

# **Mental Health Expert Reference Group**

## **Summary of Advice for Government on Mental Health Reform**

### **Background**

The National Mental Health Commission's Review of Mental Health Programmes and Services (the Review) was completed in 2014. The Mental Health Expert Reference Group (ERG) was established as a time limited body to provide the Department of Health with expert advice to inform the development and implementation of the Government's response to the Review. The ERG comprised of 13 individuals including Ms Kate Carnell AO as Chair. [Full membership and terms of reference for the ERG.](#)

### **Overview of ERG Considerations**

The ERG focused on provision of advice to inform policy and implementation decisions for the Commonwealth around a number of key themes and challenges in the Review Final Report. In doing so, the ERG did not seek to duplicate the Review, or to explore all areas subject to the Review's recommendations. Instead the ERG sought to identify actionable priority areas for taking forward within the context of broader health and social reform, including discussions still underway regarding primary health care reform, the development of the 5<sup>th</sup> National Mental Health Plan, and the reform of Australia's Federation.

The ERG deliberations centred on systems based issues, supported by programme restructure. The ERG agreed that system change is needed to improve mental health outcomes. The ERG proposed that the Commonwealth should play a key role in implementing a better planned, integrated, targeted, equitable, and outcomes based mental health system through supporting the following essential changes:

- Planning and service integration at a regional level led by Primary Health Networks (PHNs) in partnership with Local Hospital Networks (LHNs) and other key local organisations.
- A central, enhanced role for PHNs in mental health, including undertaking community needs assessment, identifying and commissioning available services through flexible funding, fostering joined up service delivery, collaboration with state based services and innovation.
- A stepped care approach that uses available evidence to match services to level of needs across the life span and across severity of illness. This includes:
  - Commencing with mental health promotion and prevention activity.
  - A focus on early intervention to reduce the impact of mental illness across the lifespan, including an increased focus on early childhood and improved linkages and more equitable targeting of services for children and young people.
  - A continuum of services that respond to all levels of clinical need, from low intensity intervention through to wrap around, recovery focused, coordinated care for those with severe, persistent and complex mental illness.
  - Easy access to, and promotion of, teleweb mental health services, including creation of a single gateway to web-based services plus a single access point for telephone services.
  - Innovative funding options to better support coordination of care for people with severe mental illness, including care packages, multiagency care plans and better communication through shared e-health records.
- A new system based approach to suicide prevention, with regional implementation and national support efforts. Again, PHNs would have a key integration role.

## Regional service planning and integration

The ERG agreed that a new model of integrated regional service planning and delivery is needed and that the Commonwealth should play a significant role in this. Previous attempts at integrated provision of mental health programmes and services have been focused at the national or state level and have not readily translated to local and regional service systems. The 5<sup>th</sup> National Mental Health Plan provides the opportunity for the Commonwealth to influence systems change at local and regional levels and to work closely with states and territories to support this shift.

In order to achieve the required level of integrated regional service planning the ERG considered that new governance models are necessary, and that there needs to be commitment from all levels of Government as well as relevant non-government organisations, private providers, and consumer and carer representatives. The ERG also recognised the imperative to finalise the National Service Planning Framework as a tool to support planning for the mix and level of service, and the workforce needed for local circumstances.

Actions to reduce duplication and achieve the best outcome for consumers and carers are imperative and these actions should be based on consumer need, rather than existing programme constraints. The introduction of the National Disability Insurance Scheme (NDIS) further increases the need for planning, collaboration with local services including public mental health services and capacity building at the local level.

The ERG supports a phased introduction of regional service integration within a 'stepped care' model. The ERG saw a lead role for PHNs in facilitating regional integration to join together the efforts of PHNs, LHNs and the NDIS in these trials to optimise the care available to people in the community and optimally target available resources, with the assistance of the National Service Planning Framework.

Essential to these efforts will be a robust system of communication between providers and with consumers, including shared use of e-health records, clear role definition, agreed care pathways, and a system that supports multidisciplinary team care.

