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phn

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

**STEPPED CARE
2019**

Acknowledgement

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Introduction

This guidance document provides overarching advice on a stepped care approach to mental health and outlines expectations of Primary Health Networks (PHNs) in its implementation through the Primary Mental Health Care Flexible Funding Pool.

Stepped care involves providing person-centred care, targeted at the individual needs of consumers for mental health services. It involves moving from a provider driven approach to a service system genuinely designed with, and for, consumers and carers. It is central to the Australian Government's mental health reform agenda and joint regional mental health and suicide prevention planning.

PHNs are expected to plan for and promote integrated stepped care mental health services in the region to address a spectrum of needs in an equitable way. Mental health services within this stepped care framework may be provided by state and territory governments, by private providers delivering Medicare funded services, through digital services such as those available on Head to Health, or services commissioned locally by PHNs. Those primary mental health services which PHNs commission should seek to complement and connect to other services, and should target service gaps at a population level or for special needs groups in a way which contributes to an integrated system offering a hierarchy of interventions.

Mental health services commissioned by PHNs within a stepped care framework are expected to be subject to the broader PHN Commissioning Framework,¹ and the associated commissioning cycle of planning, procurement and monitoring and evaluation.

This document provides a foundation to support other PHN mental health guidance documents relating to the Primary Mental Health Care Flexible Funding Pool. Additionally, this document will provide information and definitions common to all guidance documents, which are listed in the Useful Resources section at the end of this document. It should be read in conjunction with these other guidance documents and with the PHN Primary Mental Health Care Schedule.

PHNs are expected to:

- **Plan for stepped care** through undertaking comprehensive joint regional mental health planning and identifying primary mental health care service needs within this approach.
- **Support assessment and referral arrangements** through which the least intensive care and most appropriate option is offered to individuals targeted to their particular needs and preferences.
- **Commission stepped care services** to address service gaps in the priority areas identified in the Mental Health Schedule ranging from low intensity mental health services through to services for people with severe mental illness.
- **Promote Head to Health**, the digital mental health gateway, as an important source of digital service options to contribute to a stepped care approach.
- **Support the integration for mental health services** under a stepped care framework with broader non-health support services.
- **Support the safety and quality** of stepped care mental health services through providing mental health specific clinical governance and promoting opportunity for consumer involvement in service design, implementation and review.

¹ <http://www.health.gov.au/internet/main/publishing.nsf/Content/PHNCommissioningResources>

Context

Stepped care is a central platform to guide PHNs in their role in planning, commissioning and coordinating primary mental health care services.

The PHN Primary Mental Health Care Flexible Funding Pool was created in 2015-16 to provide a consolidated funding source from which PHNs could commission primary mental health care services to best meet regional needs. A stepped care approach to commissioning should provide a continuum of primary mental health services which, together with specialized and acute mental health services provided by state and territory health services, will ensure a range of service types and choices for consumers. This makes the best use of available workforce and technology available within the local region to better match with individual and population need. It can also ensure an early intervention approach to service delivery is embedded in planning and delivery.

A number of recent developments offer resources to support and facilitate the joint implementation of a stepped care approach to mental health service delivery with state and territory funded Local Hospital Networks (LHNs) at a regional level:

- **The Fifth National Mental Health and Suicide Prevention Plan** has reinforced the importance of a stepped care framework to underpin joint regional mental health and suicide prevention service planning, and to promote integrated pathways and services. The Plan emphasises the importance of defining various levels of need based on epidemiological evidence and the services required at each level. The Fifth Plan also points to the importance of stepped care approaches, which are person-centred, emphasising the vital role of people with lived experience, their families and carers. Furthermore, the Plan identified the need in promoting linkages between clinical and non-clinical supports required by people living with mental illness.
- The **development of joint regional mental health and suicide prevention plans** offers opportunity for PHNs to partner with LHNs in identifying gaps and priorities against a stepped care framework, and to identify the workforce and service needs required to address these needs. Guidance has been provided to LHNs and PHNs on Joint Regional Planning for Regional Mental Health and Suicide Prevention Services².
- Commitment by both Commonwealth and States to further development and promotion of the **National Mental Health Service Planning Framework** offers opportunity for enhanced tools and resources to be available to PHNs and LHNs to plan and implement a stepped care approach, based on the best available epidemiological evidence.
- The development of the **National PHN Guidance for Initial Assessment and Referral for Mental Health Care** has provided a resource to broadly match a stepped care framework against Levels of Care and provides decision support tools to assist matching services to individual needs.
- Continuing **information and support** through PHN mental health workshops, networks and on-line information has promoted awareness and broad acceptance of a stepped care approach to mental health care at a regional level.
- **Head to Health**³, the Australian Government's digital mental health gateway is also now available to promote access to information, advice, and free or low-cost phone and online mental health services and treatment options. These digital services are

² Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services: A Guide for Local Hospital Networks (LHNs) and Primary Health Networks (PHNs).

