



**WA Primary
Health Alliance**
Better health, together

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PERTH NORTH, PERTH SOUTH,
COUNTRY WA
An Australian Government Initiative

WA Primary Health Alliance: Mental Health Framework

June 2021

Acknowledgement

WA Primary Health Alliance acknowledges and pays respect to the Traditional Owners and Elders of this country and recognises the significant importance of their cultural heritage, values and beliefs and how these contribute to the positive health and wellbeing of the whole community.

Disclaimer

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✉ info@wapha.org.au

f /waphaphns

in /company/wapha

☎ 1300 855 702

🐦 /WAPHA_PHNs

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About WA Primary Health Alliance

WA Primary Health Alliance (WAPHA) is funded by the Australian Government to operate the three Primary Health Networks in Western Australia: Perth South, Perth North and Country WA. WAPHA is responsible for commissioning primary health services, including mental health services.

Consistent with Commonwealth guidance, WAPHA has two key objectives:

- To improve the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- To improve the coordination of care to ensure patients receive the right care, in the right place, at the right time.

WAPHA works to ensure priority populations (groups/communities experiencing enduring disadvantage, including Aboriginal communities, Culturally and Linguistically Diverse communities and LGBTIQ+ communities) have equitable access to primary mental health care.

WAPHA does not provide mental health services, but rather commissions services from a range of providers including community managed organisations and health service providers.

The Australian Government provides guidance materials that determines the scope of WAPHA's mental health programs, which includes building the capability and capacity of the primary health care sector to respond to the needs of people experiencing mental health issues.

WAPHA collaborates with consumers, carers, General Practices, health care providers, social care services, Aboriginal Community Controlled Health Organisations and community representatives, State Government partner agencies, peak bodies, local government, our member organisations and other stakeholders, to achieve a more integrated mental health system.

About the Mental Health Framework

WAPHA's Mental Health Framework describes our approaches to Stepped Care, the Alliance Against Depression and mental health commissioning (telehealth interventions, traditional in person interventions and the Mental Health Precincts approach).

This document is supported by a series of factsheets, webinars and audio content, which outline the scope of our mental health activities (in alignment with Australian Government Guidance and Activity Workplans) and provides context to our mental health approaches and initiatives. Together with this brochure, these materials explain WAPHA's remit, purpose and intention regarding mental healthcare in Western Australia.

The factsheets, webinars and audio content can be found at:

<https://www.wapha.org.au/about-us/our-priorities/mental-health/mental-health-framework/>

A glossary of mental health terminology used by WAPHA can be downloaded at:

<https://www.wapha.org.au/about-us/our-priorities/mental-health/mental-health-framework/>

It is intended that the Mental Health Framework be read in conjunction with WAPHA's Mental Health Strategy and the Joint Regional Plans. More information about these documents can be found here:

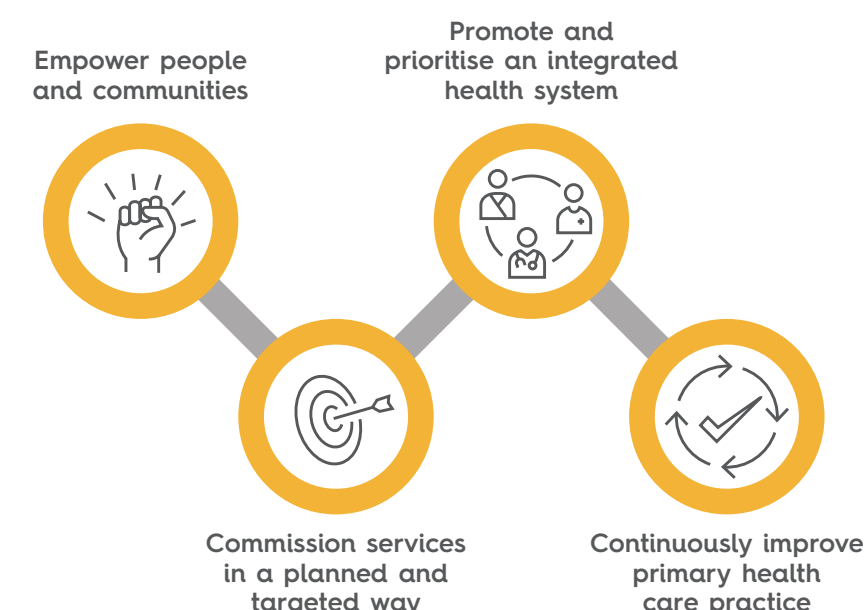
<https://www.wapha.org.au/about-us/our-priorities/mental-health/mental-health-framework/>

