



# WA Primary Health Alliance Mental Health Strategy 2020-2023

V2, June 2021



# Introduction

WA Primary Health Alliance (WAPHA) is funded by the Australian Government to operate the three Primary Health Networks (PHNs) in Western Australia (WA): Perth South, Perth North and Country WA.

WAPHA is responsible for planning, guiding and directing investment towards primary health services, including mental health services.

WAPHA has two key objectives:

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

WAPHA does not directly provide mental health services, but rather commissions services from a wide range of providers including community managed organisations and health service providers. The Australian Government provides guidance materials that determine the scope of WAPHA's mental health programs.

In addition to its role as a commissioner of mental health services, WAPHA is committed to building the capability and capacity of the primary health care sector to respond to the needs of people experiencing mental health issues.

This document provides an overview of WAPHA's strategy for mental health, in line with the guidance set by the Australian Government and our *Strategic Plan: Better Health, Together 2020-2023*. This Mental Health Strategy has been prepared to support our staff to make informed decisions and understand our mental health priorities.

WAPHA's Mental Health Strategy has been developed to complement our Strategic Plan

Below is our commitment to our Strategic Priorities in the context of mental health.

### **Commission services in a planned and targeted way**

WAPHA will be strategic and more precise in how we allocate finite resources and commission services to ensure we maximise outcomes for consumers.<sup>1</sup> This Mental Health Strategy provides a blueprint of the factors we will take into account when determining how, for who and where we commission mental health services.

### **Promote and prioritise an integrated health system**

Our Mental Health Strategy highlights our commitment towards a collaborative approach to mental health. It describes how we intend to collaborate with other commissioning agencies, general practitioners (GPs), service providers and communities to create a more unified mental health system.

### **Continuously improve primary health care practice**

Through the implementation of regular monitoring, evaluation and continuous improvement, WAPHA will work to ensure a safe and high-quality primary mental health care service system. This Mental Health Strategy outlines priorities focused on developing primary care practice to provide culturally competent services to meet the needs of consumers and carers.

