MENTAL HEALTH REFORM
STAKEHOLDER GROUP

22 February 2016
Reform process and consultation

- National Mental Health Commission Review released 16 April 2015
- Australian Government Response announced 26 November 2015
- Phased implementation now underway
- Stakeholder engagement in reform implementation
  - Cross-portfolio group at Commonwealth level
  - Mental Health and Drug and Alcohol Principal Committee
  - 5th National Mental Health Plan consultations
  - Youth mental health stakeholder engagement
  - Digital mental health gateway
Key elements of the reform package

1. Locally planned and commissioned mental health services and a new primary mental health care funding pool
2. A new, easy to access digital mental health gateway
3. A “stepped care” model for primary mental health care
4. Joined up support for child mental health
5. An integrated and equitable approach to youth mental health
6. Integration of Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing
7. A renewed approach to suicide prevention
8. Improved services and coordination of care for people with severe and complex mental illness
9. National leadership in mental health reform
Mental health and suicide prevention funding

- MYEFO: Consolidation of existing 20 mental health programmes into the following 5:
  1. National leadership
  2. Promotion, prevention and early intervention
  3. Primary mental health care services
  4. Suicide prevention
  5. Psychosocial support

- Savings of $141 million over four years.
- The saving will not reduce service delivery to mental health consumers.
- A $2.7 billion investment over the next four years remains for mental health programme funding.
- Mental health funding will continue to grow over the forward estimates.
Implementation update

• Advice provided to organisations in December 2015 about funding future.
• Service continuity a focus in initial transition arrangements.
• Focusing on priorities for implementation in 2016-17, including expanded PHN role.
• Phased approach for more complex aspects of the reform package, including clinical care coordination packages for severe and complex mental illness.
PHN establishment

• The Government has established PHNs from 1 July 2015 as key infrastructure to improve primary health care integration.

• Mental health is one of the six key areas agreed by Government for targeted work by PHNs.

• Their core objectives of improving efficiency, effectiveness and coordination are fundamental to improving primary mental health care delivery.
PHN Commissioning

- PHNs will move to commissioning models in 2016-17.
- Commissioning will involve a more holistic approach in which PHNs can plan and procure medical and health care services that are appropriate and relevant to the needs of their communities.
- The Department is working with PHNs and other stakeholders to build PHN capability in commissioning health services, including the development of guidance and resources for PHNs.
- The Department has engaged PricewaterhouseCoopers (PwC) to support PHNs in their commissioning role, by developing guidance resources and delivering training.
- PwC is undertaking this work in consultation with PHNs and the Department, and will also consult with stakeholders, including peak national health bodies.
## PHN Flexible Funding Pool

### Existing programme funding

- Headspace local sites
- Early Psychosis Youth Service (EPYS)
- Access to Allied Psychological Services (ATAPS)
- Mental Health Services in Rural and Remote Areas (MHSRRA)
- Suicide Prevention (community funding)
- Mental Health Nurse Incentive Programme (MHNIP)
- Indigenous Mental Health

### PHN funding pool 2018/19

- $385 million
- To be used to commission:
  - Child and youth mental health services
  - Services for hard to reach groups
  - Indigenous mental health services
  - Models of low intensity early intervention services
  - Severe, including care packages for severe and complex
  - Community based suicide prevention
2016-17: Largely a transition year

<table>
<thead>
<tr>
<th>Activity area</th>
<th>What is new, what requires transition in 2016-17?</th>
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<tbody>
<tr>
<td>Low intensity</td>
<td>• New activity</td>
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<tr>
<td></td>
<td>• Phased implementation over 3 years</td>
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<tr>
<td>Child and youth services</td>
<td>• headspace centres continue, funded by PHNs, for the next 2 years</td>
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<td></td>
<td>• New arrangements commence for those with or at risk of severe mental illness</td>
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<td></td>
<td>• Transition arrangements being considered for existing Early Psychosis Youth Services</td>
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<td>Hard to reach groups</td>
<td>• New more flexible arrangements, building on existing infrastructure of ATAPS, MHSRRA, etc</td>
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<td>• Service continuity for consumers paramount</td>
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<td>Services for severe mental illness</td>
<td>• Continuation of mental health nursing arrangements in year 1</td>
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<td></td>
<td>• Some growth funding in areas affected by MHNIP maldistribution</td>
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<td></td>
<td>• More flexible arrangements from year 2</td>
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<tr>
<td>Indigenous mental health services</td>
<td>• New arrangements building on existing services</td>
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<tr>
<td>Suicide prevention</td>
<td>• New arrangements for community based projects</td>
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PHN lead sites for mental health reform

- Established to trial complex aspects of stepped care to inform national implementation
- Key functions:
  1. Establish models of leading regional mental health and suicide prevention plans in collaboration with LHNs, NGOs, NDIS providers and other related services
  2. Demonstrate models of stepped care, including clinical care coordination for severe and complex and low intensity services for mild
- Expression of Interest process
- Key learnings to be shared across the PHN national network and inform full national rollout within the 3 year implementation period.
PHN guidance material

• Purpose of guidance material
• Guidance topics:
  • Stepped care
  • Regional mental health and suicide prevention planning
  • Low intensity mental health services
  • Child and youth mental health services
  • Psychological therapies for rural/remote, under-serviced and/or hard to reach populations
  • Primary mental health care for severe mental illness
  • Regional approach to suicide prevention
• Separate guidance material on alcohol and other drug services and Aboriginal and Torres Strait Islander mental health services
• Process for finalisation of guidance material
PHN guidance material

• In addition to Grant Programme Guidelines and the Funding Agreement stipulations – these documents will stipulate what PHNs must do to fulfil requirements of the funding stream.

• The purpose of the guidance material is to provide advice to PHNs on what is covered by each topic area relevant to the primary mental health flexible funding pool.

• The guidance material will set out expectations of PHNs and provide examples of the types of actions that may be undertaken to deliver the priority activity, and information on resources and further support.

• The guidance material will not provide exhaustive or detailed instructions to PHNs. Guidance will not be overly prescriptive or stifle innovation and flexibility.

• Advice to maximise effective and efficient use of funds.
Seeking views from the Group

• Essential advice for PHNs to guide implementation of mental health and suicide prevention reform

• Keen on Stakeholder Group views on:
  • Existing resources/guidelines relevant to the topics
  • Risks and sensitivities which need to be managed in the advice