



Australian Government

Department of Health

PHN PRIMARY MENTAL HEALTH CARE FLEXIBLE FUNDING POOL IMPLEMENTATION GUIDANCE

PSYCHOLOGICAL THERAPIES PROVIDED BY MENTAL HEALTH PROFESSIONALS TO UNDERSERVED GROUPS

PHNs are required to identify service gaps and commission psychological therapy services for people in underserved groups, including those in rural and remote areas, where there are barriers to accessing Medicare Benefits Schedule (MBS) based psychological intervention, making optimal use of the available service infrastructure and workforce.

This guidance document should be read in conjunction with other guidance documents, including *low intensity mental health services for early intervention*, *primary mental health care services for people with severe mental illness* and *regional approach to suicide prevention*.

In 2016-17 PHNs are expected to:

- undertake comprehensive regional mental health planning and identify psychological therapy service gaps;
- ensure service continuity for existing clients (where clinically appropriate to needs) in the first year, noting that this may involve continuation of existing arrangements (e.g. Access to Allied Psychological Services; ATAPS) to minimise disruptions to services in the first year;
- collect data on provision of psychological therapy services for underserved groups;
- promote awareness within commissioning arrangements of targeted recipients, referral pathways and service parameters;
- consider ways to achieve more cost efficient and targeted service delivery, including where appropriate referral of individuals to low intensity services; and
- ensure referral pathways are in place to enable and support patients to seamlessly transition between services as their needs change.

Longer term PHNs will be expected to:

- commission psychological therapy services for people in underserved groups to address identified gaps and review access by these groups;
- ensure most efficient use of resources and high level of service quality;
- develop and implement efficient and timely service pathways;
- integrate commissioned services with other intervention levels within a stepped care approach;
- support general practitioners (GPs) in their critical role in ensuring people to be referred to the right care at the right time; and
- ensure referral pathways are in place to enable and support patients to seamlessly transition between services as their needs change.

What are psychological therapy services for underserved groups?

Essential features of psychological therapy services for underserved groups are that they:

- provide evidence based, short term psychological intervention to people with a diagnosable mild, moderate, or in some cases severe mental illness, or to people who have attempted, or are at risk of, suicide or self-harm where access to other services is not appropriate (refer to further information under *Client eligibility for services*);
- 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 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;
- are delivered by appropriately trained and qualified mental health professionals within their scope of practice (refer to *Workforce characteristics* section); and
- offer more flexibility than MBS based psychological therapy services where needed, particularly in terms of:
 - discussions required with parents of young people accessing services;
 - 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;
- are consistent with standards articulated in the *National Standards for Mental Health Services 2010* and all other relevant standards and legislative/regulatory requirements;
- promote recovery from mental illness, in line with the *National Framework for Recovery Oriented Mental Health Services 2013*; and
- provide links to other services within a stepped care approach to ensure people are matched to a service commensurate with their mental health need.

Activities that are not considered to be in scope for psychological therapy services for underserved groups are those which:

- duplicate or replace existing services provided by other organisations, including state and territory government services;
- 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; and
- provide a service to an individual who is clinically suited to lower intensity services, including digital mental health services or low intensity mental health services.

It is recognised that underserved groups also need access to other levels of service within a stepped care model, including low intensity services, youth friendly services and more intensive services targeted at people with severe mental illness.

PHNs should refer to related guidance material that has been developed on these other components of a stepped care approach when considering the needs of underserved groups.

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

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).

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.

As a guide, for example, people can access up to 10 individual and 10 group therapy sessions under the Better Access initiative and up to 12 individual and 12 group therapy sessions under the former ATAPS program in a calendar year. Available data indicates that the majority of people access up to 6 sessions.

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 previous MBS session caps set by the Better Access initiative and the former ATAPS program. Only in exceptional circumstances should the session cap be exceeded. PHNs may wish to establish their own arrangements to identify circumstances under which individuals could access more than 12 services. These 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.

Client eligibility for services

It is noted that 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 lower intensity levels of intervention, including self-help, digital mental health services, and low intensity mental health services and who are underserved through other arrangements, particularly the MBS.

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 and clients may need to be referred to other high intensity services such as those provided by psychiatrists and /or state and territory health services.

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

Some groups are underserved through existing psychological therapy arrangements due to workforce limitations or the unsuitability of available services. In particular, population groups that may be underserved include (but are not limited to):

- people living in rural and remote communities;
- children under the age of 12 years;
- people experiencing, or at risk of, homelessness;
- women experiencing perinatal depression;
- people with intellectual disability;
- people from culturally and linguistically diverse (CALD) backgrounds; and
- population groups that are the subject of separate guidance material (Aboriginal and Torres Strait Islander people, people at risk of suicide and young people).