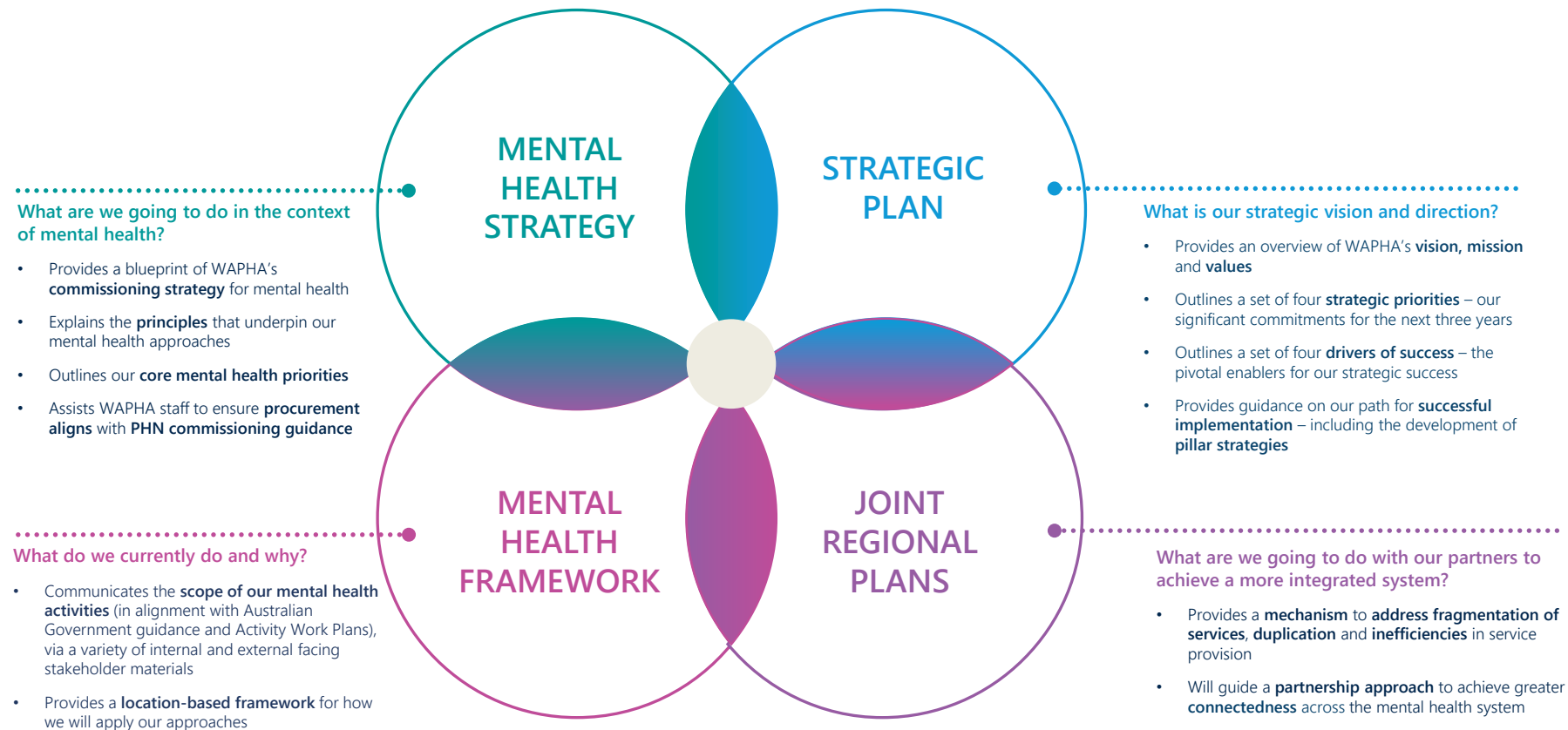
### **Empower people in our communities**

Local communities have a critical role in improving individual mental health outcomes. Our strategy describes how we aim to increase access to holistic, person-centred care, to support the most vulnerable members of our society.

<sup>1</sup>: For the purpose of this document, and with recognition of the contextual nature of primary mental health terminology, we have used the terms consumer, patient and individual interchangeably.

# This Strategy draws upon and aligns with WAPHA's strategic direction

Our Mental Health Strategy aligns to WAPHA's *Strategic Plan – Better Health, Together 2020-2023* and is intended to be read in conjunction with our Mental Health Framework and the Joint Regional Plans.



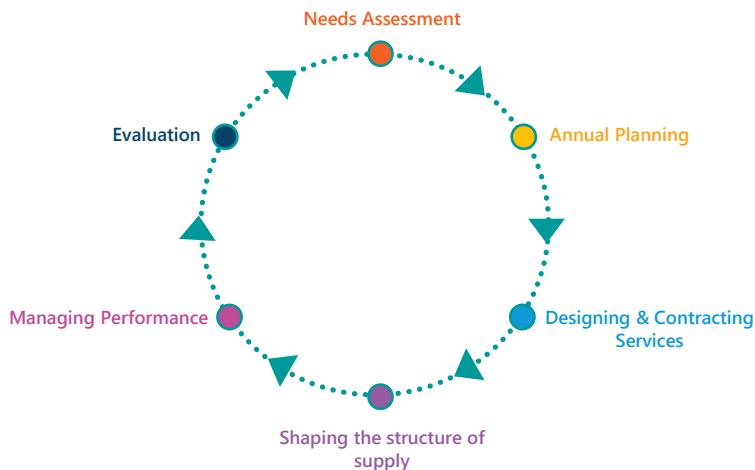
# Commissioning for Better Health

*Commissioning for Better Health*<sup>1</sup> sets out WAPHA's approach to commissioning. It guides our commissioning approach to ensure that the services we fund are evidence based, meet the needs of those most vulnerable and achieve the right outcomes.