Strategic Priorities

WAPHA's Strategic Plan 2020-2023: Better Health Together outlines WAPHA's vision of a more connected primary health care system, that minimises barriers to access and ensures individuals can access care as close to home as possible. For more information please see:

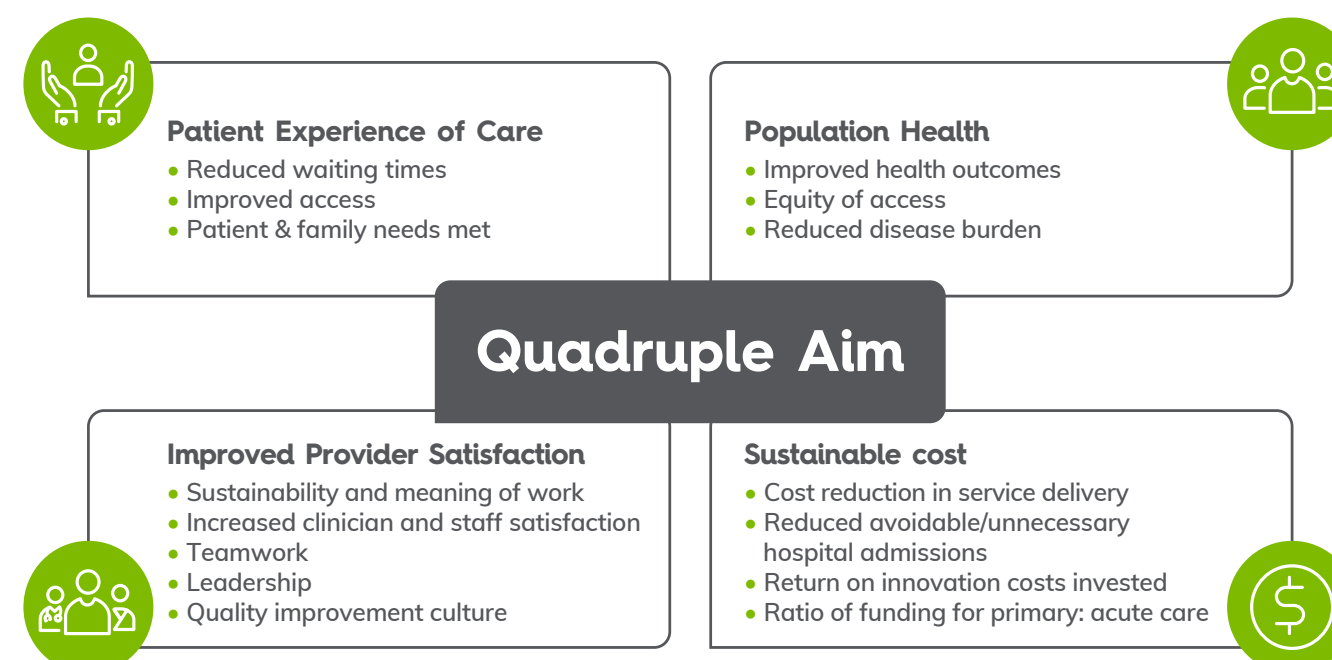
<https://www.wapha.org.au/about-us/our-approach/strategic-plan/>

WAPHA's four strategic priorities are:



The Quadruple Aim

WAPHA commissions services that align with the objectives of the Quadruple Aim in health care¹.



¹ The Quadruple Aim is an extension of the Triple Aim, developed by Institute for Healthcare Improvement. Source: Berwick DM, Nolan TW, Whittington J. The triple aim: care, health and cost. Health Aff 2008;27:759-69. doi:10.1377/hlthaff.27.3.759, 2008

