

# VICSERV Conference 2016

A discussion on the role of  
Primary Health Networks  
within the context of national  
mental health reforms.

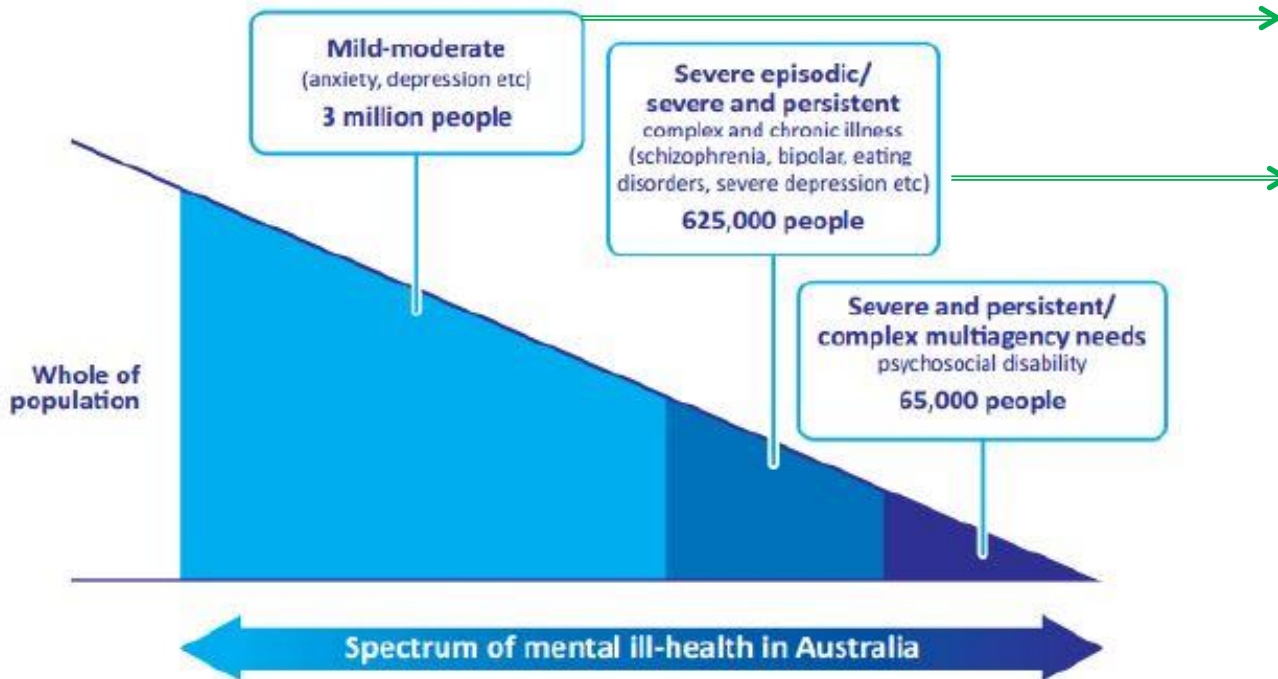
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# What's in scope for PHNs?