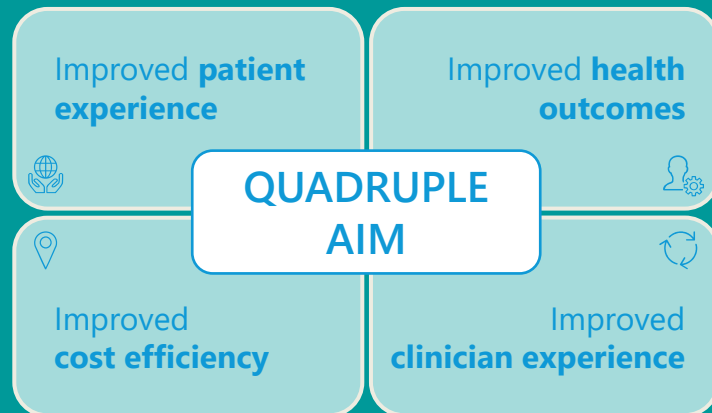
Our *Commissioning for Better Health* approach will be much more deliberate than it has been in the past. This will ensure that we are directing our funds to support local primary health care services to be more efficient and effective, and better meet the needs of patients at risk of poor health outcomes. WAPHA targets its limited funding (estimated to be about 6% of the total funding for mental health services across WA) to commission services that complement general practice and, where there are gaps in the primary mental health system, support those people and places with the greatest need.

Ultimately, we will commission services that are easy to navigate, well connected and close to home.

*Commissioning for Better Health* is based on the PHN Commissioning Framework



In our approach to commissioning and engaging with service providers, WAPHA is guided by the objectives of the Quadruple Aim in health care and our drive for greater health equity.



# How to use the Mental Health Strategy

Our Mental Health Strategy provides the direction that should be taken into account when we commission services and other activities. The six elements, along with the Australian Government's Guidance materials for mental health, outline the parameters for what is in scope for each program. Our mental health priorities are outlined on page 8, underpinned by a series of initiatives, which describe the changes we seek to make to the primary mental health system. It is important that our commissioning and practice development activities align with one or more of these priorities/initiatives. In addition to these initiatives, we have outlined specific commissioning strategies (pages 9-13) for each of our various platforms and programs. These should be read in conjunction with the initiatives and priorities on page 8. You will also find links to Commonwealth Guidance Materials, which provide further detail on the scope of our mental health programs.

1

## PRINCIPLES

Is the service/activity consistent with our guiding **principles** for mental health?

2

## PARTNERSHIPS

Have we defined how we will best utilise **partnerships** for this service/activity?

3

## PRIORITIES

Does the service/activity align with our defined **priorities** for mental health?

4

## PLATFORMS & PROGRAMS

What **platforms** and **programs** would the service/activity align with?

5

## PLACE

Will the service/activity be delivered sustainably in a **place** we are targeting?

6

## PERFORMANCE

Have we defined how we will evaluate the **performance, purpose and outcome** of the service/activity?

- All of our commissioned services are **safe, culturally appropriate** and of a **high quality**.
- We work closely with key stakeholders towards achieving a **connected mental health system**.
- We **orient** our mental health services around **general practice to better support consumers, carers and clinicians**.
- We make **strategic commissioning decisions** to direct our finite resources to where they will deliver the **most impact**.

## 2 Partnerships

Our Strategic Plan outlines mature collaborative partnerships as a key driver to our success. WAPHA works collaboratively and purposefully at a metropolitan, regional and remote level with consumers, carers, health care providers (primary, secondary and tertiary), social care services, local government and other stakeholders to understand complexities and gaps and identify what is needed to develop seamless care pathways and work across the care continuum to improve health outcomes.

At a local level, we engage with, and promote existing networks and committees to enhance integration and improve information flow across the system.