³ www.headtohealth.gov.au

particularly helpful for low intensity needs but can also be appropriate to meet higher intensity needs within a stepped care framework.

- **The PHN Advisory Panel on Mental Health** established by Minister Hunt, has provided advice on the progress of PHNs on the mental health reform journey through its report on a Five Year Horizon for PHNs.⁴

Why is this a priority activity for PHNs?

The implementation of a stepped care approach provides the basis for PHNs to promote effectiveness and efficiency by allocating resources in accordance with population need. It should help to prevent under-servicing for people with higher levels of clinical need and over-servicing for those with lower levels of need.

Stepped care will support an early intervention approach where people with mental health problems and mental illness have their needs addressed early, rather than waiting until the problems worsen and require more intensive intervention.

Stepped care will encourage more effective and efficient use of existing primary mental health care services, including Medicare-based psychological therapy services and prescribing of pharmaceuticals under the PBS. It will also improve the utilisation of evidence based self-help and clinician-moderated digital mental health services

⁴ Reform and System Transformation: A Five Year Horizon for PHNs, PHN Advisory Panel on Mental Health, Department of Health, September 2018

What is stepped care?

Stepped care is defined as an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, which can be matched to the individual's needs.

Stepped care recognizes there are a spectrum of needs, and that therefore there also needs to be a spectrum of services. Stepped care is a different concept from 'step up/step down' services (refer to Definitions). While there are multiple levels within a stepped care approach, they do not operate in silos or as one directional steps, but rather offer a continuum of service interventions, matched to the spectrum of mental illness. This spectrum, and the levels of need associated with it at a population level are illustrated in Figure 1 below.

A stepped care approach promotes person centred care which targets the needs of the individual. Rather than offering a one size fits all approach to care, individuals will be more likely to receive a service which more optimally matches their needs, does not under or over service them, and makes the best use of workforce and technology. A stepped care approach provides the right service at the right time, with lower intensity steps available to support individuals before illness manifests.

Figure 1 - Schematic representation of levels of care⁵



A stepped care approach to mental health service planning generally involves the following five core elements:

1. Adoption of the principle of using the least restrictive or intensive treatment option appropriate to the individual's needs;
2. Stratification of the population into different 'needs groups', ranging from whole of population needs for mental health promotion and prevention, through to those with severe, persistent and complex conditions;
3. Setting interventions for each group – this is necessary because not all needs

⁵ National PHN Guidance: Initial Assessment and Referral for Mental Healthcare, Department of Health, 2018, p 18

- require formal intervention;
4. Defining a comprehensive 'menu' of evidence based services required to respond to the spectrum of need; and
 5. Matching service types to the treatment targets for each needs group and commissioning/delivering services accordingly.

Link between the Initial Assessment and Referral Guidance and Stepped Care

Applying the concept of stepped care to individual consumers begins at the initial assessment phase. Recognising this, the Department recently released the National PHN Guidance on Initial Assessment and Referral for Mental Healthcare⁶. This Guidance outlines a systematic and structured approach to assist PHNs in establishing assessment and referral systems founded on stepped care principles. The Guidance identifies eight critical areas (referred to as 'domains') that need to be assessed when making decisions about the most appropriate level of care to meet the consumer's needs. Five levels of care are described, based on the intensity of resources required. Within this criteria are suggestions on how the initial assessment against the eight domains can be used to assign a level of care and inform a referral decision.

Grouping the complex system of mental health services available in Australia into five levels is offered as a convenient framework to think about stepped care rather than implying that there is a natural division of service types into tiered categories. While some services are associated with a single level of care, most contribute to multiple levels. For example, GP mental health care can be associated with lower levels of care when it is provided in isolation, or higher levels when delivered in combination with other services or interventions (e.g., psychiatrist or involvement of a multidisciplinary team). The levels therefore are best thought of as combinations of interventions that form potential 'packages' for people requiring that level of care, with the levels differentiated by the amount and scope of resources available. A given individual may use some or all interventions described at that level and move between levels of care as required.

While higher levels of care are associated with increasing severity of symptoms and distress, the Guidance highlights that multiple factors need to be taken into account when matching a consumer's needs to a particular level of care. The Guidance includes a decision support tool to guide decision-making.

Figure 2 summarises the five levels of care, the severity of mental illness most commonly associated with each level and the package of care most commonly required at each level.

⁶ National PHN Guidance: Initial Assessment and Referral for Mental Healthcare, Department of Health, 2018

Figure 2 - Broad alignment of Initial Assessment and Triage Levels of Care to severity of mental illness and need for services.