### Implementation approach

*The Commonwealth should immediately:*

- Confirm the role of PHNs in regional mental health planning and integration including through their commissioning role.
- Seek agreement from states and territories to support regional service planning and integration as a key priority in the development of the 5<sup>th</sup> National Mental Health Plan.
- Initiate steps to finalise the National Service Planning Framework in a form suitable for application at the regional level, including supporting materials to guide use by PHNs.

*In the medium term the Commonwealth should:*

- Lead the phased introduction of regional service planning and integration within a 'stepped care' model. Through this, join together the efforts of PHNs, LHNs and the NDIS to optimise the care available to people in the community and effectively target available resources.
- In planning discussions with states and territories, develop and implement innovative funding models and payment options for care coordination for those people with a severe, persistent mental illness with complex needs.

## The role of Primary Health Networks in mental health

The ERG advised that PHNs should be supported to play a central role in mental health planning and integration at a regional level and in commissioning key primary mental health care services. They will need to be adept at forming partnerships and collaborations in order to make meaningful progress.

Provision of mental health programme funding to PHNs through flexible, mental health funding pools that maintain clear objectives, target groups and Key Performance Indicators (KPIs) against each pool is recommended. More broadly, the ERG endorsed the development of KPIs for PHNs which help to drive outcomes in areas of needed reform, and which identify the need to support priority population groups. The ERG also supported progressive roll out of mental health services commissioned by PHNs in conjunction with jurisdictions and non-government organisations. This should be complemented by the trialling of new models of planning, integrating and commissioning mental health services.

It is recommended that the shift of mental health funding and programmes to PHNs should be carefully staged with sufficient timing for effective transitioning arrangements that include assertive support and capacity building.

PHNs should be supported with appropriate data, and information on evidence based tools and resources to support planning for the right level, mix and type of services. This includes finalisation of the National Service Planning Framework so that the information can be made available to PHNs, as well as LHNs and other relevant key stakeholders.

In addition, the ERG supported capacity building of PHNs through the provision of data and information by the Commonwealth relevant to a regional level to facilitate their role in mental health planning and commissioning and help build this capacity.

In the longer term the ERG recommended the embedding of new systemic arrangements which empower PHNs to work closely with LHNs at a regional level, through discussion with states and territories. In doing this the ERG supports the exploration of new models of purchasing services.

### **Implementation approach:**

*The Commonwealth should immediately*

- Send a clear message about the important role of PHNs in mental health including considering the Review's recommendation to include 'mental health' in their title.
- Build capacity of PHNs to play an enhanced role in mental health including supporting new governance arrangements.
- Ensure relevant data and information is made available by the Commonwealth at a regional level for PHNs to facilitate their role in mental health and help build this capacity.
- Commence in 2016 the PHN commissioning of in scope mental health programmes. This should be reflected in all approaches to the market which are due in the coming months. By 2019 all regionally delivered mental health programmes to be delivered by PHNs.
- Develop a 'commissioning framework' to guide PHNs on appropriate compliance processes for commissioning services.
- Structure mental health grants funding to PHNs into flexible funding pools with clear objectives, target groups and KPIs against each pool.

- Develop innovative models of commissioning mental health services through PHNs using a small number of high performing PHNs, within the context of the phased introduction of regional planning and integration.
- Develop KPIs for PHNs which drive clear outcomes in areas of needed reform, and which identify the need to support particular population groups.

*In the medium term the Commonwealth should:*

- Embed new systemic arrangements which empower PHNs to work closely with LHNs at a regional level, through discussions with states and territories.
- Support PHNs to develop and implement new and innovative models of purchasing services.

### **Aligning mental health service delivery with a stepped care model**

The ERG acknowledged the benefits of moving towards a stepped care model of service delivery which better matches services and available workforce to need, and which could help address problems of allocative efficiency. A comprehensive stepped care model should encompass a whole of system approach, and consider the full range of interventions needed by consumers. The ERG believed PHNs have a key role in ensuring that commissioning arrangements support a stepped care approach across local primary mental health care services.

The ERG endorsed consideration of an increased role for low intensity interventions including telephone and web-based services. Noting the risk of overpromising on what e-mental health might deliver, the ERG also supported consideration of low intensity face to face services, such as the New Access model.

