remains important to ensure that the intensity of service is matched to the needs of the individual. *The National PHN Guidance on Initial Assessment and Referral for Mental Healthcare* should assist PHNs targeting eligibility for services under this priority. Psychological services which may be provided to underserved groups under this priority include evidence based low intensity psychological service options, where these are provided by a mental health professional on referral from a GP, and psychological services provided by digital modalities.

An important area of focus for PHNs under this priority continues to be planning for rural and remote populations at a sub-regional level. These populations often experience significant shortfalls of psychological services provided under the MBS because of workforce shortage and locational reasons. The Commonwealth has also recently required PHNs to provide services to three additional population groups to address barriers to accessing services:

- People in drought impacted areas;
- People with mental illness in Residential Aged Care Facilities; and
- Individuals affected by PFAS contamination.

Separate guidance documents have been produced for PHNs on delivering mental health services to these three new priority groups.

This guidance should also be read in conjunction with PHN mental health guidance on:

- Low intensity mental health services for early intervention;
- Primary mental health care services for people with severe mental illness;
- A regional approach to suicide prevention;
- Child and youth mental health services; and
- Aboriginal and Torres Strait Islander Mental Health Services.

What are psychological therapy services for underserved groups?

Psychological therapy services for underserved groups provide evidence based, structured short term, low or medium intensity psychological intervention to people with a diagnosable mild, moderate, or in some cases severe mental illness. They also offer evidence based psychological interventions for people who have attempted, or are at risk of, suicide or self-harm and where access to other services is not available or appropriate. An underserved group for the purpose of this priority is one which experiences significant barriers to accessing MBS based psychological interventions.

Essential features of these services are that they:

- Provide a level of service commensurate with the clinical needs of the individual;
- Provide services to complement the role the MBS plays in funding psychological services on referral from GPs, psychiatrists and paediatricians;
- Are delivered by appropriately trained and qualified mental health professionals within their scope of practice (refer to *Workforce characteristics* section);
- Are delivered as part of a team approach to primary mental health care service provision, which may involve GPs, psychiatrists, paediatricians, psychologists and appropriately trained and qualified allied health professionals;
- Require a GP Mental Health Treatment Plan, or a referral from a psychiatrist or paediatrician, with some flexibility (see *Referral pathways* for more information) for PHNs and their commissioned service providers to allow provisional referrals to enable service provision to commence while arrangements are made for the client to see a GP in recognition of barriers to timely access to medical practitioners in some regions and by some population groups;
- Offer more flexibility than MBS based psychological therapy services where needed, in terms of elements such as:
 - Discussions required with parents of young people accessing services; and
 - The format of delivery of services, which could include face-to-face individual consultations and group therapy sessions (primarily), as well as telephone and internet based services.
- Provide links to other services within a stepped care approach to ensure people are matched to a service commensurate with their mental health need.

What type of services can be delivered under this level of intervention? What is in scope?

The services commissioned under this level of intervention, within a stepped care approach, must be evidence based for the population group being targeted (e.g. cognitive behaviour therapy) and focus on the delivery of short term psychological interventions.

Whilst psychological services delivered are expected to be time-limited and short term, not all clients would receive the same type and the same number of services. The type and number of services to be provided is expected to be determined by the health professional in consultation with the client and based on individual client needs, the severity of their illness and the treatment evidence base.

PHNs have the responsibility to ensure cost efficiency and equitable service access with the commissioning within their region. It is recommended that PHNs apply the MBS session caps set by the Better Access initiative. This would mean that people can generally access up to 10 individual and 10 group therapy sessions, noting the majority of people access less than 6 sessions under Better Access. PHNs may wish to establish their own arrangements to identify circumstances under which individuals could access more than 10 services. Such arrangements may involve seeking review of a patient's needs by a GP, psychologist or psychiatrist or some other form of assessment to ensure the additional services match the consumer's intensity of need.

Some adaptation of service models may be required to meet particular needs and to address particular barriers to accessing services. In addition more flexibility than MBS based psychological therapy services is available to deliver services to particular groups. This might include for instance:

- Discussions required with parents of young people accessing services;
- Flexibility in the format of delivery of services, which could include face-to-face individual consultations and group therapy sessions (primarily), as well as telephone and internet based services, supported through Head to Health; and
- Adaptation to ensure the cultural appropriateness of services or to adapt to the particular needs of groups such as older people with a level of cognitive decline through using particular evidence based therapies.

What services are not in scope?

Activities that are not considered to be in scope for psychological therapy services delivered by mental health professionals for underserved groups are those which:

- Duplicate or replace existing services provided by other organisations, including state and territory government services or disability support services;
- Provide a low intensity service involving self-referral;
- Provide psychosocial support;
- Target broader services for people with dementia, delirium, tobacco use disorder and intellectual disability, given these conditions are not regarded as mental disorders for the purpose of the Mental Health Flexible Funding pool. It should be noted that services for people from within these groups with co-occurring mental disorder would be within scope;
- Provide a service which could, in the same location for the same population group, be provided through the *MBS Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule* (Better Access) initiative.