Stepped Care

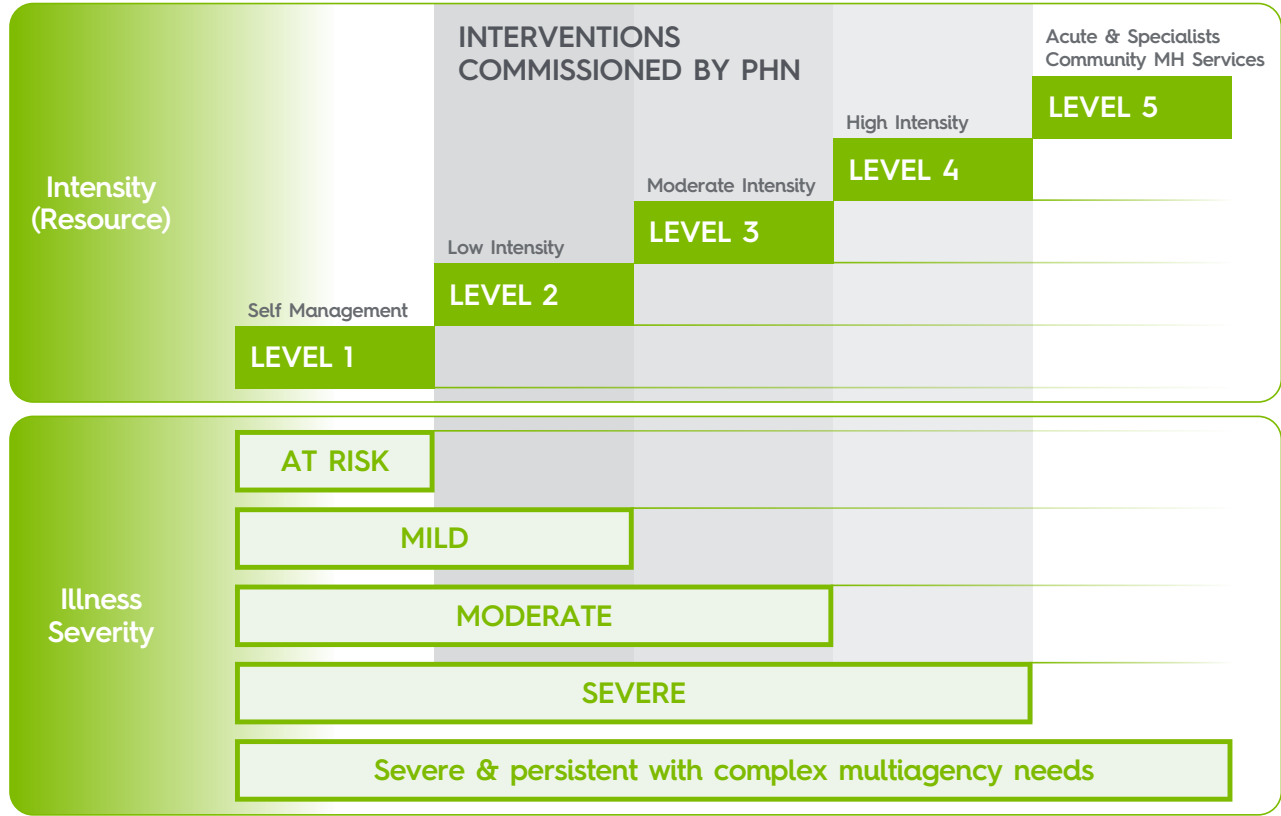
WAPHA commissions activities to operate within a stepped care approach to primary mental healthcare. Stepped care is an evidence-based, staged approach to the delivery of mental health services. It promotes person centred care and adopts the principle of using the least intensive treatment option appropriate to the individual's needs.

In a stepped care approach, a person is offered interventions and supports at an intensity that best meets their needs and preferences. When these needs and preferences change, the treatments and supports are changed accordingly. It is preferable the same provider focus on adjusting care when an individual's needs and preference's change, rather than requiring the individual to change service, team or provider.

There are five steps. The steps are levels of intensity seen in terms of the provider's cost and time (they don't represent different services, teams or providers).

WAPHA commissions activity relating to the second, third and fourth steps.

More information on WAPHA's Stepped care approach can be found at: <https://www.wapha.org.au/about-us/our-priorities/mental-health/mental-health-framework/>



Strategically responding to local needs

Improving access to primary care for individuals experiencing mental health issues, is a key focus of WAPHA's commissioned activity. WAPHA is responsible for a significant but relatively small amount of Western Australia's overall mental health spend (we estimate approximately 5-6%). It is therefore critical for WAPHA to direct funding where it will deliver the most impact.

WAPHA undertakes annual needs assessments across Western Australia to inform commissioning priorities. The National Mental Health Planning Framework and Mental Health Atlas are used to identify populations and locations most in need of services.

Health service provision and access is not uniform across Western Australia.² Service availability and capacity varies markedly between locations. WAPHA works in partnership with stakeholders to understand existing service availability and workforce capacity in local areas, and ensure that commissioning decisions are well-defined, and justified.

