



Country WA PHN Activity Work Plan

Commonwealth Psychosocial Support

Summary View
2023/2024 – 2026/2027

**Presented to the Australian Government Department of Health
and Aged Care**



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PSD 1000 – Psychosocial Service Delivery

Activity Title

Psychosocial Service Delivery

Activity Number

1000

Activity Status

Modified

PHN Program Key Priority Area

Mental Health Priority Area 4: Mental health services for people with severe and complex mental illness including care packages.

Aim of Activity

Psychosocial support services have been commissioned to support people with a history of severe mental illness and associated psychosocial functional impairment who are not receiving psychosocial support services funded through the National Disability Insurance Scheme (NDIS).

A primary aim of this service provision is to reduce the avoidable need for more intensive and/or acute clinical services. Psychosocial support services provided build psychosocial functional capacity to address individual needs and complement clinical mental health and physical health services.

Services provided under the Commonwealth Psychosocial Support (CPS) Program will be complementary to those available within the region through other government funded psychosocial initiatives and mental health programs, with a recovery and person-centred focus.

These services will aim to:

- Increase individuals' functional capacity to live independently in the community.
- Reduce the need for acute mental health services.
- Increase connection and reduce isolation.
- Increase knowledge and skills.
- Increase engagement in daily activities, relationships and the community.
- Improve or stabilise mental health and wellbeing.
- Improve self-confidence and independence.
- Move towards personal recovery goals.
- Support access to appropriate supports, including the NDIS where appropriate.

Description of Activity

Commissioned psychosocial support services may play a role in improving effective utilisation of the mainstream mental and physical health services. Improving the functional capacity and stability across people's domains of life will be central to the recovery focused service delivery. Commissioned services will have strong links to their local community, appropriate assessment processes, clear referral pathways (including to mainstream and clinical services) and will provide a person-centred service to individuals.

Services delivered will include a range of non-clinical supports, which might be provided at an individual or a group level, with a strong recovery focus, trauma-informed, and delivered in accordance with the National Standards for Mental Health Services 2010 and the National Practice Standards for the Mental Health Workforce 2013.

It is anticipated that the cohort being targeted through this initiative will generally require less intensive and possibly shorter-term psychosocial support than the service offer provided within the NDIS. The support will be provided at times when it is most needed, rather than on an ongoing basis. Ideally services will be embedded within or linked to clinical services to support an integrated team approach to meeting the needs of people with severe mental illness, and form part of a multi-agency care plan.

The PHN will continue to consult with the WA Mental Health Commission, WA Country Health Service, National Disability Insurance Agency and the Aboriginal Community Controlled Organisations to ensure gaps between Commonwealth and State/Territory mental health systems are addressed in a flexible and carefully planned way. Activities will complement, and not duplicate, support available. This will also ensure eligible people receive support through the State specialised mental health system and, where appropriate, receive psychosocial support through Commonwealth Psychosocial Support or a complementary State support. This will occur as outlined in the Bilateral Agreement between the Commonwealth and Western Australia - National Psychosocial Support Measure (the Bilateral Agreement).

The PHN will ensure service providers are engaged with Local Health Networks to support localised strategies and ensure commissioned psychosocial support arrangements are embedded in local regional mental health and suicide prevention plans.

The PHN will commission and provide support to provider/s, via a contract manager, to:

- Implement appropriate entry and eligibility criteria, as aligned with the CPS guidance, to ensure national consistency and to contribute to nationally consistent data and reporting.
- Ensure appropriate referral pathways, reporting and management processes are in place.

The PHN will focus on the management of the performance of the contracted provider/s including reviewing, monitoring, and evaluating service provision.

Client data will be entered by the providers into the primary mental health care – national minimum data set (PMHC-NMDS). The PMHC-NMDS data will be used to measure and track provider performance. The cost effectiveness of service delivery will be monitored through unit cost information being collected and analysed in conjunction with the outcome indicators. WA Primary Health Alliance’s contracts management system will hold all relevant contract information.

The PHN recognises the impact COVID-19 had on the community, primary health care and commissioned service activity. With services having returned, monitoring and service impact assessment will continue, to ensure the PHN continues to meet the aims of the activity and the needs of the priority target groups.