Our commitment to our partners is below:

### Consumers, families and carers

WAPHA is committed to person-centred care and recognises the requirements and needs for mental health services are best understood by the consumers of those services. WAPHA will exemplify this commitment through taking a co-design approach in our commissioning and by ensuring the experience of consumers, families and carers is integral to the continuous improvement of services.

### General Practice

WAPHA is committed to increasingly involving general practice in service design to ensure their role is elevated and integrated where possible. This includes GPs and other members of the general practice care team, such as practice nurses.

### Peak bodies

WAPHA understands the importance of involving peak bodies in the design of models of care, developing the workforce, as well as collaboration and consultation with the members they represent. For example, WAPHA has an MOU with the Aboriginal Health Council of WA (AHCWA).

### Aboriginal Community Controlled Health Organisations (ACCHOs) and community representatives

WAPHA fosters relationships with Aboriginal people and communities that are built on respect and trust and works closely with ACCHOs.

### WA Mental Health Commission (MHC) and Health Service Providers (HSPs)

WAPHA and the WA MHC work together to improve integrated service delivery through planned and coordinated commissioning, structured system-change and a commitment to better health outcomes for Western Australians. This is reflected through development of formal partnership agreements and Joint Regional Plans in collaboration with the MHC and HSPs.

### Health, Welfare and Community Service Providers

Through engagement with the diversity of local providers, including local government, we explore opportunities to leverage current strengths and facilitate collaborative responses to achieve system level change.

# 3 Priorities for mental health

We have identified five mental health priorities, outlined below. These priorities underpin our mental health commissioning and our approach to systemic change. The corresponding initiatives outline how we propose to achieve our mental health priorities. We utilise data to improve system knowledge and evidence-based service planning, apply co-design with consumers and other stakeholders, and determine outcomes to be achieved, to inform the development and refinement of new and existing mental health programs.

Each initiative is aligned to one of the strategic priorities from our strategic plan as outlined below:

Commission in a planned and targeted way

Promote and prioritise an integrated health system

Continuously improve primary care practice

Empower people and communities

## PRIORITY 1

Increase access to primary mental health care across WA

## PRIORITY 2

Enhance system integration

## PRIORITY 3

Focus on person centred, holistic mental health care

## PRIORITY 4

Plan and commission mental health care that improves mental health outcomes for people with the greatest need

## PRIORITY 5

Continuously improve the quality, safety and cultural competency of primary mental health care

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|---|---|---|--|--|
| <p><b>1.1</b> Increase access to treatment through technology, virtual supports and innovative models of care</p> <p><b>1.2</b> Work towards more equitable access to primary mental health care including contributing to building a suitably qualified workforce</p> <p><b>1.3</b> Increase access to low-cost local mental health treatment services in areas with limited-service availability but high demand</p> <p><b>1.4</b> Increase access to low intensity, early intervention mental health services for people with or at risk of mild mental illness, to prevent escalating acuity</p> <p><b>1.5</b> Strengthen approaches to enhance the assessment and management of mental health issues in general practice</p> | <p><b>2.1</b> Utilise Joint Regional Plans and HSP Partnership Protocols to support integrated planning and service delivery at a regional level</p> <p><b>2.2</b> 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</p> <p><b>2.3</b> Co-design service models and care pathways that are easy to navigate and provide a seamless experience for consumers, carers and clinicians</p> <p><b>2.4</b> Work with state government partners to clarify roles and responsibilities across the mental health sector</p> <p><b>2.5</b> Implement the Alliance Against Depression to support an integrated community approach, to improve care for people living with depression</p> | <p><b>3.1</b> Commission person-centred services, focused on the holistic treatment of physical and mental health issues</p> <p><b>3.2</b> Ensure commissioned mental health services implement best practice approaches to support individuals with co-occurring alcohol and other drugs and physical health issues</p> <p><b>3.3</b> Facilitate social and emotional wellbeing approaches to primary mental healthcare</p> <p><b>3.4</b> Support the development of the peer workforce and promote models of practice that incorporate peer workers as members of multidisciplinary teams</p> | <p><b>4.1</b> Target commissioning towards people experiencing mental health issues who can be treated within a primary care setting</p> <p><b>4.2</b> Capture and utilise patient experience data and outcomes, to inform continuous improvement</p> <p><b>4.3</b> Build upon the lessons learned from the National Suicide Prevention Trials to commission evidence informed suicide prevention and postvention services</p> <p><b>4.4</b> Commission culturally appropriate Aboriginal mental health services in collaboration with Aboriginal people</p> | <p><b>5.1</b> Enhance primary mental health youth services by leveraging the network of headspace services</p> <p><b>5.2</b> Make best use of the existing workforce to ensure a flexible approach to mental health service delivery within a stepped care approach</p> <p><b>5.3</b> Facilitate access to targeted education, training and continuous quality improvement activities to build workforce cultural competency and capability</p> <p><b>5.4</b> WAPHA's contracted providers will be appropriately accredited and underpinned by sound clinical governance</p> |
|---|---|---|--|--|



