



Australian Government
Department of Health



An Australian Government Initiative

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

**LOW INTENSITY MENTAL HEALTH SERVICES FOR
EARLY INTERVENTION**

2019

Introduction

PHNs are required to improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness through the development and/or commissioning of low intensity mental health services. These services should form an integrated part of a stepped care system and offer a lower intensity, easy to access option for those consumers who are at risk of mental illness or have mild mental illness and do not require more intensive psychological interventions.

Low intensity services complement digital services available through Head to Health to provide an initial service 'step' within a stepped care framework.

PHNs are expected to:

- **Plan** for the provision of low intensity mental health services as part of a stepped care approach to joint regional mental health and suicide prevention planning;
- Support appropriate **intake, assessment and referral protocols**, including self-referral, to target low intensity services to those who would benefit from them;
- **Promote low intensity services** as an effective service choice to both professionals and to the community, including digital low intensity services available through Head to Health; and
- **Commission** evidence based, accessible and efficient low intensity services, adapted as needed to address priority needs for PHNs, such as services for the residents of aged care facilities, people in drought impacted communities, or people in rural and remote locations.

Context

Low intensity mental health services have emerged as an important element of PHN primary mental health care since the commencement of the Flexible Funding pool. The development of these services has been informed by the Improving Access to Psychological Therapies (IAPT) model in the UK and Beyondblue's New Access model.

The Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan) emphasises the importance of a stepped care approach to service planning, particularly as part of joint regional mental health and suicide prevention planning. This includes ensuring resources are provided to assist people experiencing early symptoms and those with mild mental illness, through low intensity mental health services.

The Fifth Plan emphasises the importance of identifying and harnessing opportunities for digital mental health including the development of a National Digital Mental Health Framework. This framework will improve use, uptake, and quality of different digital service delivery platforms. The imperative from the Fifth Plan for joint regional mental health and suicide prevention planning by LHNs and PHNs at a regional level offers opportunity for a planned and integrated approach to provision of low intensity services.

A key platform now available to support digital forms of low intensity services is the Head to Health gateway¹, which is the implementation of the Mental Health Digital Gateway. Head to Health is not restricted to the provision of low intensity digital services, however is a valuable source of trusted, evidence-based psychological digital services which may offer early intervention to people with, or at risk of, mild mental illness.

There is now potential to adapt the low intensity models, which PHNs have been developing, to meet the needs of particular groups. In particular, there are emerging opportunities for PHNs to offer new low intensity service options to extend the reach of their funding for:

- Psychological services for residents of aged care facilities who have mental illness; and
- Mental health services for people in drought impacted areas through the Empowering our Communities measure.

The National PHN Guidance for Initial Assessment and Referral for Mental Health Care² was released to PHNs April 2019. This document provides specific guidance on the services, referral criteria and decision-making in relation to referring people to low intensity services, which generally equate to Level 2 Care in the Guidance.

Other PHN guidance³ which should be read in conjunction with this document includes:

- PHN Guidance on Stepped Care;
- Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services: A Guide for Local Health Networks (LHNs) and Primary Health Networks (PHNs);
- Guidance on the Role of PHNs in Implementing Actions of the Fifth National Mental Health and Suicide Prevention Plan;
- Psychological Treatment Services for People with Mental Illness in Residential Aged Care Facilities; and
- Empowering our Communities - Supporting farmers and communities in drought affected regions.

¹ [Headtohealth.gov.au](http://headtohealth.gov.au)

² Australian Government Department of Health, National PHN Guidance, Initial Assessment and Referral for Mental Healthcare, Consultation Draft November 2018.

³ PHN guidance documents on mental health are available at http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools

Why is this a priority activity for PHNs?

Low intensity mental health services aim to increase overall community access to evidence based psychological intervention for people with, or at risk of, mild mental illness who do not require the traditional services provided through existing primary mental health care intervention pathways. There is a growing evidence base pointing to the efficacy of these services. The BeyondBlue New Access programme, for example has consistently been associated with recovery rates of close to 70 per cent of clients.

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

- Increase ease of access to services early in the trajectory of mental illness in order to improve the chances of recovery and longer term health, wellbeing, participation and productivity;
- Enable more efficient use of finite resources and a broader workforce to ensure the resources directed to higher cost, higher intensity services are targeted at those with the greatest clinical need; and
- Help to address stigma associated with psychological interventions.

What are low intensity services?

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

- **Quickly**, without the need for a formal referral;
- **Easily**, through a range of modalities available to consumers including face to face, group work, telephone and digital interventions; and,
- **Efficiently**, typically involving a small number of services, and short sessions, and providing a less costly alternative to traditional psychological services. Services such as those available through the Medicare-based Better Access initiative and other PHN primary health care services funded through the PHN flexible pool.

Low intensity services typically deliver time-limited, structured interventions aimed at providing a less costly approach than 'standard' psychological therapy. The essence of low intensity interventions is that they utilise nil or relatively little qualified mental health professional time and are targeted at people with, or at risk of, mild mental illness. Low intensity episodes can be delivered through a range of mechanisms including:

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

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

Similarly, a service is not low intensity just because it is delivered digitally. Digital service provision is only one means of delivering low intensity services, and digital mental health services may also be used for high intensity needs.