Commissioned service providers

- 360 Health + Community
- Black Swan Health Limited
- Ruah Community Services
- Uniting WA
- Neami Limited
- Richmond Wellbeing

Specific support services commissioned

A range of support services will be commissioned, including:

- Social skills and connections, including family connections.
- Day to day living skills.
- Financial management and budgeting.
- Finding and maintaining a home.
- Vocational skills and goals.
- Maintaining physical wellbeing, including exercise.
- Building broader life skills including confidence and resilience.

Clients will have an initial support period of between three (3) to six (6) months, if they do not have severe and persistent mental illness, with additional support

provided if deemed appropriate following a support plan review.

If a client cannot be reached after a period of three (3) months, with a minimum of three (3) contact attempts in this time, the client shall be exited from the service.

Specific service delivery models/formats

Services will be conducted by the following formats.

The majority of contacts will be face to face with some telephone and videoconferencing support as required.

- Socially based, capacity building group activities, based on different needs and care:
 - Informal group activities.
 - Structured group activities.
- Targeted individual client support.

Targeted cohort and the process/tools used to determine eligibility

To be eligible to receive this service the individual must:

- Reside in the coverage area of the PHN where they are seeking support.
- Have a severe mental illness.
- Have a reduced psychosocial functional capacity as a result.
- Not more appropriately supported through the NDIS.
- Aged 18-65 years.
- Not be restricted in their ability to fully and actively participate in the community because of their residential settings (e.g., prison or a psychiatric facility).

Commissioned service providers will use a range of assessment tools to determine eligibility to the program and to inform planning. These may include CANSAS, WHODAS 2.0, and Star Outcomes for example.

How program / client outcomes will be measured/evaluated

Outcomes will be managed through use of the K-10, K-5, or SDQ assessment tools as required by the reporting of program activities into the Primary Mental Health Care-Minimum Data Set (PMHC-MDS).

Primary Health Network Operational Activity

The PHN Contracts team managing the service agreements has a generalised skill set across the health and community services commissioning arena. All contracts staff are required to have skills or experience in the following areas:

- Experience of contract management principles including complex and high-risk negotiation, financial management contract preparation and performance monitoring/management.

- Experience in procurement processes.
- Knowledge and experience in healthcare and human services sector.
- Ability to build relationships and collaborative partnerships with stakeholders both internally and externally.
- Experience working with culturally diverse groups, particularly Aboriginal and Torres Strait Islander people.

WAPHA has developed an LGBTQIA+ Equity and Inclusion Framework, an Aboriginal Cultural Competency and Capability Framework and a Multicultural Competency and Capability Framework. These frameworks will facilitate opportunities to improve the cultural competence and clinical safety of services through continuous quality improvement and support programs. The frameworks will assist the PHN to reflect on current practice, 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 for Aboriginal, CALD and LGBTQIA+ communities.

Country WA PHN Needs Assessment

Priorities

Page reference

Improve access to mental health services in the Wheatbelt. This is across the whole lifespan.	101
Improve access to mental health services in the Midwest.	56
Improve access to mental health services in the Great Southern.	29

Target Population Cohort

Adults with a history of severe mental illness and resultant psychosocial disability who are not receiving psychosocial support through the NDIS.

Consultation

As indicated in the May 2021 Federal Budget, it was expected that the Psychosocial Support program would transition to the WA State Government (WA Mental Health Commission) from 1 July 2023. As a consequence, the Psychosocial Support program has been a topic of numerous meetings between WA Primary Health Alliance, WA Mental Health Commission, and WA Association of Mental Health to determine risk and consequences associated with service change in the context of potential transition. As at April 2024, transition had not been agreed between the WA State and Commonwealth governments.

Collaboration

The PHN will continue to build on established relationships with the WA Mental Health Commission and the WA Department of Health to ensure that the services funded through the CPS activity complement the psychosocial support services available through the State Government as outlined in the Bilateral Agreement and to facilitate the establishment of appropriate information sharing and reporting protocols to support reporting on the effectiveness and impact of the CPS activity.

The National Mental Health and Suicide Prevention Agreement outlines that States and the Commonwealth undertake further analysis of psychosocial supports outside of the NDIS, to ensure continuity of support the Commonwealth and the States will maintain investments in current psychosocial support programs outside the National Disability Insurance scheme while the further analysis work is undertaken.