The development of tools and information to support identification of individuals for whom self-help and low intensity telephone and web-based services could be beneficial is supported. The ERG also supported consideration of increased flexibility around the mental health workforce, including the use of peer support worker and low intensity 'coaches', through PHN commissioning arrangements in the first instance. This may include consideration of existing models that have been implemented and evaluated in Australia and overseas. These approaches are particularly relevant to areas with low access to mental health professionals.

### **Implementation approach**

*The Commonwealth should immediately*

- Develop a stepped care model with an initial focus on better matching services to need within existing primary mental health care programmes.
- Develop tools and information to support better identification of those individuals for whom self-help and low intensity telephone and web-based services could be preferred.
- Enable more flexible use of the workforce, including peers and the low intensity workforce through commissioning arrangements under PHNs.

*In the medium term the Commonwealth should:*

- Pending evaluation, consider building upon the beyondblue trial of the New Access model of stepped care.
- Consider changes to the Better Access initiative to enable better targeting within a stepped care model.

- Develop and implement innovative funding models and payment options for complex care coordination of people with severe and persistent mental illness with multiple service needs, consistent with the model being considered by the Primary Health Care Advisory Group.

### **Telephone and Web-based services**

The ERG acknowledged the evidence that demonstrates telephone and e-mental health services can play a significant role in a stepped care model of mental health service delivery if there were triaging, clinical guidelines and targeting of their use. The ERG endorsed appropriate promotion of existing self-help and clinician moderated e-mental health services to consumers and clinicians as an important component.

The ERG noted the significant number of providers in this space, some of whom provide similar or competing services. A simpler structure and a secure funding base for these services is required. A single telephone line linked as appropriate to other telephone-based services was proposed. Similarly, the ERG supported consideration of how single gateway for web-based services could be utilised to provide initial triage and to facilitate consumer access to the most appropriate service. This would encourage and enable optimal use of the web-based services that are available, particularly in the context of better promoting the availability of self-help services to individuals who could benefit from them. The ERG recommended the Commonwealth work with the states and territories to streamline entry to all e-mental health services through one national gateway.

The ERG noted that the field is expanding rapidly, and that future developments should be aligned with principles of service integration, strong clinical governance and flexible funding. The ERG also noted there are capacity limitations, particularly in relation to clinician moderated services, and that while these can become more efficient, any expansion of services may have resource implications, particularly if extended beyond the current suite of treatment modules which focus on those with mild to moderate disorders. E-mental health services need to be guided by national principles, clinical guidelines and clear governance arrangements which ensure accountability.

Any changes to teleweb services must not reduce the accessibility of telephone-based crisis support services which should exist independent of the proposed gateway.

### **Implementation approach**

*The Commonwealth should immediately*

- Establish a single gateway and platform for initial access to existing web-based services
- Similarly with phone based mental health support, a single phone access point should be established with the capacity to provide soft transfer to other phone services. Ensure a simple triage system is developed and offered through these new arrangements.
- Both systems should be supported through national principles, effective clinical governance and mechanisms for quality assurance to ensure evidence based services are provided.
- Promote existing self-help and clinician moderated e-mental health services to consumers and clinicians as evidence based service options within a stepped care model.
- Ensure PHNs promote teleweb service options to general practitioners (GPs), public and private mental health service providers and to consumers at a local level including provision of practical support to GPs in teleweb service use.

*In the medium term the Commonwealth should:*

- Consider expanding the capacity for the delivery of web-based clinician moderated services in connection with the new single gateway, noting this may involve additional cost.

**Better Access to Psychiatrists, Psychologists and GPs through the MBS (Better Access)**

The ERG acknowledged that the Better Access initiative is the ‘workhorse’ of the primary mental health care system, with services provided to more than 1.7 million people a year, of whom approximately 1 million people see allied health professionals. The ERG concurred with the Review’s observations about the efficiencies of the programme in providing access to evidence based primary mental health care services, but noted that there is a need for better targeting of Better Access through encouraging more judicious and targeted referrals to allied health providers within a stepped care model.

There is scope to divert some people with psychological distress or mild disorders to self-help services including through web-based and phone services. Furthermore, there is scope to consider ways of better equipping MBS subsidised mental health care to meet the needs of people with severe mental illness who can have their treatment needs effectively managed in the primary care setting.