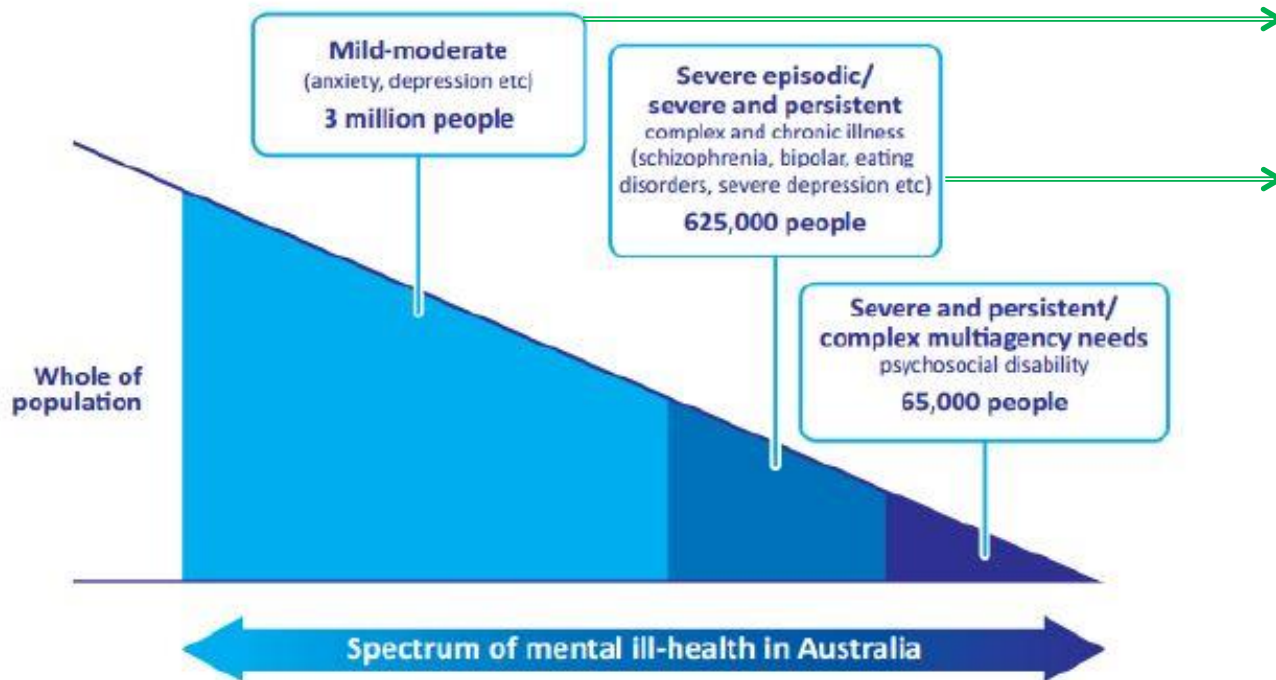
## Current Commonwealth Programs **migrating** to PHNs



- ATAPS
- headspace / EPYS
- Indigenous
- National Suicide PP (part)
- Mental Health Nurses
- Indigenous

# What's not in scope for PHNs

Current Commonwealth Programs **NOT migrating** to PHNs



- Better Access
- Partners in Recovery\*
- Day to Day Living\*
- Personal Helpers and Mentors\*
- National Suicide Prevention architecture

\* Designated for NDIS

# National Mental Health Reforms



**Australian Government response to the Review of Mental Health Programmes and Services outlines nine interconnected areas for reform**

# 1. Locally planned and commissioned services

- PHNs will lead mental health planning and integration at a regional level, in partnership with State and Territory governments, non-government organisations (NGOs) and other related services and organisations.

**Q: How will planning be undertaken that ensures the range of demographic, clinical, aged related, cultural, socio-economic and comorbidity of people is properly planned for?**

# Locally planned and commissioned services

- A flexible pool of funding will be established from which PHNs can commission services to meet local needs.

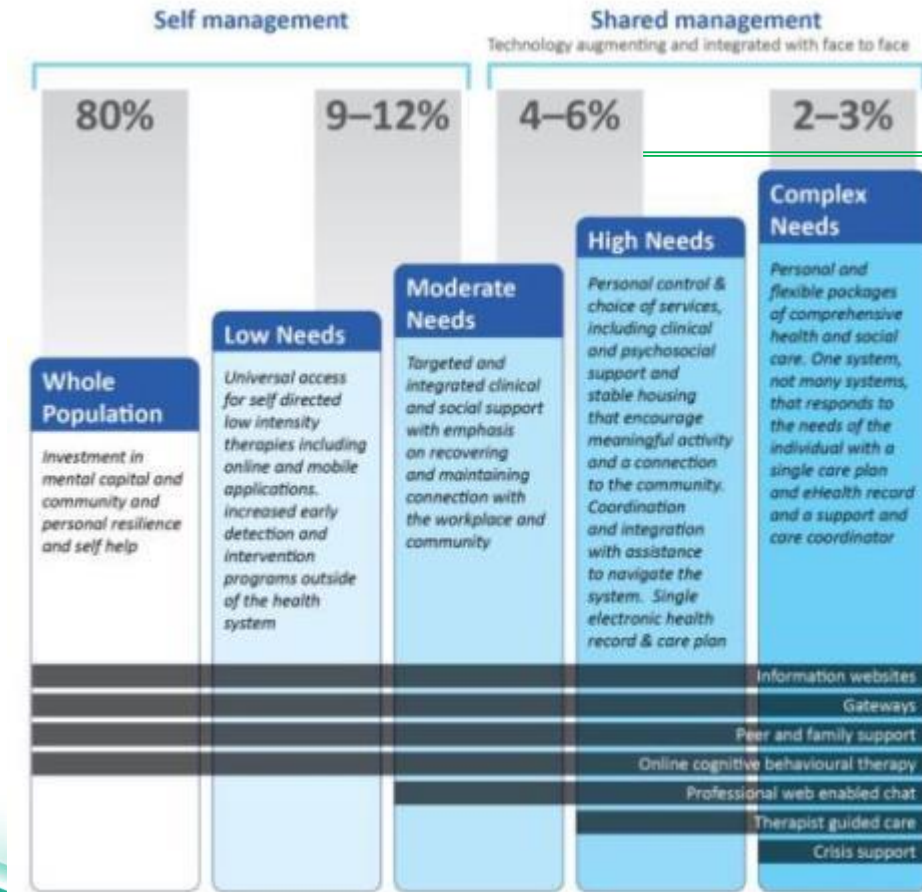
**Q:** How will the flexible funding pool work – be prioritised – is it flexible for service models of care?