Activity Milestones

Due Date

Contracted service providers - service contact data reported via the PMHC-MDS	30 days following service contact
Submit an updated multiyear Activity Work Plan	30 April 2024, 30 April 2025
Submit the Needs Assessment annually	15 November 2024
Submit twelve-month performance reports and audited income and expenditure statements	30 September 2024, 30 September 2025
Final performance report	30 September 2025

Coverage

Country WA PHN

Activity Start Date

Activity End Date

1 July 2021	30 June 2025
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Activity Planned Expenditure

Funding Stream	FY 23-24	FY 24-25	FY 25-26
Psychosocial Service Delivery	\$3,711,053.83	\$4,078,416.25	\$0.00

PAE 2000 – Psychosocial Access Enablers

Activity Title

Psychosocial Access Enablers

Activity Number

2000

Activity Status

Modified

PHN Program Key Priority Area

Mental Health Priority Area 4: Mental health services for people with severe and complex mental illness including care packages

Aim of Activity

To commission psychosocial support services to support new and existing eligible consumers under one consolidated program. Services provided under the Commonwealth Psychosocial Support (CPS) Program will be complementary to those available within the region through other government funded psychosocial initiatives and mental health programs, with a recovery and person-centred focus.

These services will aim to:

- Increase individuals' functional capacity to live independently in the community.
- Reduce the need for acute mental health services.
- Increase connection and reduce isolation.
- Increase knowledge and skills.
- Increase engagement in daily activities, relationships and the community.
- Improve or stabilise mental health and wellbeing.
- Improve self-confidence and independence.
- Move towards personal recovery goals.
- Support access to appropriate supports, including the National Disability Insurance Scheme (NDIS) where appropriate.

Description of Activity

Service navigation (including housing connections)

The PHN will commission service providers to deliver service navigation in the PHN region that will help ensure:

- Consumers, families and carers have a better understanding of the service options available across a range of service domains.

- Consumers have increased choice in accessing a broader range of relevant health and support services to achieve recovery goals and manage their conditions on a day-to-day basis in the community.
- Support for consumers to access and engage with dedicated and specialised support services to meet their social needs, particularly access to safe and appropriate housing.
- General practitioners (GPs), program managers and service provider staff have a better understanding of services available in their regions to support the social, mental and physical health needs of people with severe mental illness and promote effective multidisciplinary care.
- PHNs, Local Hospital Networks and Local Area Coordinators develop a joint understanding of psychosocial consumer referral pathways, available supports, service gaps and emerging issues. Where there is capacity, strategies are implemented to mitigate identified barriers to this objective.
- Appropriate support for consumers, together with their families and carers, to access the supports needed to promote mental and physical health.
- Consumers are assisted to access stable, safe and appropriate housing, given the strong link between stable housing and positive mental health outcomes.

The service navigation activity will aim to improve integration of local health services, promote multi-disciplinary care, and make the health system more accessible to people with severe mental illness and associated psychosocial disorders.

Providers will receive further Access Enabler funding as a package of Remote Loading funding, NDIS Testing Support funding, and Capacity Assessment funding to use according to local need.

Regional loading

Regional loading of funding levels will be applied in relation to consumers living in outer regional, remote and very remote Australia. This is in recognition of the higher costs of delivering services in these areas and is intended to improve service availability for people with severe mental illness in those communities. There are no specific activities applied to this loading but rather a general resource functionality to support access enabler matters.

NDIS testing support

The PHN will provide NDIS testing support funding to test the eligibility of participants who appear to meet NDIS eligibility guidelines. This support assists consumers with collecting the evidence to submit an access request and to 'walk with consumers' while they take part in this process. Whilst each service provider conducts this support in accordance with their internal operations, most utilise Peer Support Workers who coordinate the testing support for individuals and assist with access/attaining information (noting each individual's needs are different) from/to including but not

limited to occupational therapists, general practitioner and psychologists.

Capacity and strengths-based assessments

The PHN will provide Capacity and Strengths-based assessment funding to assist with assessing capacity and strengths-based program planning for participants. This support assists consumers with identifying individual goals and the supports required. The Recovery Assessment Scale – Domains and Stages is not used as the predominate tool by service providers. Service providers generally use CANSAS, STAR and other evidence based assessment tools.

Primary Health Network operational activity

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Coverage

Country WA PHN

Activity Start Date

Activity End Date

1 July 2021	30 June 2025
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Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26
Psychosocial Access Enablers	\$2,325,732.89	\$2,699,976.84	\$0.00

END