Level of Care	Levels of severity most commonly associated with the level of care	Description of clinical services	Broader non-health support services likely to be needed
Level 5 – Acute and Specialist Community Mental Health Services	Severe and persistent often with complex multiagency needs; other severe conditions that include high level of risk, disability or complexity	Intensive team-based specialist assessment and intervention (typically state/territory mental health services) with involvement from a range of different mental health professionals including case managers, psychiatrists, allied health workers, and GPs.	Psychosocial disability support services and community supports such as peer support, daily living support, social participation or lifestyle interventions.
Level 4 – High Intensity services	Severe mental illness (may be persistent or episodic) where there is not a high level of risk, complexity or disability	High intensity services including periods of intensive intervention that may involve multi-disciplinary support	Psychosocial support and community supports such as peer support, social participation or lifestyle interventions.
Level 3 – Moderate Intensity services	Mild to moderate to mental illness	Structured, reasonably frequent and intensive interventions	Community supports such as peer support or social participation and/or lifestyle interventions.
Level 2 – Low intensity services	Mild to moderate mental illness	Services designed to be accessed quickly, without need for formal referral, easily through a range of modalities and involve few short sessions.	Routine social supports (family and friends) and supports targeting situational stressors eg financial issues
Level 1 – Self management	Subsyndromal or mild mental illness; or no mental illness relapse prevention	Services designed to prevent the onset of illness, or prevent further escalation, and focused on supporting symptom self-management	Routine social supports (family and friends) and supports targeting situational stressors eg financial issues.

What are PHNs expected to do?

1. Joint regional planning for a stepped care approach to mental health and suicide prevention services.

PHNs are expected to play a key role in embedding a stepped care framework within joint regional mental health and suicide prevention plans. These plans, developed in partnership with LHNs are due by mid 2020.

Included within these reports will be a focus on ensuring that early intervention services are available upstream and that there is not a disproportionate focus on services to address acuity. The full spectrum of needs from the well population through to services of the highest acuity should be considered in this planning. Use of the National Mental Health Service Planning Framework should support a balanced and evidence-based approach to service planning and help to plan for the workforce needs associated with delivering within a stepped care framework. Section 3.3 of the Guide on Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services provides more information on planning for a stepped care approach.

PHNs have the opportunity through regional planning to apply a stepped care paradigm to the needs of particular population groups in their region. PHNs should also consider the different steps or intensity of need which may be involved in supporting the needs of people with comorbid drug and alcohol issues, or people with comorbid mental health and intellectual disability under a stepped care approach.

2. Promote appropriate assessment and referral arrangements

PHNs are expected to encourage commissioned services, and broader primary care services, to adopt assessment and referral arrangements which ensures that individuals are referred to the level and intensity of care needed within a stepped care framework. As outlined above, the National PHN Guidance for Initial Assessment and Referral for Mental Health Care offers assistance and resources to support this role. This Guidance is not intended to replace individualised assessment and care, but rather to provide information to guide decision-making.

Assessment and referral arrangements can range from self-referral for self-management and low intensity services, through to shared assessment with state and territory specialist mental health services for individuals with severe and complex mental illness. The premise underpinning assessment arrangements is that individuals should be initially referred to the lowest level intensity of care which meets their needs. Some PHNs have reported a natural tendency of assessment staff to refer individuals to higher levels of service intensity than they may need, and to under-refer to low intensity services. This should be considered in establishing and reviewing assessment and referral arrangements.

PHNs are required to help promote and better target appropriate referral to mental health and related services by other primary care service providers. This should include improving the targeting of face-to-face psychiatric and psychological services through the MBS to those with moderate to severe mental illness. PHN delivery of psychological services will be complementary to these existing arrangements.

The role of general practitioners within stepped care

Within a stepped care approach, the role of general practitioners (GPs) is critical. GPs are typically the first point of clinical contact for people seeking help for mental health problems and mental illness and are gatekeepers to other service providers.

It is anticipated that access to most primary mental health services commissioned by PHNs will continue to require a referral from a GP, psychiatrist or paediatrician, with the exception of low intensity services. It is anticipated that GPs, psychiatrists or paediatricians will continue to play a key role in supporting people with mental illness, including referrals to primary mental health services commissioned by PHNs.

PHNs will play an important role in providing information to GPs about stepped care and supporting appropriate assessment and referral arrangements. This includes ensuring that GPs are aware of alternatives to MBS based psychological services including low intensity and digital mental health services. The General Practice Mental Health Standards Collaborative has released a guide on stepped care for GPs which PHNs may wish to promote in their region ⁷(See also Useful Resources).