The ERG endorsed reform of the referral process to allied health professionals so that GPs can refer consumers presenting with mental health problems or mild mental illness to self-guided e-mental health services, to other forms of self-help, or to low intensity services such as clinical moderated e-mental health (if available) where clinically appropriate. This will require the development of systems for triaging and clinical guidelines.

The ERG also endorsed increasing the number of sessions of face to face MBS subsidised mental health services available to people with severe mental illness beyond the current cap of ten sessions in a calendar year, but only if clear evidenced based criteria can be developed to ensure appropriate targeting of services to those who will benefit most from this.

This measure alone is not likely to address the needs of all people with severe illness being managed principally by their GP. Proportional cashing out of some of the Better Access initiative together with elements of other programme funding such as the Mental Health Nurse Incentive Programme (MHNIP) should be considered to support other people with severe and persistent mental illness who require complex care coordination and who would benefit from innovative funding options.

**Implementation approach**

*The Commonwealth should immediately:*

- Retain both the GP Mental Health Care Plans and referral to face to face allied health services as a first line option for those people who need these services. The need for services would be indicated by the severity of their condition or their non-suitability for e-mental health due to age, computer literacy and access, culture or other reason.
- Introduce mechanisms to support GPs to refer consumers presenting with mental health problems or mild mental illness to self-guided e-mental health services, to other forms of self-help or to low intensity services (if available) as a first line of response.
- Increase the number of sessions of face-to-face MBS-subsidised mental services available to people with severe mental illness beyond the current ten session cap with clear criteria to ensure appropriate targeting of services to those who will benefit from them.

*In the medium term the Commonwealth should:*

- Redesign the GP Mental Health Care Plan to support a stepped care model.
- Consider cashing out a component of Better Access in addition to funding such as MHNIP for people with severe and persistent mental illness to support complex care coordination in line with models being developed by the Primary Health Care Advisory Group.

## **Ensuring a coordinated approach to the care of people with severe and persistent mental illness**

The fragmentation of services for people with severe mental illness is a particular challenge. The ERG noted that there are sub-groups within the population of people with severe mental illness, who have needs for different types of stepped care arrangements. The implementation of the NDIS will help provide psychosocial disability support to those people with severe and persistent illness who have the highest level of functional impairment. However there is a larger group of people with severe and persistent mental illness who will continue to need well-coordinated clinical care and community support. Many people with severe mental illness are high users of the hospital system, including people with episodic as well as persistent mental illness. They also have high levels of comorbid physical illnesses and drug and alcohol problems that are often untreated or poorly managed.

The ERG noted that the Commonwealth and states and territory funded service providers and the NDIS all play critical roles in the care of this group. The ERG endorses the use of a single multiagency care plan and single health record to link providers involved in the treatment and care of people with severe illness and complex needs and recognises the importance of promotion of a single health record and consumer identifier in enabling this, ideally through an appropriate technological platform.

The ERG recommended the use of the 5<sup>th</sup> National Mental Health Plan to address the fragmentation and lack of coordination of services for people with severe and persistent mental illness and complex care needs, including securing in-principle agreement from states and territories to single multiagency care plans. Continued exploration of innovative funding models for services to support people with severe and persistent mental illness and complex care needs is also of importance, particularly where they have comorbid physical health problems. The ERG supported the exploration through the PHCAG, of models of complex care coordination targeting this group of people with severe mental illness. The ERG noted the potential to proportionally cash out from multiple programmes including Better Access, MHNIP, state health and flexible funds to support such funding options.

Consistent with the findings of the Review, the ERG acknowledged the significant value of MHNIP as a programme for people with severe mental illness noting the role of experienced nurses in bridging primary care and specialist services including public services. The ERG recommends that the programme continues to be focused towards this high need group, including expansion of the programme to address inequities in reach.

### **Implementation approach**

*The Commonwealth should immediately:*

- Pursue through the 5<sup>th</sup> National Mental Health Plan promotion of a single multiagency care plan for people with severe, persistent mental illness and complex care needs, that is signed by all providers and endorsed by the consumer. Such plans would be supported by an

appropriate technology platform that facilitates communication between providers and consumers building on ‘my health record’.

