



**WAPHA**  
WA Primary Health Alliance

## Mental Health Sector Update

February 2016



On 26 November 2015 the Australian Government released its Response to the Review of Mental Health Programmes and Services. Primary Health Networks (PHNs) will play a key role in the reform process, particularly through the planning and commissioning of primary mental health services at a regional level, supported by a flexible funding pool for mental health and suicide prevention services.

The Commonwealth Department of Health (DoH) will work closely with PHNs in the transition to the new arrangements. Following the November announcement, WAPHA requested additional information from the Commonwealth, and this document seeks to clarify some further details on programme transition arrangements and the next steps in implementation.

The DoH is currently developing programme guidelines to provide parameters for PHNs on the use of new flexible funding arrangements. The DoH will also have developed more detailed guidance and programme support for PHNs to support new areas of responsibility by the end of March.

## Funding and Programme transition arrangements

### **What arrangements have been put in place to advise organisations currently directly funded by the DoH that their funding is transitioning to PHNs?**

There will be a period of transition as existing funding arrangements between the DoH and organisations are replaced by commissioning arrangements through the flexible fund managed by PHNs.

As a first step, the DoH has now provided all funded organisations with advice on funding arrangements to apply to their project from 1 July 2016. This has included information on whether the relevant funding stream which supports funding to organisations is continuing, transitioning to PHNs or whether other transitional arrangements are to be developed. PHNs have been informally advised of arrangements for many of these projects, and provided with detailed information on those projects transitioning to them.

In summary the arrangements which are most relevant to PHNs are as follows:

### **Mental Health Nurse Incentive Programme (MHNIP)**

MHNIP funding will form an integral part of the care packages for people with severe and complex mental illness. Funding for the Programme will transition to the PHN flexible funding pool in 2016-17. However, to support continuity of service, a transition period of 12 months has been put in place to support current service providers and patients.

This means that PHNs will be required to contract existing providers to continue delivering mental health nursing services in 2016-17.

Over the next three years, the intention is to address the maldistribution of mental health nursing services provided through the MHNIP programme. To commence this process, some modest additional funding is being made available in the 2016-17 year to support those PHNs that are most disadvantaged by the maldistribution. More information on this will be provided when available.

### **Partners in Recovery and Support for Day to Day Living Programmes**

The Partners in Recovery Initiative (PIR) and Day to Day Living (D2DL) programme are in scope to transition to the National Disability Insurance Scheme (NDIS). The NDIS will begin expanding from existing trial sites from 1 July 2016, with national coverage to be achieved by 30 June 2019. Bilateral negotiations are currently underway to agree transition arrangements. These programmes do not form part of the PHN flexible funding pool.

A decision has been made by the Federal Minister for Health to extend the PIR and D2DL programmes for three years to support transition to the NDIS. Further information on programme arrangements from 1 July 2016 will be provided shortly.

### **Mental Health Services in Rural and Remote Areas (MHSRRA)**

A small number of MHSRRA projects are currently funded through organisations other than PHNs. In these cases, organisations have been advised the funding will form part of the flexible funding pool through PHNs from 1 July 2016.

### **Suicide Prevention**

Projects which have been recipients of grants for community based funding activity have been advised that from 1 July 2016 their funding agreements will cease and the funding stream for community suicide prevention will be provided to PHNs as part of the flexible mental health pool to support suicide prevention priorities. PHNs will have flexibility in decision making about regional suicide prevention activity and are not necessarily required to continue current project activity unless it is a priority for the region.

It is anticipated that future commissioning of suicide prevention activity will be informed by regional planning processes. National, population level suicide prevention project activity is the subject of other funding arrangements and processes to be managed by the DoH, including some limited tender activities.

PHNs will receive more detailed guidance to support their role in suicide prevention. In general, PHNs will be encouraged to support suicide prevention on two levels. Firstly, PHNs will use their partnerships with Local Health Networks and other organisations to help to inform appropriate planning of mental health and suicide prevention services and pathways. Secondly, PHNs will use the flexible funding pool to commission suicide prevention activity at the regional level to address key priorities and gaps emerging from the planning process. It is expected that both roles would include a focus on ensuring there are adequate follow-up arrangements in place for individuals upon discharge from hospital after a suicide attempt or who otherwise are known to be at very high risk of suicide.

### **Headspace and Early Psychosis funding**

Headspace has been advised that funding for local headspace sites is transitioning to PHNs from 1 July 2016, and that PHNs will be asked to continue current sites and services for a two year period. Headspace has also been advised that funding for Early Psychosis services is being transitioned to PHNs. Arrangements for the transitioning of the existing six early psychosis services to support continuity of care for young people receiving services are still being resolved in consultation with headspace and other relevant stakeholders. Further information on headspace is provided later in this document.