3. Commission stepped care services to address service gaps against key priority areas

The Mental Health Flexible Funding Pool is available to PHNs to commission primary mental health care services within a stepped care framework to address service gaps. The priority areas and groups for service commissioning which the Commonwealth has identified in the Mental Health Funding Schedule, and their relationship to stepped care are as follows:

Figure 3 – Relationship of PHN Priorities to Stepped Care Service Delivery

PHN Mental Health Priority	PHN contribution to stepped care service delivery
Low intensity services	Strengthening low intensity options and promoting their availability of services to most appropriately support people with or at risk of mild mental illness and addressing gaps in low intensity services.
Services for under-served, hard to reach groups	Provision of low and high intensity psychological services for people with mental illness from hard to reach groups who are likely to be under-served by Medicare based mental health services including people in rural and remote areas, CALD and people living in Residential Aged Care Facilities.
Services for children and young people with or at risk of mental illness	Provision of low and moderate intensity psychological services for children and young people with focus on early intervention, and high intensity services for children and young people with or at risk of severe mental illness.

⁷ Working with the Stepped Care Model: Mental Health Services through General Practice, RACGP, 2019

PHN Mental Health Priority	PHN contribution to stepped care service delivery
Services for people with severe mental illness being managed in primary care	Provision of high intensity psychological services and clinical care coordination for people with severe mental illness.
Suicide prevention	Embedding suicide prevention in services across the stepped care spectrum, but with a particular focus on access to follow-up service to individuals who have self-harmed or attempted suicide.
Aboriginal and Torres Strait Islander Mental Health	Provision of services across the stepped care spectrum including social and emotional well being services for the well population or people with or at risk of mental illness.

Further information on the specific expectations against these priority areas is provided within the relevant guidance documents.

4. Promote and support the uptake of Head to Health at a local level

PHNs have an important role to play as partners in the effective promotion and usage of Head to Health, the Australian Government’s digital mental health gateway, as part of a stepped care approach. PHNs are in particular expected to take reasonable action to actively contribute to the promotion of Head to Health within the PHN’s region. This should include:

- Targeting GP practices to understand the role of Head to Health and promote its availability;
- Installing backlinks to Head to Health on the PHN’s website; and
Sharing Head to Health social media posts, surveys, newsletters and/or other communication materials (e.g. posters, postcards, videos, and topic-specific Head to Health banners for inclusion on your website) where possible.

Digital mental health is the delivery of services targeting common mental health problems through phone, online and mobile phone interactive websites, apps, sensor-based monitoring devices and computers. Digital interventions have a potential role at different levels of care within a stepped care approach to service delivery. They are not confined to supporting self-management and low intensity needs. Evidence based digital interventions can also be an adjunct to face to face clinical care for people with more severe forms of mental illness and higher needs.

Some services offer fully automated self-help programs, while others involve guidance from and interaction with clinicians, crisis workers, teachers, administrators or peers. Clinician supported digital services can provide a cost-effective form of service delivery and may be appropriate in locations where face to face services are hard to access.

PHNs are expected to share with the Commonwealth any available feedback from users of Head to Health. This may include feedback from consumers, patients, carers, service providers and health professionals.

5. Integration of targeted psychosocial support with stepped care clinical services.

The PHN Mental Health Flexible Funding pool is intended to fund the commissioning of clinical mental health services. PHNs cannot commission psychosocial support services from the flexible primary mental health funding pool, unless it relates to suicide prevention activity, as separate funding is provided for this purpose.

PHNs are expected to promote links and referral pathways to psychosocial support services commissioned through separate mental health funding provided to them for this purpose and to broader social support services. In particular it is vital that there are close links between clinical services and psychosocial support services commissioned by PHNs for people with severe and complex mental illness.

Additionally, PHNs will need to establish partnerships with other organisations and services in their region to facilitate 'joined up' services, at a systems level and through appropriate pathways to care through service planning. This will be particularly important for people who have co-occurring mental illness and substance use problems, intellectual disability or physical illness as well as people with severe mental illness.

Commissioned services and individual service providers will depend on PHNs achieving these links and partnerships at a systems level in order to achieve traction with other agencies. Such partnerships will enable PHNs to deliver multiagency service coordination and linkages for individual consumers. Regional planning will provide an important opportunity for these partnerships to be established.

What flexibilities do PHNs have?

The Flexible Funding Pool is designed to support adaptation to regional needs, and to avoid rigid program funding boundaries. Key priority areas in relation to mental health reform are identified for PHNs to address in their work plan, and against which to report.

There is significant opportunity for PHNs to use these pooled resources to plan and commission a single interconnected and integrated system of services which addresses priorities and complements other services in the region. It is acknowledged that the Department has identified particular quarantined individual funds for particular types of needs, such as psychosocial support or *headspace* services. However, it is not the intent that PHNs should be required to fund overall separate, siloed approaches against identified priorities.

Efforts to reduce the impact of suicide should be embedded in mental health service planning and commissioning.

In implementing a stepped care approach in their region, each PHN is required to undertake their own mental health needs assessment and joint regional planning processes to determine the local service needs. This means that while all elements of a stepped care model are expected to be available, level of investment and focus may vary across PHNs according to identified gaps and priority areas. Innovation is desirable and PHNs are encouraged to share information about successful models across the national network.