Alliance Against Depression

Alliance Against Depression is considered best practice for the care of people with depression and in the prevention of suicidal acts. The approach seeks to raise awareness of depression and increase the number of people who seek treatment by reducing stigma around depression and suicide and establishing entry pathways into general practice.

Each local Alliance is made up of a group of community members, including individuals, families, primary care, funders, service providers, community groups, government and business. WAPHA assists local Alliances to get started by providing relevant health data, including information on primary care services that target mental wellbeing. WAPHA also supports local Alliances with resources, tools, case studies and co-ordination support.

More information about Alliance Against Depression can be found at: <https://phexchange.wapha.org.au/AAD>



The Alliance Against Depression Framework. (Supplied: European Alliance Against Depression)

² For more information on this point please see: <https://rsph.anu.edu.au/research/projects/atlas-mental-healthcare>, <https://www.safetyandquality.gov.au/publications-and-resources/australian-atlas-healthcarevariation-Series> and <http://phidu.torrens.edu.au/social-health-atlases>

Commissioning Mental Health Services

WAPHA expects all commissioned mental health activity to:

- Be safe, culturally appropriate and of a high quality;
- Be underpinned by sound clinical governance and appropriate accreditation;
- Be oriented around general practice;
- Be person centred and focused on the holistic treatment of physical and mental health issues;
- Incorporate best practice approaches to supporting individuals with co-occurring alcohol and other drugs and physical health issues;
- Support integration between general practice, local mental health services, specialist treatment services and social services through promotion of information sharing, transparent referral mechanisms and care pathways;
- Deliver outcomes; and
- Offer value for money.

To meet the objectives of the Quadruple Aim, WAPHA has developed three person centred approaches to commissioning mental health services.

The first approach is the further development of the core suite of telehealth interventions. These are predominantly delivered online and via telephone, by a clinician, and available to individuals across Western Australia who meet the referral criteria, irrespective of location.

The second approach is 'in-person', where the interventions are predominantly provided at the practitioner's office or in a person's home. These services are available to individuals who meet the referral criteria and are able access the services where they are located.

The third approach, Mental Health Precincts, offers a pragmatic balance between identified need and available supply, and integrates telehealth and in-person approaches for a defined geographic location and population.

Mental Health Precincts

WAPHA's Mental Health Precincts aim to improve local capacity, and be clinically and financially sustainable. Because initiatives are more likely to be successful and sustainable, if implemented in a location which has (or has the potential to develop) an integrated service system, WAPHA will develop Precincts in discrete priority locations building on the capacity and capability of existing provision.

The Precincts approach incorporates a set of elements fostering individual wellbeing. WAPHA will focus commissioning around these elements to enable the Precincts approach in a given location.

Element 1: Systemic integration

The Precincts approach recognises the importance of intentional systemic integration and identifies the need for a specified role to undertake this work. WAPHA will consider ways to direct commissioning activity to support this vital role.

In mental health contexts, integration refers to the organisation and management of health and social care services so that people experiencing mental illness receive the care or support needed, in the right place, at the right time. Integration results in a more holistic system of care and support, focused on the needs and preferences of the individual, whilst also making the best use of the available funding and resources. It reduces fragmentation, siloing and waste. Integration is a process, not an event and requires someone whose job it is to ensure it happens at the system level.

The Precincts approach promotes the sharing of information between the different services involved in supporting an individual (including services from other social services sectors the housing, disability, and justice sectors). It encourages services to work together in a coordinated way, to address the health and social care needs of the individual.

To enhance systemic integration, WAPHA is working with our State Government partners to develop joint regional plans. The plans will provide a mechanism for addressing systemic problems within the mental health system, including fragmentation of services and pathways, gaps, and duplication and inefficiencies in service provision.

Element 2: Access to General Practice

The Precincts approach recognises the foundational role General Practice plays in improving / supporting the mental health of individuals in a location. This is evidenced by the following:

- 90% of Australians see a GP at least once a year.³
- GPs consistently report psychological issues to be the most common health presentations they manage.⁴
- Many people who have been seriously affected by mental illness manage their illness with only the support of a GP and a for-fee Medicare Benefit Scheme specialist including psychiatrists and psychologists.

For many people, mental illness and other long term conditions often co-exist. 2.4 million Australians live with both a mental illness and a chronic health condition.⁵ The significant overlap of people who experience substance misuse problems in addition to experiencing mental illness is well documented. As generalists, GPs have the knowledge and skills to provide holistic, person centred care for people experiencing mental illness, with or without additional health issues. Where practicable, continuity of care with a GP is encouraged.

