

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Additional Estimates 2016 - 2017, 1 March 2017

Ref No: SQ17-000446

OUTCOME: 2 - Health Access and Support Services

Topic: Commissioning of Psychosocial Services

Type of Question: Written Question on Notice

Senator: O'Neill, Deborah

Question:

In relation to the implementation guidance in the Primary Mental Health Care Services for People with Severe Mental Illness. It states:

Generally, PHNs cannot commission psychosocial support services from the flexible primary mental health funding pool, with the exception of limited vocational or education support, or services relevant to suicide prevention actions.

a) Can an exact reason be provided to why the PHNs have that directive given a number of programs having their funding transition to the PHNs routinely undertook psychosocial service provision? For example, the Mental Health Nurse Incentive Program, Mental Health Services in Rural and Remote Areas Program, Improving Indigenous Access to Mainstream Care and headspace.

b) Are any of the PHNs needs assessments showing psychosocial services/support as their highest need?

If yes, can a list of these PHNs be provided. If PHNs want to commission psychosocial services do they have to submit a request to the Department of Health and demonstrate why it is considered their highest need?

Answer:

a) The Primary Health Network (PHN) primary mental health flexible funding pool is primarily for the commissioning of clinical services and is not intended to provide broader psychosocial supports. This is consistent with the policy intent of former programs such as Access to Allied Psychological Services (ATAPS), Mental Health Services in Rural and Remote Areas (MHSRRA), Mental Health Nurse Incentive Program (MHNIP) and Improving Indigenous Access to Mainstream Care, which were funded to improve access and coordination of clinical care in the primary care setting.

The Government's response to the National Mental Health Commission's review included the transition of primary mental health programs from 1 July 2016 to a newly formed flexible funding pool. Greater flexibility is being provided to PHNs, through the mental health flexible funding arrangements, to establish service system responses to meet quantified need, established through comprehensive needs assessment processes. This gives PHNs flexibility to commission and invest in services based on regional and consumer need. Continuity of services has been a priority of Government as funding transitions from former programs into the flexible funding pool and as PHNs commission services to meet individual and regional needs.

Psychosocial support services are only provided through those PHNs who have been specifically and separately funded to do so through the Partners In Recovery (PIR) program. PHNs do, however, have a role in mapping services available in their region and can support individuals with referral pathways to psychosocial services.

- b) No Primary Health Networks have identified psychosocial services as their highest need in their Annual Needs Assessments for 2016-2017.

For PHNs intending to commission psychosocial services, the proposed activities should first be proposed and approved in the Activity Work Plans (AWPs) which PHNs are required to submit annually outlining proposed activities. The Department assesses and approves the AWP, making a cross-reference to the Needs Assessments also submitted by PHNs annually.