Addressing the Needs of Individuals with Comorbid Mental Illness and Substance Misuse Issues

Both the Fifth National Mental Health and Suicide Prevention Plan and the National Drug Strategy (2017-2026) acknowledge the importance of improved system collaboration and coordination to ensure the most appropriate treatment and support pathways, particularly given the relationship between mental health, alcohol and other drugs.

The Australian Government provides funding for the commissioning of mental health and drug and alcohol treatment services based on local needs. PHNs are encouraged to explore integrated approaches to meet the needs of individuals with comorbid mental illness and drug or alcohol issues across the stepped care spectrum.

*Annexure A2 – Drug and Alcohol Treatment Services to the Primary Health Network Grant Program Guidelines*⁸, indicates that drug and alcohol funding for PHNs may be used to ‘promote linkages with broader health services, including mental health services, to better support integrated treatment and referral pathways to support clients with comorbid mental health disorders’. Similarly, it is within scope of funding under the Primary Health Care Flexible Funding Pool to commission mental health services which address comorbid mental health and substance misuse issues.

A joined up approach to planning and commissioning primary mental health and drug and alcohol treatment services can help to breakdown barriers to the provision of appropriate services for people with comorbid conditions and provide effective treatment and support mechanisms. A close relationship is also encouraged between drug and alcohol treatment and suicide prevention services given the heightened risk of suicide of individuals experiencing substance misuse problems or dependencies.

Further linkages which may be considered include:

- Models of integrating drug and alcohol services into mental health service delivery teams or platforms (e.g. Headspace services);
- Providing mental health outreach services to drug and alcohol services;
- A requirement for commissioned drug and alcohol services and mental health services to collaborate, report on linkages and address gaps where appropriate;
- Joined up approaches targeting particular groups with comorbid needs who are at heightened risk, such as Aboriginal and Torres Strait Islander people, young women during the perinatal period, people with severe mental illness and individuals with comorbidity who are at risk of suicide;
- Promoting evidence-based digital services for young people with comorbidities; and
- An integrated approach to early intervention for both mental illness and early signs of substance misuse, including appropriate assessment processes.

To ensure all specialist drug and alcohol services being funded, regardless of comorbidity, are captured within the Alcohol and Other Drugs Treatment Services

⁸ Annexure A2 – Drug and Alcohol Treatment Services is specifically related to the Drug and Alcohol Treatment Activity and supplements the Primary Health Network Grant Programme Guidelines

National Minimum Data Set (AODTS-NMDS), the relevant data, and reporting requirements associated with the programs will need to continue to be met in any integrated approaches to commissioning services. It is also important that any change to current practices should not lead to a reduction in the number of specialist mental health and drug and alcohol treatment services being commissioned under the Drug and Alcohol Treatment Schedule.

The Department will continue to work with PHNs to streamline data reporting obligations and assist with reporting in-scope services to the Australian Institute of Health and Welfare (AIHW) for compilation into the AODTS-NMDS.

Supporting the safety and quality of services provided within a stepped care framework

PHNs will have in place mental health specific clinical governance arrangements to guide the implementation of stepped care arrangements in each PHN region to ensure the service pathways established and services commissioned are clinically appropriate and effective. PHNs are expected to ensure a high level of service quality for mental health services commissioned within a stepped care approach. This should include the following:

- PHNs must have mechanisms to ensure commissioned providers and consumers are aware of local crisis services and pathways;
- Responsibility for managing a particular individual's care may at times be transferred between primary care and state or privately funded specialist services, particularly given the episodic nature of some mental illness;
- Where a patient is transferred to another service, a duty of care exists for the commissioned service to ensure that the receiving service has accepted care of the client and is aware of their needs; and
- It is also vital that the commissioned service communicates to the client the nature of and the reason for the changed arrangements and that the client is clear on how to access the services.

Relevant national standards (such as the *National Standards for Mental Health Services 2010*, the *National Practice Standards for the Mental Health Workforce 2013* 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.

The WHO QualityRights⁹ guidance and training tools should also be used to build awareness amongst consumers and carers, community managed organisations and other health services of consumer rights under the Convention on the Rights of People with Disabilities

PHNs should ensure appropriate clinical supervision arrangements are established to maintain the safety and quality of commissioned service provision and establish policies for managing complaints. Overarching governance arrangements for stepped care services should also involve strong consumer and carer engagement as part of a quality framework.

The workforce delivering stepped care services

PHNs are encouraged to make best use of the existing workforce to ensure a flexible approach to mental health service delivery within a stepped care approach.

A multidisciplinary approach to mental health service commissioning that supports consumer choice is encouraged, including the role of GPs, psychiatrists and mental health nurses. This

⁹ https://www.who.int/mental_health/policy/quality_rights/guidance_training_tools/en/

can also include appropriately trained and qualified allied mental health professionals, such as psychologists, social workers, occupational therapists and Aboriginal health workers. The role of the peer workforce as part of the team should also be considered across service levels within a stepped care approach to primary mental health care.