## 4 Platforms for mental health

WAPHA has developed three platforms to support the delivery of commissioned mental health services. The table below provides an overview of some of our mental health platforms, including a description and a commissioning strategy for each.

### Platforms

A platform refers to one of WAPHA's flagship initiatives, which serve as both a foundation upon which mental health programs can operate and a gateway to primary health care. Platforms help integrate systems of care and ensure the needs and preferences of consumers/patients are the core focus.

Platform	Platform description	Commissioning Strategy
Alliance Against Depression	An integrated, GP-centric, community led approach to improve care and optimise treatment for patients with depression and prevent suicidal behaviour.	Support interested communities to implement the Alliance Against Depression approach and work together on: <ul style="list-style-type: none"> <li>Public awareness campaigns to reduce the stigma associated with depression and suicide</li> <li>Support for high-risk groups, patients and their families</li> <li>Building capacity of primary mental healthcare professionals, including GPs</li> <li>Education activities on depression and suicide for community members and leaders</li> </ul>
HealthPathways WA	An online portal that provides clinicians with clear and concise guidance for assessing, managing and referring patients (including those experiencing mental health issues) across WA.	<ul style="list-style-type: none"> <li>Continue to develop, update, localise and promote the use of mental health specific pathways</li> <li>Utilise the pathways to promote available services and support education, training and other activities to improve the interface between primary care practitioners and specialists working in a community or acute/hospital setting</li> </ul>
Initial Assessment and Referral Service (IAR)	Provision of an effective, statewide system for the initial assessment and referral of individuals presenting with mental health conditions in primary health care settings.	<ul style="list-style-type: none"> <li>Design, pilot, monitor and implement IAR (during 2020-2022)</li> <li>Embed IAR in general practice workflows and HealthPathways</li> </ul>

## 4 Programs for mental health

WAPHA commissions mental health programs that have been designed to meet specific mental health needs. The term *program* is used broadly in this context and refers to our long-term mental health activity. The table below and subsequent pages provide an overview of some of our commissioned mental health programs, including their scope, individual strategy and the guidance to follow when commissioning. Programs are categorized by program streams (pages 10-12) and Program elements/interventions (page 13).