Based on population estimates of need derived from the National Mental Health Service Planning Framework, up to 10,500 people per 100,000 population could benefit from low intensity services provided through digital, face to face or other modalities.⁴

| | Early intervention | Mild mental illness |
|--|--|--|
| Estimated population prevalence | 23.1% of population | 9% of population |
| Estimated service need | 24% need some services and could benefit from low intensity services | 50% need some services and could benefit from low intensity services |
| Number per 100,000 | 5,780 | 4,720 |

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

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

- Face-to-face low intensity psychological services, delivered on 1:1 or group basis;
- Telephone or on-line low intensity psychological services;
- Psychological services or coaching provided to support and supplement services provided on-line through Head to Health or other evidence based digital services; and
- Activities to promote Head to Health to consumers and health professionals as a source of low intensity digital mental health services.

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

- Are not supported by an empirical evidence base or provide unstructured counselling;
- Do not provide a structured form of psychological intervention to address a mental health problem or illness;
- Primarily provide social support services or lifestyle interventions;
- Duplicate other services including those provided by the state and territory government, through the Medicare Benefits Schedule or through other national initiatives;
- Duplicate the suite of existing Commonwealth-funded nationally available digital mental health services including those accessed through Head to Health; and/or
- Are relatively high cost compared to other available services. A good benchmark for this is the cost of services under the Medicare Benefits Schedule Better Access initiative.

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

What is expected of PHNs?

PHNs are required to plan, promote and commission low intensity mental health services to improve the targeting of psychological interventions to most appropriately support people with, or

⁴ Derived from presentations delivered by University of Queensland to PHN Stepped Care workshop in 2017
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at risk of, mild mental illness. These services should be as part of a stepped care approach to mental health service delivery.

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

A joint regional mental health and suicide prevention plan should cover a full spectrum of services targeting a range of needs. It will be important that low intensity services are included in joint planning with LHNs to support access to early intervention services 'upstream', and to avoid a disproportionate focus on more intense service needs. Early embedding of these considerations in the planning process will be important to achieve a balanced and disciplined approach to service planning.

The low intensity services offered in a region will be a combination of nationally provided digital services, potentially some MBS funded services or services provided by headspace centres and the low intensity services provided by the PHN. Both digital (including telehealth) and face-to-face low intensity services in the region should be subject of planning processes in order to construct an integrated and cohesive low intensity option within the regional service system. In addition, planning must take into account the needs for addressing particular priorities for PHNs, such as the service needs of people who are drought impacted, or providing low intensity services to the residents of Residential Aged Care facilities, as well as targeting other underserved groups or areas.

Promoting evidence-based low intensity services to GPs, other health professionals and consumers, including promotion of low intensity digital services available on Head to Health.

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

Local GPs and general practices should be provided with information on the availability of low intensity mental health services within a stepped care model. Consideration needs to be given to what information and/or incentives need to be available to providers to encourage utilisation of low intensity mental health services. Consumer and carer information would also be useful on the availability of low intensity service options. In promoting low intensity services to GPs and consumers, a clear message should be that consumers should remain in contact with their GPs regarding their progress in using these services, even if they self-refer.

PHNs are also expected to help promote Head to Health as a trustworthy and accessible point of access to digital low intensity services, as outlined in the PHN Guidance on Stepped Care. This may include:

- 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; and
- Installing links to Head to Health on the PHN's website.

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

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

PHNs are expected to commission appropriate low intensity services to complement the availability of Better Access and other more traditional psychological services available in the region. The focus of commissioning could be on meeting the needs of particular groups in the region for whom there is a service gap in relation to low intensity services. In these circumstances it may be appropriate to adapt the low intensity model to meet the needs of these groups (eg Indigenous, aged, youth). Alternatively, the focus could be on reducing high demand on traditional psychological service provision through offering an efficient, less resource intensive service for people for whom low intensity services are appropriate, and increasing the volume of services.

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

It is important for PHNs to ensure that intake and assessment arrangements do not compromise the ease of access for consumers to services or prevent self-referral. On the other hand it is vital that arrangements are in place for identification of individuals for whom escalation to higher intensity services is important, or who may be in need of urgent services.

The development of the Initial Assessment and Referral guidance is designed to provide services with specific advice to accurately refer people to low intensity services. Currently there is tendency for assessment/intake staff to be risk adverse and refer people to higher intensity services than is needed. It is important for services to draw upon this guidance to build confidence in referring to the appropriate level of care.

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

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

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

- Subject to appropriate intake and assessment arrangements to ensure low intensity services are available to those with low intensity care needs;
- Provided by trained individuals, supported by a strong clinical governance framework;
- Embedded within a broader stepped care framework, and in particular supported through appropriate step up mechanisms, should care needs increase; and
- Subject to data capture and outcome measurement in line with the National Minimum Data Set for Mental Health.

Performance indicators

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

- Acc-1 Proportion of regional population receiving PHN-commissioned low intensity psychological interventions;
- Eff-1 Average cost of PHN-commissioned low intensity psychological intervention services;
- Out-1 Clinical outcomes - Low intensity psychological interventions;
- 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?