The typical workforce requirements for each of the components of stepped care are displayed in Figure 4, including the potential role of peer workers at each level of intensity. These workforce requirements should not be viewed as prescriptive. The needs of the individual accessing services should be met by matching the individual to the most appropriate level of service and ensuring that the services are provided by a workforce that possesses the skills, qualifications and competencies commensurate with that intervention. It is essential for providers of mental health services commissioned by PHNs to be able to refer clients to alternative services delivered by a different type of workforce when there are clinical needs that fall outside their scope of practice. It is expected that the workforce involved in delivering PHN commissioned services will be appropriately qualified, skilled and competent to provide relevant interventions, in line with professional scope of practice where applicable.

Figure 4 – Typical workforce requirements in primary mental health care

Low intensity services	Moderate intensity services	High intensity service
<ul style="list-style-type: none"> • GP psychoeducation/care planning, (though formal referral not required) • Interventions may be delivered by mental health professionals or other workforce with appropriate skills, training and qualifications to deliver evidence based mental health services. • Appropriately trained, supervised and mentored peer workforce are well placed to deliver low intensity services. 	<ul style="list-style-type: none"> • Central role of GPs in management and assessment • Psychological therapy provided by psychologists and other allied health professionals • Private psychiatrists and paediatricians involved for some, particularly for clinical assessment and review • Peer workforce can complement clinical services from primary care team through provision of peer support where appropriate. 	<ul style="list-style-type: none"> • Central role of private psychiatrists, paediatricians and GPs in assessment and management. • Psychological therapy provided by psychologists and other allied health professionals. • Mental health nurses involved in coordinating clinical care. • Appropriately trained, supervised and mentored peer workforce can be part of primary care team to offer peer support and advocacy

Consumer and carer participation and co-design in stepped care

Engagement of consumers, family, carers and people with lived experience as partners in development and delivery of stepped care services is vital to get the best results and ensure that stepped care genuinely promotes person centred care. A spectrum of engaging consumers from information provision through to employment of people with lived experience as peer workers needs to be considered by PHNs in implementing stepped care. Furthermore, consumer and carer engagement should span service planning, procurement, monitoring and evaluation.

The participation of particular groups of consumers and carers in the design, delivery and review of a stepped care approach to mental health services will be vital to ensure services genuinely are person-centred and optimally meet the needs of people with mental illness. Just as a one size fits all approach to service delivery is not desirable, a uniform approach to consumer participation will not pick up the different types of needs and the most appropriate way of targeting services.

Consumer participation strategies should recognise the variation in consumers and their needs and target input accordingly. For example:

- Design of low intensity services aimed at groups such as young people with mild illness or men with early signs of depression would need to engage with these groups in the design process;
- Design of suicide prevention activities must engage with people with lived experience of suicide;
- The views and needs of carers and family members will also be important; and
- Engagement of people with lived experience as peer workers in providing services under a stepped care framework is also an important way of embedding a consumer perspective.

Effective consumer and carer participation needs to be appropriately resourced in a way which recognises the opportunity costs for consumers and carers in providing input, and enables them to engage in an informed and effective way. Further information on consumer engagement is provided in the PHN Guidance on this topic.

Collecting data through the PHN Mental Health Minimum Data Set

All PHNs are required to contribute to the Primary Mental Health Care Minimum Data Set (MDS). The MDS enables PHNs to contribute appropriate data on the mental health services they commission, and to monitor the performance of commissioned services and evaluate their overall journey in regional mental health service delivery. A suite of standard data reports has been made available on-line to PHNs from the MDS.

PHNs are expected to monitor the quality of their data and build the cooperation of service providers they commission in assisting through the cycle of data collection. Feedback at a regional level to service providers can help to build the foundation for informed commissioning.

The PHN Performance and Quality Framework (2018), provides a broader structure for monitoring and assessing PHN performance and progress towards achieving outcomes. 6 out of the 24 indicators in the Framework rely on mental health data collected through the MDS. A full list of the 14 PHN key performance indicators for mental health reform is provided in the Useful Resources section of this document. Technical specifications for collecting data against these indicators has been provided to PHNs.¹⁰

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

PHNs are required to develop stepped care arrangements that make best possible use of all available services and resources. The flexible mental health funding provided to PHNs is capped. PHNs need to make best use of these funds to fill critical service gaps within the stepped care spectrum while also ensuring that funding is applied equitably across the population in need.

Cost of service must not be a barrier to services for consumers. In commissioning primary mental health services, PHNs need to determine clear consumer co-contribution policies and guidance for commissioned services that take into account the characteristics of the population, including capacity to pay for services. For particularly vulnerable groups it would not be expected that a co-contribution would be required.