Program Streams	Name	Scope	Commissioning Strategy	Guidance followed
Aboriginal Mental Health Services		Culturally appropriate mental health services for Aboriginal people of all ages.	<ul style="list-style-type: none"> <li>Work in partnership with Aboriginal stakeholders and consumers to ensure new and existing service models are culturally appropriate and are operating within a social and emotional wellbeing framework</li> <li>Support the development of cultural competence and capability across commissioned services and general practice</li> </ul>	<a href="#">Aboriginal and Torres Strait Islander Mental Health Services</a>
Adult Mental Health Centre		The centre is intended to provide a welcoming, low stigma soft entry point (i.e. no wrong door approach) for people who may be experiencing distress or crisis, who require immediate assessment, short term treatment and/or connection/reconnection to other services.	<ul style="list-style-type: none"> <li>Work with state government partners and other stakeholders to ensure design integrates with (and does not duplicate) existing and planned services for the region</li> </ul>	<a href="#">Adult Mental Health Centre Service Model</a>
Mental Health Nursing		Case management and care coordination for people experiencing severe mental illness, whose care is being managed within primary care settings.	<ul style="list-style-type: none"> <li>Review programs and models to ensure they are fit for purpose.</li> </ul>	<a href="#">Mental Health Nursing Services in Australia: A How to Guide for PHNs</a>  <a href="#">Primary Mental Health Care Services for People with Severe Mental Illness</a>

## 4 Programs for mental health

### Program Streams

Name	Scope	Commissioning Strategy	Guidance followed
Virtual Psychology Clinic (Telehealth & e-health assessments & interventions)	Provision of free, high quality mental health assessment and treatment to Western Australians aged 16 and over, who are experiencing challenges related to low mood, anxiety or substance use.	<ul style="list-style-type: none"> <li>Continued refinement of the statewide Practitioner Online Referral Treatment Service (PORTS) program</li> <li>Expand capacity of PORTS program to meet the needs of additional priority target groups</li> <li>Expand capacity of treatment support workforce to reduce referral failure and drop out</li> <li>Integrate PORTS at the local level by:               <ul style="list-style-type: none"> <li>Ensuring PORTS is connected to commissioned services in priority locations</li> <li>Embedding PORTS into general practice via IAR and HealthPathways</li> </ul> </li> </ul>	<p><a href="#">Aboriginal and Torres Strait Islander Mental Health Services</a></p> <p><a href="#">Low Intensity Mental Health Services for Early Intervention</a></p> <p><a href="#">Psychological Therapies provided by Mental Health Professionals for Underserved Groups Stepped Care</a></p>
Integrated Primary Mental Health Care (Portals)	<p>Provision of a stepped care approach for people with, or at risk of, mental health conditions in regional Western Australia.</p> <p>Consisting of clinical care coordination, low intensity and psychological therapy services delivered face-to-face, by telephone, and/or online.</p>	<ul style="list-style-type: none"> <li>Establish and/or develop metropolitan Portals in identified priority locations</li> </ul>	<p><a href="#">Aboriginal and Torres Strait Islander Mental Health Services</a></p> <p><a href="#">Low Intensity Mental Health Services for Early Intervention</a></p> <p><a href="#">Psychological Therapies provided by Mental Health Professionals for Underserved Groups</a></p> <p><a href="#">Stepped Care</a></p>
Psychosocial Support Measure	Support for individuals with severe mental illness who are unable to access the National Disability Insurance Scheme.	<ul style="list-style-type: none"> <li>Align with recommendations of the national audit of Commonwealth psychosocial support services.</li> </ul>	<p><a href="#">Continuity of Support</a></p> <p><a href="#">Psychosocial Support</a></p>