### **Access to Allied Psychology Services (ATAPS)**

In response to a specific question from WAPHA to the DoH in respect to ATAPS funding, the following information was received:

- ATAPS funding will continue to be available;
- The expectation is that services would continue for existing clients;
- PHNs will have flexibility on how the funding is targeted and utilised to reflect the needs in their region and the needs of individual clients within the stepped care arrangements – services provided can be low intensity services, continuation of ATAPS type face-to-face services such as CBT and / or telephone / Skype based mental health services;
- PHNs would be required to undertake the needs assessment to identify the needs in the region and commission services to meet these needs;
- As part of the commissioning process, PHNs would approach the market. This is a general requirement under the PHN Head Agreement to ensure a transparent process

### **What elements of the mental health pool will be flexible? And to what extent will funding be tied to existing activity in the first year?**

As foreshadowed through the above advice and in the Government Response to the Review, there will be some areas where transition arrangements will result in limited flexibility for a period of time. In general in 2016-17 there will be less flexibility than in future years.

Activity including headspace sites, early psychosis services and MHNIP will require some funds to continue to target particular activities and providers. There will be increased flexibility in the approach to targeting hard to reach groups currently targeted by ATAPS and MHSRRA, particularly with a view to developing more efficient and affordable models of low intensity support to these groups.

However, PHNs may also wish to implement transitional arrangements for these programmes which support continuity of care. The DoH does not require any ATAPS services to be discontinued from 1 July 2016, given these services are consistent with the intent of the focus on hard to reach groups. It will be important for PHNs to utilise their regional mental health plans in future commissioning of services.

### **Will flexible funding provided to PHNs be quarantined to mental health?**

The flexible funding pool has been established for the commissioning of primary mental health services only. The pool will be quarantined from other PHN funding specifically for this purpose, but within the pool, funding can be used flexibly dependent upon identified community need.

Additional funding to support integration of Indigenous mental health and other services will be further quarantined. Programme guidelines are currently under development for the utilisation of funds within the pool and it is anticipated will form an annexure to the PHN Grant Programme Guidelines.

## Headspace transition arrangements

### **What are the transition arrangements for headspace?**

From 1 July 2016, the headspace and early psychosis youth services programmes will be rolled into the PHN flexible funding pool. This will enable PHNs to lead a more integrated and equitable approach to youth mental health services within their regions. It is expected that PHNs will continue to operate headspace centres at current sites for two years. This will include maintaining the headspace branding.

Headspace National Office and relevant PHNs will work together to jointly identify lead agencies for those centres currently led by PHNs, new locations to be established in 2016 and in any other circumstances where a new lead agency needs to be appointed.

At a local level, Headspace National Office and the WAPHA are collaborating to ensure smooth transition of Headspace service contracts, and to set the ground work for future planning for the advantage of the sector. It is anticipated by both parties that existing compliance and reporting requirements will be substantially continued through the 2016-18 grant agreement period. Further details on transition arrangements will be negotiated and confirmed in future updates.

### **What will be the role of headspace National Office?**

Negotiations are underway with headspace regarding the role National Office will play beyond June 2016. Further advice will be provided on the transition arrangements for early psychosis services and the role of headspace in relation to these services.

## National leadership in Mental Health Reform

### **How will the Commonwealth policy reforms interact with state and territory mental health plans, and the forthcoming National Mental Health Plan (and when is the latter expected to be available)?**

The Fifth Plan is currently being drafted in collaboration between governments. It will aim to articulate nationally agreed priority areas and actions for the next five years to achieve an integrated mental health system. The Commonwealth will seek the support of states and territories in delivering enduring reform in key areas which align with the response.

WAPHA will continue to update the WA mental health sector on developments in relation to the Government Response to the Review of Mental Health Programmes and Services.

# WA Mental Health Sector event

WAPHA is hosting an afternoon event to update the sector through a range of presentations.

## Presenters

- Mr David Butt, CEO of the National Mental Health Commission. David will provide the latest information on the work of the Commission in response to the Review.
- Ms Maureen Lewis, Acting Assistant Commissioner, Policy, Planning and Strategy at the WA Mental Health Commission, will provide an update on the WA Mental Health, Alcohol and Other Drug Services (2015-2025) Plan.
- Professor John Mendoza will present on the Mental Health Atlas Project in WA.
- Marek Stepniak will outline a model for stepped care in mental health.

## Event details

**When:** Friday, 5 February 2016

**Time:** 12.30pm—4pm

**Where:** WA Primary Health Alliance, 2-5, 7 Tanunda Drive, Rivervale