- Use the 5<sup>th</sup> National Mental Health Plan to help ensure that the implementation of the NDIS does not increase the service gap for people with severe and persistent mental illness, and to ensure that there is continued linkages between clinical and NDIS psychosocial supports, and services that enable a contributing life such as housing, employment and education.
- Ensure the continued targeting of the MHNIP programme to people with severe mental illness.
- Expand MHNIP to address inequities in geographical reach.

*In the medium term the Commonwealth should:*

- Develop innovative funding models and payment options for complex care coordination for those people with a severe and persistent mental illness who would benefit from this. This would include proportional cashing out of programmes such as MHNIP, Better Access, other MBS use and the mental health flexible funding pools, noting that it will be important to determine clear access and outcome criteria for consumers. These options could be particularly appropriate for individuals with severe and persistent mental illness and comorbid physical conditions.

## **National Disability Insurance Scheme (NDIS)**

The ERG acknowledged that the National Disability Insurance Agency (NDIA) has established a mental health sector reference group to examine eligibility and access issues to the NDIS and that good progress has been achieved on issues such as the need for outreach to support participation. Notwithstanding this, the ERG recommended that implementation of the NDIS for people with mental illness is monitored carefully and that psychosocial support services are not cashed out to the NDIS until a clear model of care is articulated, given the challenges of ensuring that people with psychosocial disability are optimally supported through the NDIS. In particular, the ERG is concerned that many mental health clients require community support to stay out of hospital but may not be able to access these if the above challenges are not addressed.

The ERG emphasised that good clinical care is vital for reducing psychosocial disability costs. In order to avoid silos between clinical and psychosocial support services, a single care plan across these sectors should be implemented.

The ERG also proposed that a stepped care approach for NDIS services should be developed and implemented with clear links to other services, particularly clinical mental health services. Early evaluation and review of the NDIS was recommended to enable adjustments to the NDIS throughout the implementation period.

### **Implementation approach**

*The Commonwealth should immediately ensure that:*

- Consistent with the Review recommendations psychosocial support services currently provided through existing Commonwealth mental health programmes should not be “cashed out” to the NDIS until there is clarity about responsibilities for all people with severe mental illness who require such services.
- The NDIA should be encouraged to work with clinical services in promoting a single care plan and joined up service delivery across sectors for all NDIS recipients.

*In the medium term the Commonwealth should:*

- Review access to psychosocial supports for people with a mental illness within the NDIS to inform the decision regarding cashing in mental health programmes and to help refine longer term arrangements.
- Implement the equivalent of a ‘stepped care’ approach within the NDIS to ensure the different levels of psychosocial needs experienced by a broader range of individuals with psychosocial disability are met.

## **Implementation of a changed approach to suicide prevention**

The ERG acknowledged that while significant progress has been made through national population suicide prevention activity, there is, as the Review suggests, opportunity to better target community based suicide prevention and move towards a more systems based approach.

The ERG also advised there is an imperative to better manage support of people who have attempted suicide, particularly after discharge from hospital, given the level of high risk in the immediate period after an attempt. The ERG supported the Commonwealth providing national leadership in establishing comprehensive arrangements are in place to ensure active follow up of all people who have attempted suicide. PHNs will be critical in putting these arrangements on the ground locally. More broadly, the ERG endorsed the use of the 5th National Mental Health Plan to clarify responsibilities for suicide prevention and to address ambiguity in service delivery. While it is clearly necessary to use every available means to reduce suicide, the ERG did not identify an evidence base to support the proposed target of a 50% reduction in suicide.

A more flexible model of purchasing suicide prevention services at a regional level to address local needs in an evidence based way is supported. The ERG also supports the development of a role for PHNs in commissioning regionally appropriate activity to support a systems approach to suicide prevention which best addresses regional needs. Ongoing work with the sector and jurisdictions to develop guidance in relation to evidence based approaches at a regional level will be crucial, and new approaches should be trialled and evaluated.

### **Implementation approach**

*The Commonwealth should immediately:*

- Assert its national leadership role to promote the principle that all people who have attempted suicide receive active follow up to reduce the high rates of suicide among this group.
- Use the 5<sup>th</sup> National Mental Health Plan as a vehicle to clarify responsibilities for suicide prevention and to address ambiguity in service delivery.
- Signal that PHNs should assume an early role in commissioning regionally appropriate activity to support a systems approach to suicide prevention.