Dementia, delirium, tobacco use disorder and intellectual disability are not regarded as mental disorders for the purposes of this activity. There are other government programs which focus on these particular needs. However the needs of people with intellectual disability who have comorbid mental illness for psychological therapy should be considered, particularly if this group's needs were assessed as underserved in the region.

It is recognised that some of these underserved population groups may experience socioeconomic disadvantage, but that ability to pay is not itself the driver for establishing a separate service system or tier based solely on cost to consumer.

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 in recognition of barriers to timely access to medical practitioners in some regions and by some population groups.

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 (registered and clinical 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 required to identify underserved population groups through needs analysis and determine an eligibility process in order to address the mental health needs of these population groups at a local level.

PHNs are required to develop and commission services to ensure access to innovative service delivery while adopting best practice standards. Each PHN should determine the most appropriate mix of service delivery modalities and infrastructure capacity for commissioning in their region.

PHNs are expected to ensure that:

- commissioned services are provided by appropriately qualified/credentialed and/or registered and experienced professionals that are only practising 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.

PHNs are required to undertake continuous monitoring and performance reporting, supported through regional data systems that include outcome data from commissioned services and feed into a national primary mental health care monitoring and reporting system and written reports. Data and reporting arrangements are currently under development.

Safety and Quality

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

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

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

What flexibilities do PHNs have?

PHNs have flexibility in relation to:

- priority setting to reflect the needs within their region, based on outcomes from the regional needs assessment and planning process;
- how the psychological services are targeted; and
- the type and level of services that are commissioned, the service modalities and the service delivery formats.

Refer to *Workforce characteristics* for an indication of flexible use of the workforce in areas of workforce shortage.

Refer to *Referral pathways* for information on provisional referrals where particular barriers exist.

Why is this a priority activity for PHNs?

PHNs offer the core infrastructure upon which to refocus existing primary mental health care programs to achieve better targeted stepped care services to meet consumer needs. Within a stepped care approach, access to psychological therapy services is important to address the clinical mental health needs of people with diagnosable mental illness.

The primary mental health care flexible funding is complementary to the Better Access initiative and to the range of specialist and community based mental health services, including those delivered by states and territories. Medicare subsidised mental health services under Better Access provide a universal service platform that was recognised in the *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services* as central to recent improvements to mental health treatment rates. However, some population groups remain underserved through this model. A regional approach to psychological therapy service provision will enable targeting of underserved population groups according to local needs.

How should PHNs implement this priority?

PHNs should engage with local psychological therapy providers and organisations in the development of psychological therapy services models and their commissioning. The links between different service levels need to be communicated clearly to ensure providers are able to provide person-centred care and link people to services that are best matched to their presenting clinical needs.

During the 2016-17 transition year some PHNs may wish to continue existing arrangements developed under previous primary mental health care programs, including ATAPS, to minimise disruptions to services while they finalise their commissioning processes.

Communication activities need to be undertaken with relevant providers, with a particular focus on GPs and the allied health providers involved in delivery of psychological therapy. Providers need to be given information on psychological therapy services within a stepped care approach, including targeted recipients, referral pathways and service parameters.

PHNs are expected to develop clinical risk management strategies and procedures to ensure links to crisis support services are offered by the psychological therapy services commissioned.

Consumer participation

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. Consumer councils or engaging with local consumer networks could be an effective way to draw in the diversity of consumer needs and views.

A wide range of resources are attached to the *Consumer and Carer Engagement Participation* guidance paper.

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

PHNs are not required to charge consumers a co-contribution for services. However, the Department is aware that co-contributions have been charged through programs such as ATAPS for many years. In commissioning primary mental health services, PHNs need to determine clear consumer co-contribution policies and guidance for service providers that take into account the characteristics of the population, including capacity to pay for services, and which ensure cost is not a barrier to care.

Definitions

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.

Useful resources

Australian Psychological Society - *Evidence-based Psychological Interventions in the Treatment of Mental Disorders: A Literature Review*

<https://www.psychology.org.au/Assets/Files/Evidence-Based-Psychological-Interventions.pdf>

Australian Psychological Society Institute eLearning courses

<https://www.psychology.org.au/APSinstitute/eLearning/>

National Standards for Mental Health Services 2010

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-servst10>

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)

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-wkstd13>

National Framework for Recovery-Oriented Mental Health Services 2013

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-recovfra>

National Strategic Framework for Rural and Remote Health

<http://www.ruralhealthaustralia.gov.au/internet/rha/publishing.nsf/Content/NSFRRH-homepage>