Client eligibility for services

The primary focus of this level of service within a stepped care approach should be on people with mild to moderate mental illness who are not clinically suited to self-referred lower intensity levels of intervention, (eg self-help, and digital or self-referred low intensity services), and who are underserved through MBS based psychological services.

The National PHN Guidance on Initial Assessment and Referral for Mental Healthcare should support GPs and commissioned services in targeting clients who should be eligible for psychological services from mental health professionals. In general these services would align with Level 3 (Moderate Intensity Services) under the Guidance.

In some cases, people with severe mental illness may benefit from short term, focused psychological intervention as part of their overall care. Long term psychological intervention for people with severe mental illness may not be clinically appropriate or effective.

People who have attempted, or who are at risk of suicide, or self-harm are also considered eligible for psychological therapy services and are an important priority group.

As above, a key focus of this priority is people living in rural and remote areas and other people experiencing locational disadvantage to accessing needed services because of a short supply of private providers to deliver MBS based services. Some other groups are also underserved through existing psychological therapy arrangements due to workforce limitations or the unsuitability of available services. These include (but are not limited to):

- Children under the age of 12 years;
- People experiencing, or at risk of, homelessness;
- Women experiencing perinatal depression;
- People from culturally and linguistically diverse (CALD) backgrounds;
- People who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI) for whom stigma and lack of appropriate services may provide barriers to care;
- People with intellectual disability and co-occurring mental illness, for whom there are barriers to receiving appropriate mental health treatment; and
- Population groups that are the subject of separate guidance material (Aboriginal and Torres Strait Islander people, people at risk of suicide, people with mental illness in Residential Aged Care Facilities, people in drought impacted communities, and young people).

The particular groups which the PHN targets will be informed by needs emerging from needs assessment and joint regional planning.

Some of these underserved population groups may be likely to experience socioeconomic disadvantage. However ability to pay is not itself the driver for establishing a separate service system or service tier based solely on cost to consumer. The PHN Stepped Care guidance document provides advice on consumer co-payments for services.

Referral pathways

GPs will continue to play the central role in the provision and coordination of physical and mental health care within the primary care setting. People accessing psychological therapy services commissioned through the PHN flexible funding pool will generally be expected to have a GP Mental Health Treatment Plan developed by their GP, or be referred by a psychiatrist or paediatrician.

There is flexibility for PHNs and their commissioned service providers to allow provisional referrals to enable service provision to commence while arrangements are made for the client to see a GP. Provisional referrals by other service providers pre-empt a formal diagnosis and assessment in order to support early intervention. This is in recognition of barriers to timely access to medical practitioners in some regions and by some population groups. It is important that a full diagnosis by a GP takes place when possible.

In commissioning psychological therapy services, PHNs need to ensure linkages to other services are provided to ensure the clinical needs of the individual are met.

Workforce characteristics

It is expected that the psychological therapy services commissioned by the PHN be provided by the following appropriately trained and qualified mental health professionals within their scope of practice and based on consumer need:

- Psychologists;
- Mental health nurses;
- Mental health competent occupational therapists;
- Mental health competent social workers; and
- Aboriginal and Torres Strait Islander health workers.

PHNs are also able to support more flexible use of the available broader workforce pool of appropriately trained service providers, particularly in areas of workforce shortage. It is important that PHNs consider clinical governance arrangements to ensure the quality and safety of services commissioned (refer below).

What is expected of PHNs?

PHNs are expected by the Commonwealth to:

Plan services to meet the needs of underserved groups in the region, including through the process of developing a joint regional mental health and suicide prevention services plan with Local Health Networks. Planning for these services should be undertaken within a stepped care framework. Commonwealth priorities for targeting underserved groups must be built into regional planning processes. As workforce shortages are generally the key factor underpinning locational disadvantage particularly in rural and remote areas, planning with LHDs to address these shortages over the longer term is expected to be part of joint regional planning.

Commission services to address the needs of underserved groups, including those groups identified as priorities by the Commonwealth. PHNs are expected to include a particular focus on addressing the needs of people in rural and remote areas where there are workforce shortages to support a more equitable approach to service access.

PHN are also expected to ensure that:

- Commissioned services are provided by appropriately qualified/credentialed and/or registered and experienced professionals that are only practicing within the scope of their area of qualification and competence;
- Linkages with other services and clinical pathways are established to facilitate person-centred care; and
- Clinical governance arrangements are in place to ensure service quality and continuous improvement.