**Q:** How will PHNs work with the State system, and with each other to ensure continuity – especially given the transient nature of some consumers?

## 2. Stepped Care Model

- Primary mental health programmes and services will be redesigned within a stepped care model, moving from the 'one size fits all' approach to better match services to individual need.
- The PHN flexible pool will support provision of services within this stepped care model.

# Stepped Care Model



- Predominantly the domain of States and Territories
- Joint work / planning to integrate services response



# 3. Child Mental Health

- A new networked system will be established, to help reduce the impact of mental illness on children.
- Children will benefit from being supported by better informed and joined up services, a single integrated end to end school based mental health programme and new pathways to services including online based support.

**Note:** No formal advice has been provided as yet in this policy area.

# 4. Youth Mental Health

- Better connections will be made between services and sectors for youth with mental health and related issues, including supporting engagement with education and employment.
- Current programme funding for youth mental health services will be channelled through PHNs, which will commission appropriate services based on community need.

**Q: What does this mean for existing youth primary mental health services? Youth severe mental health?**

# 5. Aboriginal and Torres Strait Islander Mental Health

- Mental health services for Aboriginal and Torres Strait Islander people will be enhanced.
- There will be better integration between mental health, drug and alcohol, suicide prevention and social and emotional wellbeing services at a regional level, with skilled teams providing support for Aboriginal and Torres Strait Islander people with mental illness.

**Q:** How will we ensure these services recognise the social determinants of health and cultural safety?

# 6. Suicide Prevention

- People at risk of suicide will be better supported in their local community through a new evidence based approach to suicide prevention, including a systematic and planned, integrated and regional approach, replacing the current piecemeal approach.

**Q:        What are the potential approaches to reduce fragmentation?**

# 7. Rural & Remote

- Improved access to psychological therapies for people living in rural and remote communities.
- Providing GPs with enhanced patient access to face to face services and those provided to patients via telehealth and online services.
- New models for outreach services into small towns.

**Q: What are the commissioning challenges and opportunities for rural communities?**

## 8. Severe and Complex

- People with severe and complex mental illness will benefit from new innovative approaches to coordinating and packaging available services and funding to better meet their multifaceted needs from new assessment arrangements.

**Q: There will likely be a gap with the move of specialist recovery based CMHSS to the NDIS. Will PHN's be able to fund recovery based CMH or will as suggested PHNs be limited to commissioning only "clinical primary MH" as has been suggested in some of the guidance documents?**

# 9. Digital Mental Health Gateway

- A single gateway will be established offering phone line and online access to navigate mental health services as a first line of support.
- Consumers will have straightforward access to evidence based information, advice and digital mental health treatment.

**Q: What are the practical implications of this in the current service system?**

# 10. National Leadership

- The Australian Government will continue its ongoing responsibilities in promotion, prevention and stigma reduction activities, supporting consumer and carer engagement, building the evidence base and ongoing monitoring to enable continued improvements in mental health.
- As part of this leadership role the Government will support the development of the **Fifth National Mental Health Plan**, which emphasises the linkages between state funded acute facilities and the new primary mental health environment.
- In addition, the Plan will be an opportunity to develop an appropriate performance framework and national indicators for measuring progress towards reform in this context.