Element 3: Measurement based care

The focus of measurement based care is to provide an individual with access to personalised clinical information in real time, to support informed decision making. The approach places the needs and preferences of the individual at the centre of clinical decision making. The Initial Assessment and Referral service, aims to provide a GP with an experience akin to submitting and receiving clinical test results from a specialist. This process enables consistent intake, assessment and referral, leading to better targeted treatment and supports for patients.

³ Australian Government Department of Health. *Annual Medicare statistics – Financial year 1984–85 to 2017–18*. Canberra. 2018

⁴ Royal Australian College of General Practitioners. *General Practice: Health of the Nation 2019*. East Melbourne, Victoria. 2019

⁵ Australian Bureau of Statistics. *National Health Survey: First Results, 2014-15*. (cat. No. 4364.0.55.001). Canberra 2015

Element 4: Access to primary care nurses, psychological therapies and low intensity interventions

In addition to a supported general practice, access is also required to:

- Nurses, who can manage common mental and physical healthcare needs;
- Support staff, who can manage basic welfare and support needs;
- Providers of routine psychological therapies, such as those provided through the Medicare Better Access initiative; and
- Providers of low-intensity services, funded by Primary Health Networks.

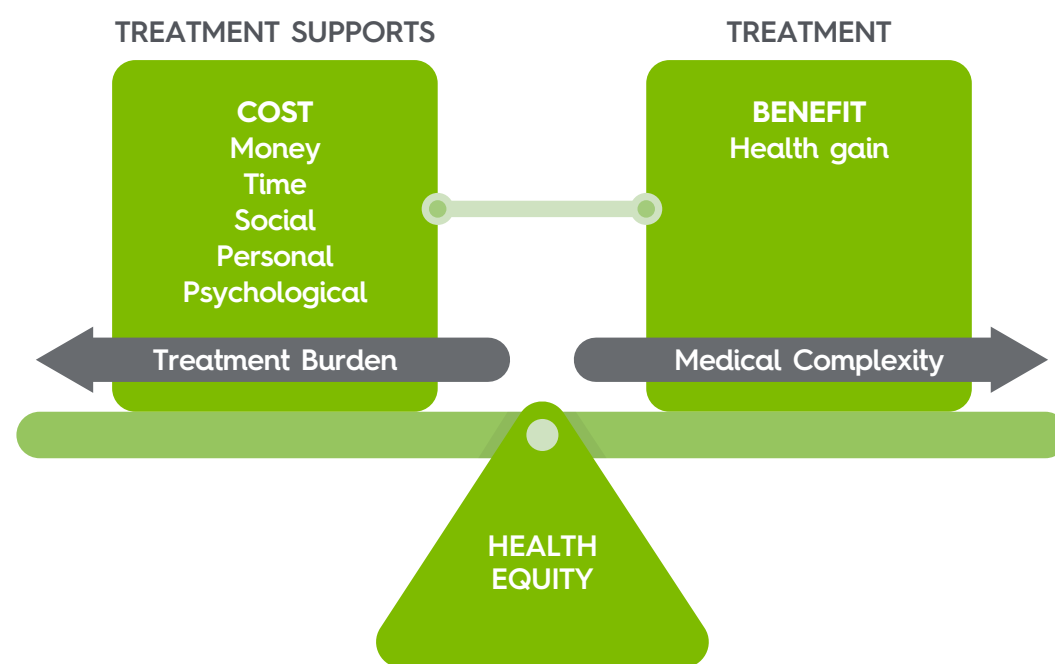
In some places and for some populations, however, access to these basics are lacking. The reasons for this can vary, but one consistent theme is apparent.⁶

Those individuals and families with access to the fewest personal resources (material and nonmaterial) have much lower healthcare access and utilisation rates, and much higher referral failure and treatment drop-out rates than their age and location matched peers. Difficulties navigating the system add to the treatment burden individuals experience.