*In the medium term the Commonwealth should:*

- Work with the mental health sector and with states and territories to develop guidance on evidence based approaches at a regional level.

## Better integrated and targeted approach to services for children and youth

The ERG supported a more integrated, targeted and equitable approach to service delivery for children and youth. The ERG noted the recently released Young Minds Matter survey highlighted gains in access to services for young people with mental illness, but concerning rates of self-harm and suicidal thinking, and a disproportionately higher rate of mental illness in children, and young people experiencing disadvantage.

The ERG acknowledged the important role played by headspace in raising awareness of youth mental health issues, promoting help seeking, and changing the culture of service delivery to young people. The ERG concluded that headspace should continue to play a role at the national level in promoting youth mental health and supporting appropriate models of care but saw considerable merit in better integrating local headspace services with other primary care and state services within a regional service delivery and stepped care model. Serious consideration should be given to the transition of local headspace sites to PHNs as part of the broader pool of mental health funding.

In line with a more integrated model, the ERG saw opportunity for headspace sites to be better linked with MindMatters and KidsMatter, broader telephone and web-based services and other face-to-face primary mental health services, including those delivered by public mental health services. headspace sites should also be encouraged to adopt a stronger coordination role across substance misuse services, health services, education and vocational support.

The ERG also emphasised the need to better link up school based mental health programmes and improve collaboration with related mental health service delivery programmes. The ERG suggested an imperative should be enhancement of early intervention targeting children at risk due to disadvantage, family circumstances or trauma. Cross sectoral coordination and possible packages of care, linked by a single care plan should be considered. Services and support targeting the 0-5 year age groups must be included in this context.

While the ERG agreed that early intervention services for young people experiencing first episodes of psychosis and other forms of severe mental illness should be embedded within the mental health care system, concern was expressed that the current approach to Commonwealth funding for early psychosis is not equitable or the best use of significant resources given the risk of duplicating state public mental health services. In relation to services through primary care for young people experiencing severe mental illness, the ERG endorsed an expansion of the diagnoses covered beyond early psychosis to include young people with emerging severe mental illness acknowledging the range of severe issues that would benefit from an early intervention approach. Services for this group of young people need to be better integrated into existing programme activity at a regional level.

### Implementation

*The Commonwealth should immediately*

- Integrate school based mental health programme delivery into a single programme.
- Ensure that headspace sites are better integrated with broader regional primary care, specialist public mental health service care, drug and alcohol and other support services for young people.

- Focus the evaluation of the Early Psychosis programme on ways of adapting the model to more equitably support early intervention for young people with a broader range of mental illness who are being managed in primary care.
- Trial broadening the clinical eligibility criteria for entering the programme within the existing resource allocation in selected (well established) Early Psychosis sites, given the existing clinical capacity for this work and the potential for improvements in access to services.

*In the medium term the Commonwealth should:*

- Explore potential to commission youth mental health primary care funding through PHNs.
- Explore innovative approaches to funding early intervention for young people with severe mental illness, which might enable PHNs to commission services through the most locally appropriate organisation(s) in a way which focuses Commonwealth investment in primary care.
- Ensure these approaches fit within a stepped care approach to providing early intervention to young people, with a clearly defined and planned interface with state mental health services to ensure integrated and joined up care.
- Support continued exploration of broader links to education, employment and drug and alcohol services for this cohort of young people in consultation with other portfolios.

## **A more effective mental health system for Aboriginal and Torres Strait Islander people**

The ERG noted that the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group (ATSIMSPAG) provided specific advice on the Reviews findings in relation to Aboriginal and Torres Strait Islander people. The ERG paid respect to this advice and acknowledged ATSIMSPAG as the key advice body on Aboriginal and Torres Strait Islander mental health and wellbeing.

While noting the range of initiatives underway across portfolios to improve mental health, reduce psychological distress and reduce suicide rates for Aboriginal and Torres Strait Islander people and communities (including a number of strategic documents which had yet to be finalised and released such as the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing and the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013-23), the ERG highlighted the importance of complementing these initiatives with concrete action. This would require bringing together activities in a comprehensive, culturally appropriate stepped care approach incorporating the delivery of both Indigenous specific and mainstream services.