## 4 Programs for mental health

	Name	Scope	Commissioning Strategy	Guidance followed
Program Streams	<p>Services for Children and Young People with or at Risk of Mild to Moderate Mental Illness</p>	<p>Early intervention mental health services for young people aged 12-25 years with, or at risk of, mild to moderate mental illness.</p>	<ul style="list-style-type: none"> <li>Develop a headspace strategy to leverage learnings and ensure program consistency and improve outcomes across WA</li> </ul>	<p><a href="#">Child and Youth Mental Health Services</a></p>
	<p>Services for Children and Young People with or at Risk of Severe Mental Illness</p>	<p>Evidence-informed, short-term, focused psychological interventions for people with severe mental illness who can be managed within primary care settings.</p> <p>Clinical care coordination.</p>	<ul style="list-style-type: none"> <li>Work closely with State Government partners to ensure coordinated approach to service model development, evaluation and commissioning</li> </ul>	<p><a href="#">Child and Youth Mental Health Services</a></p>
	<p>Services for People with Severe or Complex Mental Illness</p>	<p>Evidence-informed, short-term, focused psychological interventions for people with severe mental illness who can be managed within primary care settings.</p> <p>Clinical care coordination.</p>	<ul style="list-style-type: none"> <li>Ensure services include referral pathways via the IAR and HealthPathways</li> <li>Ensure service models include formalised clinical pathways with state funded mental health services</li> <li>Ensure service models incorporate focus on people experiencing co-occurring mental health and alcohol and other drug issues</li> </ul>	<p><a href="#">Primary Mental Health Care Services for People with Severe Mental Illness</a></p>
	<p>Suicide Prevention Services</p>	<p>Services to address the needs of people at risk of suicide, including aftercare and support following a suicide attempt.</p> <p>Priority at-risk groups include:</p> <ul style="list-style-type: none"> <li>Aboriginal people;</li> <li>LGBTIQ+;</li> <li>young people;</li> <li>older males;</li> <li>people from culturally and linguistically diverse (CALD) backgrounds.</li> </ul>	<ul style="list-style-type: none"> <li>Build on learnings from Suicide Prevention Trial sites to ensure an evidence informed approach to investment in suicide prevention activities</li> <li>Work with the WA MHC to plan and coordinate suicide prevention activities</li> <li>Promote pathways and develop mechanisms to improve the connection between hospitals/general practice and non-government organisations (NGOs) to support prevention and improve aftercare</li> <li>Incorporate and leverage the Alliance Against Depression as a foundational approach</li> </ul>	<p><a href="#">Regional Approach to Suicide Prevention</a></p> <p><a href="#">An evidence-based systems approach to suicide prevention: guidance on planning, commissioning and monitoring</a></p>

## 4 Programs for mental health

The following table outlines the Program Elements/Interventions that operate within the Program Streams listed on pages 10-12. Within program streams, one or more interventions/elements may be utilized, in accordance with the guidance. The Elements/Interventions are either a type of *treatment* or a *treatment support*. Services exclusively for adults with, or at risk of, mild-moderate mental illness, will provide one or more of the elements below (excluding Clinical Care Coordination).

### Program Elements/ Interventions

Name	Type	Scope	Commissioning Strategy	Guidance followed
<b>Clinical Care Coordination</b>	Treatment Support	Provision of nursing support for individuals with severe and complex mental illness, to assist individuals to effectively manage their illness and avoid unnecessary hospitalisation.	<ul style="list-style-type: none"> <li>Commission a small self-organised team of neighbourhood nurse generalists to support GPs manage more complex patients (with mental and physical health comorbidity) by providing comprehensive personalised nursing care for people in their own homes</li> </ul>	<a href="#">Primary Mental Health Care Services for People with Severe Mental Illness</a>
<b>Low Intensity Mental Health Services for Early Intervention (LPI)</b>	Treatment	Face-to-face or online mental health support for people with or at risk of mild mental illness.	<ul style="list-style-type: none"> <li>Continue to explore the use of technology for the delivery of low intensity services</li> </ul>	<a href="#">Low Intensity Mental Health Services for Early Intervention</a>
<b>Peer Support</b>	Treatment support	Utilise peer support models to connect consumers with social and mental health support, including as they are discharged from justice services and emergency departments.	<ul style="list-style-type: none"> <li>Expand peer support models across the metropolitan area</li> <li>Work in partnership with Consumers of Mental Health WA to support the development of the peer workforce</li> </ul>	<a href="#">Peer workforce role in mental health and suicide prevention</a>
<b>Psychological Therapies Provided by Mental Health Professionals for Underserved Groups</b>	Treatment	Evidence based treatment for people with mild to moderate mental illness.	<ul style="list-style-type: none"> <li>Continue to explore the use of technology for the delivery of psychological therapies</li> </ul>	<a href="#">Psychological Therapies provided by Mental Health Professionals for Underserved Groups</a>
<b>Psychological Treatment Services in Residential Aged Care</b>	Treatment	Evidence based treatment for people living in residential aged care facilities, who have a diagnosed mental illness or are at risk of mental illness.	<ul style="list-style-type: none"> <li>Work with service providers to identify opportunities to improve service model design, program implementation and expansion to regional areas</li> </ul>	<a href="#">Psychological Treatment Services for People with Mental Illness in Residential Aged Care Facilities</a>