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

- PHNs may choose to commission services in a range of different formats or modalities in order to address needs and gaps identified in their joint regional mental health and suicide prevention plan. Each PHN can identify the appropriate approach to service provision including individual intervention, group programs, face-to-face services, telephone services and web-based interventions and resources. PHNs must make optimal use of Head to Health digital resources and not attempt to duplicate them at a local level;
- Each PHN should determine the most suitable workforce from which the commissioned services can be delivered based on the population group/s being targeted, existing workforce supply and any other relevant considerations. Workforce skills and qualifications must be commensurate with the level and type of service being provided and monitored through appropriate clinical risk management and supervision frameworks; and
- Within the scope of services for people with or at risk of mild mental illness, PHNs have flexibility to target particular groups for low intensity mental health services. For example, group therapy for women with, or at risk of, perinatal depression may be targeted in one area, and telephone based low intensity services for people in a remote community may be targeted in another. Low intensity services are often made available in integrated settings, such as within general practices, at a headspace centre, at workplaces and within schools or aged care facilities, to optimise accessibility for particular groups.

Safety and Quality of Services

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

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

- Ensuring the quality and integrity of low intensity services – in line with the expectations in this guidance document about the importance of providing evidence-based low intensity psychological therapy. This requires having processes in place to ensure the fidelity of services to proven models of delivering low intensity psychological services; and
- Ensuring that the workforce delivering low intensity services has the skills and accredited training required to deliver these models of service. Service providers must have the capability and

knowledge to screen for risk, routinely monitor a consumer's progress and support consumers to move to more appropriate services if required.

Critical success factors for low intensity services

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

Some of the critical success factors which were identified in the evaluation of Beyond Blue's NewAccess model of low intensity are particularly relevant and included the following:

- Locating services where people can easily access them;
- The ability to self-refer and low stigma associated with the service;
- Recognising the place of the program in a stepped care mental health system;
- Maintaining processes to support fidelity and manage clinical risk;
- Positioning low intensity service providers within the mental health workforce, providing accredited training and developing career pathways; and
- Using a range of marketing modes to promote the program.⁵

Consumer participation

The participation of consumers with or at risk of mild moderate illness is vital to the design, delivery and review of low intensity services. Where particular groups are targeted through services, such as young people, or people with intellectual disability, it is important to also target their particular views in design, and ensure information about services is subject to consultation with them or their carers.

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

⁵ Adapted from beyond blue NewAccess Demonstration Independent Evaluation, Summary of Findings. ([Beyond Blue New Access](#))

Useful resources

Models of low intensity service

PHNs are encouraged to examine available evidence and resource material on low intensity mental health services that have been implemented both in Australia and internationally. Some examples of low intensity services include the following:

- [Beyond Blue's NewAccess initiative](#), which provides coaching services from CBT-trained individuals based on the United Kingdom's Improving Access to Psychological Therapies (IAPT) program ([Beyond Blue New Access](#));
- Structured group-based programs based on [CBT and/or psychoeducation](#) (e.g. provided to women with or at risk of perinatal depression, not otherwise available through state/territory services);
- [Brief motivational interviewing or problem solving](#) (in the context of brief CBT) for depression and anxiety;
- Some of the [early intervention services provided through headspace centres](#) for young people with or at risk of mild mental illness that are not otherwise funded through the MBS (i.e. psychological intervention provided to young people who do not meet full diagnostic criteria for a mental disorder or whose needs are suited to a lower intensity service than Better Access MBS service);
- The [Improving Access to Psychological Therapies](#) (IAPT) implemented in the UK with trials commencing from 2006 (the 'Doncaster' model) and the first wave of national rollout commencing from 2008 - which involved the provision of low intensity CBT by trained coaches by telephone or face to face for those assessed as having mild presentations of common disorders such as anxiety or depression; and
- Services designed to be similar to those low intensity services offered in various locations across the United Kingdom, such as:
 - [South Glasgow Wellbeing Services](#) – offer services from cognitive-behavioural therapists and guided self-help workers
 - [Inclusion Matters Wirral](#) – Psychological Wellbeing Practitioners (specially trained primary care mental health professionals) provide brief CBT-based *services for treatment of common mental disorders like depression and anxiety*

Workforce support and on-line training resources

[e-Mental Health in Practice \(eMHPrac\)](#)

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

[Australian Psychological Society Institute eLearning courses](#)

- Principles and Practice of Cognitive Behaviour Therapy (CBT): <https://www.psychology.org.au/Event/19618>
- Electronic Cognitive Behaviour Therapy (formerly called ATAPS Telephone Cognitive

Behaviour Therapy) <https://www.psychology.org.au/Event/19650>

Evaluations of low intensity services

- Rapid Review conducted by the Centre for Rural and Remote Mental Health? https://www.crrmh.com.au/content/uploads/Low-Intensity-MH-Service-Rapid-Review_CompleteFinal-1.pdf
- Beyond Blue NewAccess Demonstration Independent Evaluation, Summary of Findings, Ernst &Young, 2015 ([Beyond Blue New Access](#))