Promote partnerships with GPs, consumers and other key stakeholders to support addressing the needs of underserved groups. PHNs are expected to continue to work closely with GPs to ensure that those who are being referred to commissioned services are from the identified target groups who are unable to access MBS based psychological services and have mild to moderate mental illness. PHNs are also expected to work closely with community organisations representing or supporting priority groups and with consumers and carers to support co-design of services to provide person-centred care.

To fully understand the needs of people in underserved groups and to design and deliver services to meet their needs, engaging with consumers and carers including family members from these different groups will be vital. For example, to design services for people from a culturally and linguistically diverse background, or people with intellectual disability and co-occurring mental illness, consultation with representatives of these groups and their families and carers would be recommended. Similarly to deliver services to a remote area, consumers from the area should be engaged in design and review. In relation to supporting children, the needs and views of parents will also be extremely important.

Ensure quality and efficiency of commissioned services. 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.

PHNs are required to develop and commission services to ensure access to innovative service delivery whilst adopting best practice standards. It is expected that the workforce involved in delivering PHN commissioned services is appropriately qualified, skilled and competent to provide relevant interventions, in line with professional scope of practice where applicable. Each PHN should determine the most appropriate mix of service delivery modalities and infrastructure capacity for commissioning in their region.

PHNs are also expected ensure that services are commissioned in an efficient and cost-effective way, which makes best use of available resources to optimize equitable access to services, whilst recognizing the additional costs sometimes involved in extending services too hard to reach groups and areas.

PHNs are required to undertake continuous monitoring and performance reporting, supported through regional data systems that include outcome data from commissioned services. They are also required to feed data and information into the Mental Health National Minimum Data Set and through contractual reporting requirements.

Performance indicators

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

- Commissioned services are provided by appropriately qualified/credentialed and/or registered and experienced professionals that are only practicing within the scope of their area of qualification and competence;
- Acc-2 Proportion of regional population receiving PHN-commissioned psychological therapies delivered by mental health professionals
- Eff-2 Average cost of PHN-commissioned psychological therapies delivered by mental health professionals
- Out-2 Clinical outcomes - Psychological therapies delivered by mental health professionals
- Prog-1 Proportion of PHN annual flexible funding allocated to low intensity services, psychological therapies and services for people with severe and complex mental illness.

What flexibilities do PHNs have?

Whilst there are core requirements and priority groups identified by the Commonwealth against this area of activity, PHNs are also encouraged to innovate where this is necessary to address needs. This may particularly be important in areas of workforce shortage and or other areas where a flexible use of the available resources may be warranted, potentially including integrated solutions with Local Health Network (LHN) services. Integrated solutions should be considered as part of joint regional planning with LHNs.

PHNs also have flexibility in relation to:

- Identifying particular priority groups within the region who, in addition to key priority groups identified by the Commonwealth, require targeting. PHNs should identify these needs based on outcomes from the regional needs assessment and joint regional planning process;
- Responding to a newly emerging need for psychological services for a particular group. For example, a sudden need for psychological services which might emerge as the result of a bushfire or other natural disaster in the region;
- The type and level of services that are commissioned, the service modalities and the service delivery formats. For example, PHNs may commission psychological services which are to be delivered by digital means to patients deemed eligible;
- Engaging with the individual's family or carers in the provision of services;
- Adapting services to the needs of particular groups. This might include for example, varying the workforce or service model to facilitate culturally competent approaches to service delivery.

Useful resources

National Practice Standards for the Mental Health Workforce 2013

- These standards were written specifically for nursing, occupational therapy, psychiatry, psychology and social work, but may be of use to a broader workforce.

National Framework for Recovery-Oriented Mental Health Services 2013 - Australian Government Department of Health, 2013

- Provides guidance to mental health practitioners and services on recovery-oriented practice and service.

The Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery - Mental Health in Multicultural Australia

- This framework has been developed to help organisations and individual workers to evaluate their cultural responsiveness and enhance their delivery of services for CALD communities.

Management of Mental Disorders, Version 5

- Gavin Andrews, Kimberlie Dean, Margo Genderson, Caroline Hunt, Philip Mitchell, Perminder Sachdev, and Julian Trollor (2013). Provides practical guidance on recognising and treating mental disorders, including Neurodevelopmental disorders. Includes resource materials such as outcome measures, worksheets and information pamphlets for individuals with mental disorders and their families.

Intellectual Disability Mental Health e-learning

- This e-Learning website has been developed by the Department of Developmental Disability Neuropsychiatry, UNSW Australia as a free training resource to improve mental health outcomes for people with an intellectual disability. Health professionals can work through learning modules at their own pace. The site is designed to be an interactive education resource for anyone with an interest in intellectual disability mental health.

Council for Intellectual Disability fact sheets

- The CID have developed a range of easy read health fact sheets that are accessible to people with intellectual disability.

Principles and Practice of Cognitive Behaviour Therapy (CBT)

- Australian Psychological Society on-line learning
<https://www.psychology.org.au/Event/19618>