Health service provision is not uniform across WA and this has a profound effect on health care utilisation and outcomes. The variation that results is largely due to misaligned governance, planning and funding. The consequence is a multiplicity of providers, with competing and overlapping objectives and incentives and little integration. The system is unbalanced because the drivers are, and simply funding more services in those locations that have a higher than average rate of disadvantage, for example, will not fix the problem. It is more complex and requires a systemic approach. Thus, WAPHA is developing a multilevel integrated approach to commissioning.

Services that can be provided virtually (telephone, internet) will be available to anyone who needs them irrespective of location. Face-to-face services will be developed as suites of place-based offerings. Determining the priority locations for place-based services that we will fund will involve a balance of what can be achieved in terms of maximising individual benefit relative to the level of unmet need. There is no formula for this. There are however several critical dependencies, for example, having access to general practice. It is essential we understand existing supply before we commission more. Thus, we will work in partnership with stakeholders to understand the whole system.

Place-based decision making will also be informed by needs assessments, which will include population health analysis and consultation with clinicians, community, service providers and partner agencies, every three years. We will ensure our commissioning decisions that follow are well-defined and justified.

We will commission programs in locations where these dependencies are in place. Where these dependencies are not in place, we will work with partner organisations to establish these critical conditions, so programs can be successful in the future.

To achieve person-centred, quality care (within a stepped care framework), and to maximise finite resources, WAPHA has identified the following parameters that need to be present in each locality.



A collaborative approach to system integration among stakeholders



Accessible general practitioners



Access to social services



Pathways to specialist mental health services



Service infrastructure to respond to specific groups i.e. youth, older adults

## 6 Performance

WAPHA's strategy for measuring the performance of all mental health programs includes:

### EVALUATION

Evaluation of services to assess impact, identify opportunities for continuous improvement, confirm specific location demand and ensure alignment with Australian Government PHN Guidance Materials.

### SERVICE PROVIDER PERFORMANCE

Assessment of each service provider's performance against the WAPHA Performance Management Framework, with further consultation if required.

### SYSTEM CONNECTION

Ensure that the service is not operating in isolation and is connected to other services within the local health care system.

### PRIORITY LOCATIONS

Support the Commonwealth to determine whether there are other locations where the service should be a priority for implementation.

### BEST PRACTICE

Standardise best practice program approaches across all Western Australian services.

### BENCHMARKING

Develop benchmarking to inform/improve program outcomes, based on regular program level evaluation.

WAPHA is committed to developing key frameworks which will measure the success of our commissioned mental health programs

WAPHA will prepare a **Commissioned Services Performance Management Framework** in order to determine an activity's success and the degree to which outcomes are measured and have been achieved.

WAPHA will prepare an **Evaluation Framework** to ensure that long-term assessment of service and program impacts and outcomes are incorporated into future service design and contracts.

WAPHA will prepare a **Cultural Competency Framework** and a **Cultural Capability Framework for Aboriginal communities**, to identify areas that will improve cultural safety for communities and develop cultural competence in internal staff and external stakeholders including commissioned services, resulting in better health and wellbeing outcomes.