### **Implementation**

*The Commonwealth should immediately:*

- Task PHNs to commission an integrated Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing Service Plan for their region to ensure better integration of services across PHNs, Aboriginal Community Controlled Health Organisations (ACCHOs), and Indigenous Advancement Strategy Regional Coordinators.

## Support for people living in rural and remote areas

The ERG acknowledged that while treatment rates have improved since the introduction of the Better Access Initiative, Access to Allied Psychological Services (ATAPS) and Mental Health Services in Rural and Remote Areas (MHSRRA) programmes, inequities remained in accessing clinical services within rural and remote communities.

The ERG proposed that regional planning and integration of services would be vital to make the best use of available local Commonwealth and state government resources to meet rural and remote needs. The commissioning of services within the flexible funding pools recommended above will provide PHNs with greater flexibility to address rural service gaps.

The ERG also noted that telephone, web-based modes of delivery including telepsychiatry services had demonstrated effectiveness for rural and remote areas, but have not been optimally used in these areas. New service options in rural areas should make better use of teleweb technology including e-mental health programmes which could range from the provision of information through to self- or clinician-guided services.

### Implementation

*The Commonwealth should immediately:*

- Ensure PHNs provide leadership in regional planning and service integration to identify service needs in rural areas and make optimal use of available funding including flexible mental health funding pools and state government services to address gaps.
- Promote the new teleweb gateway proposed by the ERG to people and providers in rural and remote areas.
- Require PHNs to promote e-mental health services in rural and remote areas, including telepsychiatry.

*In the medium term the Commonwealth should:*

- Build the role of PHNs to work with LHNs and other rural providers in developing innovative approaches to address gaps in services, including workforce measures, funding options and virtual mental health service delivery.

## 5<sup>th</sup> National Mental Health Plan

The ERG strongly recommended that the Commonwealth negotiate a 5<sup>th</sup> Plan with the states and territories that does not attempt to be all things to all people. Rather, the focus should be on a small number of key policy priorities for collaborative government effort.

The ERG suggested a key priority for the Plan should be seeking commitment by all governments to better joined up planning and service delivery at a regional level. The ERG concurred that other priorities which could be advanced through the Plan are:

- Better delineation of roles and responsibilities.
- Pursuing better suicide prevention approaches at the regional level.
- Improving services for people with severe and persistent mental illness and complex needs integrated across the continuum of care from primary to specialist public or private care.

- Better addressing comorbidity between physical and mental health and substance use problems and mental illness.
- Early intervention across the lifespan and across illness severity.

Members acknowledged under current arrangements the 5<sup>th</sup> National Mental Health Plan is to be endorsed by the COAG Health Council but noted a strong preference for the Plan to address the intersectoral interdependencies of mental health.

### **Working with the sector to implement change**

The ERG acknowledged that the mental health sector is unsettled by stop-start funding and uncertainty about change. The ERG also noted that significant change including integration and consolidation of services would require strong partnerships with the sector and clear communication about expectations, timeframes and the outcomes for consumers.

The ERG endorsed the use of three year funding arrangements wherever possible, and the acknowledgement of transition processes within funding arrangements. Approaches to market should recognise the contribution that can be made by Government, states and territories, non-government organisations and the private sector to innovation. Some capacity building activity will be required, particularly in relation to the role of PHNs as flagged in the report, but also to support the development of new systems based approaches.

Finally, the ERG emphasised the need to ensure that consumer and carer participation is embedded into the implementation of reform. The ERG recommended a national framework to better embed consumer and carer participation at all levels of planning and service provision, including individual, service/organisational, community and national. To support better communication with consumers and carers, and more agile opportunity for consumer/carers input to policy, the ERG recommended establishing a national network of state and territory consumer and carer peak bodies.

The use of formal and informal peer workers within a stepped care approach was also supported and was seen as a way of further breaking down stigma and facilitating consumer centred care. The ERG recommended consumer access to and involvement in the development and implementation of care plans as a key feature of redesign activity.