The PHN Program Performance and Quality Framework¹¹ together with the mental health reform key performance indicators, provides an appropriate structure for monitoring and assessing the performance of commissioned services and progress towards achieving outcomes. Continued review and monitoring of commissioned services will be important to ensure value for money services are being commissioned.

What national support is available for local implementation?

National support for local implementation of stepped care includes:

- Continued knowledge sharing about regional innovation and development across the PHN network including through regular national workshops;
- Further enhancement of Head to Health to support national digital mental health services, and assistance to PHNs in promotion and implementation of digital services;
- The availability and promotion of the National PHN Guidance on Initial Assessment and Referral for Mental Health Care, which includes a decision support tool for PHNs to assist matching individuals to the level and type of care they need; and
- Enhancement and support for use of the National Mental Health Service Planning Framework, to offer evidence based planning for the right mix and level of workforce and services at a regional level to deliver a stepped care approach.

PHN Commissioning Framework resources also offer broader support to PHNs in respect of all elements of the commissioning cycle including:

- Needs assessment and annual planning;
- Procuring services (including designing and contracting services and shaping the structure of supply); and
- Monitoring and evaluation (including managing performance).

¹⁰ Performance Indicators for PHN-Led Mental Health Reform Technical specifications, Revised November 2018

¹¹ http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Performance_Framework

Definitions

Consumer

A person living with mental illness who uses, has used or may use a mental health service.

Carer

A person who works collaboratively with consumers and carers to assist them in finding the most appropriate treatment, care or supports.

Digital mental health

Digital mental health is the delivery of services targeting common mental health problems through phone, online and mobile phone interactive websites, apps, sensor-based monitoring devices and computers. The term also extends to telephone crisis lines and online crisis support services. Digital mental health services are delivered real-time through multiple settings, including the home, the workplace, schools and through clinicians' workplaces. Some services offer fully automated self-help programs, while others involve guidance from and interaction with clinicians, crisis workers, teachers, administrators or peers.

Mental health problems

Diminished cognitive, emotional or social abilities but not to the extent that the diagnostic criteria for a mental illness are met.

Mental illness

Mental illness is a clinically diagnosable disorder that interferes with an individual's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classifications systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).

Severity of mental illness

Like other health conditions, mental illness impacts at different levels of severity, ranging from mild to severe. Clinically, severity is judged according to the type of disorder the person has (diagnosis), the intensity of the symptoms they are experiencing, the length of time they have experienced those symptoms (duration) and the degree of disablement that is caused to social, personal, family and occupational functioning (disability). Some diagnoses, particularly schizophrenia and other psychoses, are usually assigned to the severe category automatically, but all disorders can have severe impact on some people.

Severe mental illness

Characterised by a severe level of clinical symptoms and degree of disablement to social, personal, family and occupational functioning. Severe mental illness is often described as comprising three sub-categories:

- *Severe and episodic mental illness* – refers to people who have discrete episodes of illness interspersed with periods of minimal symptoms and disability or even remission.
- *Severe and persistent mental illness* – refers to people with a severe mental illness where symptoms and/or associated disability continue at moderate to high levels without remission over long periods (years rather than months).
- *Severe and persistent illness with complex multi-agency needs* – refers to people with severe and persistent illness whose symptoms are the most severe and who are the most disabled, and require the most support in daily activities.

Stepped care

Stepped care is defined as an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to the individual's needs. Within a stepped care approach, an individual will be supported to transition up to higher intensity services or transition down to lower intensity services as their needs change.

Stepped care is a different concept from 'step up/step down' services which is defined below.

Step up/step down services

These are clinically supported services which offer short term care to manage the interface between inpatient and community settings. They provide an alternative to hospital admission (pre-acute) and provide bridging support following discharge from hospital (post- acute). Step up/step down services are usually delivered through staffed residential facilities but may be delivered in the person's home.

Gatekeeper

A person who holds an influential position in an organisation or a community who coordinates the actions of others. This could be an informal local opinion leader or a specifically designated person, such as a primary-care provider, who coordinates patient care and provides referrals to specialists, and other medical services.

Care Navigator

A person who works collaboratively with consumers and carers to assist them in finding the most appropriate treatment, care or supports.

Lived experience of suicide

Having experienced suicidal thoughts, survived a suicide attempt, cared for someone who has attempted suicide, been bereaved by suicide, or been touched by suicide in another way.

Post-vention

Intervention to support and assist the bereaved, including immediate and extended family members, close friends, colleagues and communities, after a suicide has occurred.

Post-injury

Deliberate damage of body tissue, often in response to psychosocial distress, without the intent to die. Sometimes called non-suicidal self-injury, self-inflicted injuries or self-harm

Suicide behaviour

Activities related to suicide and self-harm including suicidal thinking, self-harming behaviours not aimed at causing death and suicide attempts.