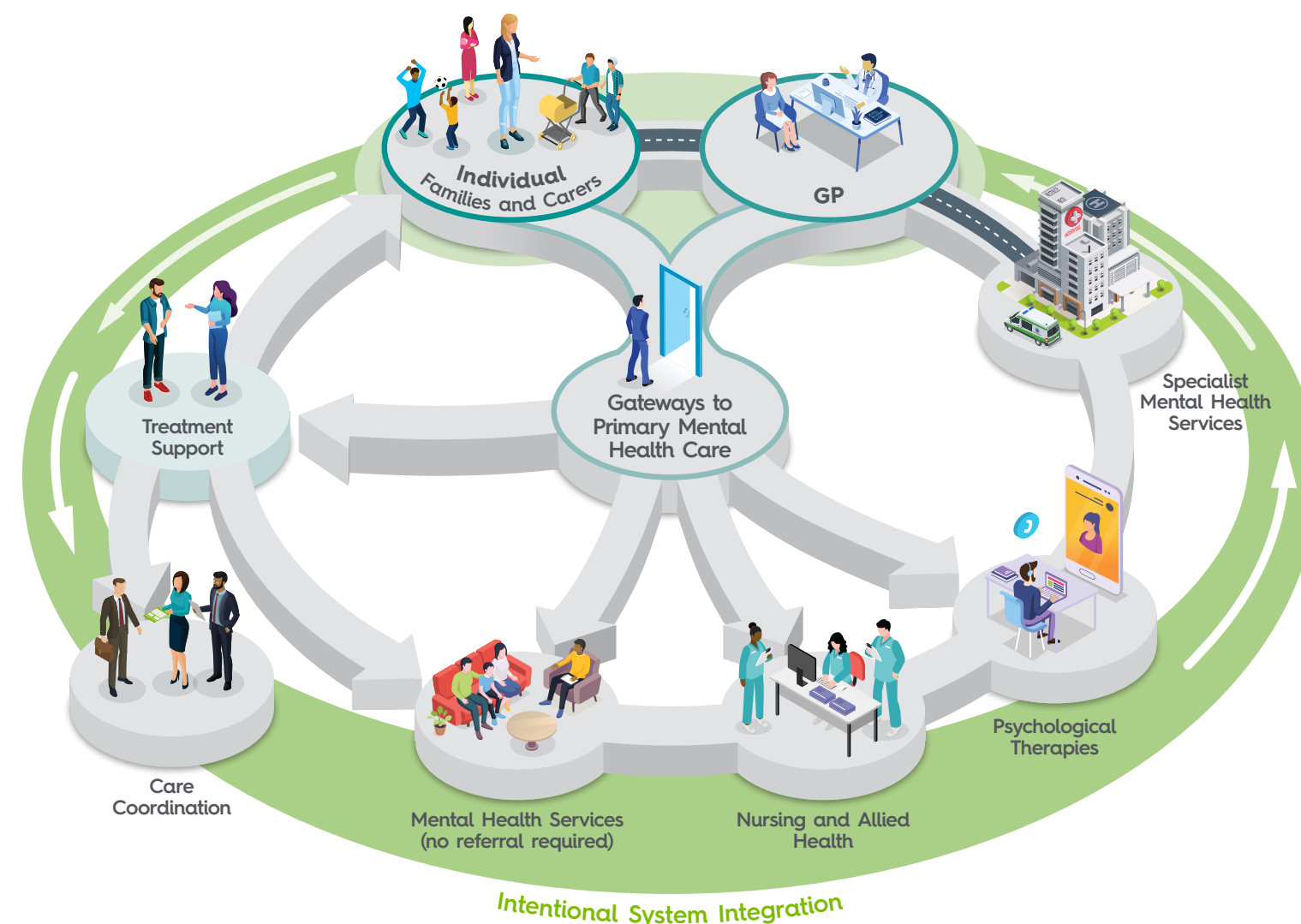
Element 5: Treatment supports

WAPHA recognises the impact of the burdens associated with being a mental health consumer/patient. Treatment burden is generated by a combination of the healthcare tasks imposed on the individual (eg managing medications, organising appointments, learning how to navigate the health system etc.), and the time, effort and cost needed to meet these demands irrespective of other competing obligations such as work, study and family responsibilities.⁷

WAPHA commissions treatment support interventions, such as care coordination, and navigation, to help reduce treatment burden. Other examples of treatment supports include patient activation – supporting people to engage with and direct their care, provision of translation services and health literacy support. The development of effective supports that minimise treatment burden is a core objective of the Precincts approach.



Mental Health Precincts



⁶ Abbott, P., Wallace, C. and Sapsford, R. *The Decent Society: Planning for Social Quality*, Routledge, Oxon, 2016

⁷ For more information on Treatment Burden, please see <https://www1.racgp.org.au/ajgp/2018/april/minimallydisruptive-medicine>