Suicide ideation

Thoughts about taking one's own life.

Suicide prevention

Actions or initiatives to reduce the risk of suicide among populations or specific target groups.

Other definitions which apply to stepped care mental health services and the role of PHNs in commissioning services under the Mental Health Flexible Funding Pool are available in the Glossary attached to the Fifth Plan

Useful Resources

PHN Mental Health Guidance

The following mental health guidance materials are available on the Department's website at [PHN Mental Health Tools and Resources](#):

- **PHN Primary Mental Health Care Flexible Funding Pool Programme Guidance:**
 - Low intensity mental health services for early intervention
 - Psychological therapies provided by mental health professionals to underserved groups
 - Primary mental health care services for people with severe mental illness
 - A regional approach to suicide prevention
 - Aboriginal and Torres Strait islander Mental Health Services
 - Child and Youth Mental Health services
 - Psychological treatment services for people with mental illness in Residential Aged Care Facilities

- **Other topic specific PHN Mental Health Care guidance**
 - Consumer and carer engagement and participation
 - Workforce support information and resources
 - The Peer Workforce Role in Mental Health and Suicide Prevention
 - Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services – A Guide for LHNs and PHNs
 - National PHN Guidance on Initial Assessment and Referral for Mental Health Care.

- **PHN Psychosocial Support Guidance:**
 - Psychosocial Support for People with Severe Mental Illness
 - PHN Psychosocial Support Interface Guidance
 - PHN Continuity of Support Guidance

Additional Resources

Title	Author	Year	Link
PHN Commissioning Resources	Australian Government Department of Health	Last updated 2018	http://www.health.gov.au/internet/main/publishing.nsf/Content/PHNCommissioningResources
Commissioning for Outcomes Discussion Paper (Unpublished).	Australian Government Department of Health. (2019).	2019	
Implementing a Stepped Care approach to mental health services within Australian Primary Health Networks', Report to the Department of Health	Queensland Centre for Mental Health Research, University of Queensland.	2016	http://qcmhr.uq.edu.au/wp-content/02/Stepped-Care-Report-UQ-20170220.pdf
Sharing learnings from the early implementation of stepped care: Resources from 2017 PHN Stepped Care Workshop,	Queensland Centre for Mental Health Research, University of Queensland	2017	https://qcmhr.uq.edu.au/workshops/phn-stepped-care
National Standards for Mental Health Services	Australian Government Department of Health	2010	http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-servst10
National Practice Standards for the Mental Health Workforce 2013	Australian Government Department of Health	2013	http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-wkstd13
WHO QualityRights Guidance and Training Tools	World Health Organisation	2017	https://www.who.int/mental_health/policy/quality_rights/guidance_training_tools/en/
Working with the Stepped Care Model: Mental Health Services through General Practice	Royal Australian College of General Practice, General Practice Mental Health	2019	https://www.racgp.org.au/education/gps/gpmhsc/guides/working-with-the-stepped-care-model

Title	Author	Year	Link
	Standards Collaboration		
The place of e-mental health in a stepped care model (Webinar for GPs)	Royal Australian College of General Practice	2017	https://www.racgp.org.au/education/.../online.../e-mental-health-stepped-care-model
A Five Year Horizon for PHNs	PHN Advisory Panel on Mental Health, Australian Government Department of Health	2018	https://www.health.gov.au/.../Reform-and-System-Transformation-A-Five-Year-Horizon

Performance Indicators for PHN-Led Mental Health Reform

Acc-1 Proportion of regional population receiving PHN-commissioned low intensity psychological interventions
Acc-2 Proportion of regional population receiving PHN-commissioned psychological therapies delivered by mental health professionals
Acc 3 - Proportion of regional population receiving PHN-commissioned clinical care coordination for people with severe and complex mental illness
Eff-1 Average cost of PHN-commissioned low intensity psychological intervention services
Eff-2 Average cost of PHN-commissioned psychological therapies delivered by mental health professionals
Eff-3 Average cost of PHN-commissioned clinical care coordination for people with severe and complex mental illness
App-1 Proportion of regional youth population receiving PHN-commissioned youth-specific mental health services
App-2 Proportion of PHN-commissioned mental health services delivered to the regional Indigenous population where the services were culturally appropriate
App-3 Proportion of people referred to PHN-commissioned services due to a recent suicide attempt or because they are at risk of suicide followed up within 7 days of referral
Out-1 Clinical outcomes - Low intensity psychological interventions
Out-2 Clinical outcomes - Psychological therapies delivered by mental health professionals
Out-3 Outcomes Readiness - Completion rates for clinical outcome measures
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
Prog-2 Formalised partnerships with other regional service providers to support integrated regional planning and service delivery

Extracted from:

Performance Indicators for PHN-Led Mental Health Reform Technical specifications, Revised November 2018