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OUTCOME: 2 - Health Access and Support Services

Topic: Mental Health Services

Type of Question: Hansard Page 71

Senator: O'Neill, Deborah

Question:

Senator SIEWERT: In the first instance, I want to follow up a question on notice—question 521—but I do not think you actually need that for my next lot of questions. We did engage in a discussion last time around the PHNs identifying gaps in the provision of mental health services, and you did answer by saying that they have gone up on the website. I note as an aside that at least one of the PHNs, in fact, did not have the information up on the website on the date that it was said that all of them did have it up. Have you done a summary of what major issues have been identified across the 31 PHNs regarding the key gaps in mental health services?

Ms Cole: We have not got an aggregated document along those lines, but we could, if you wish, take on notice a summary for you against the 31 needs assessments.

Senator SIEWERT: Why have you not done that? I would have thought it was a fairly obvious thing that the government would want to know, given the concerns about the gaps in funding, given the various changes, given the shift to NDIS.

Mr Cormack: We asked each of the PHNs to undertake a needs analysis right across the full areas of programs that they are responsible for. Mental health is a very important part of their work, but they have got other activities as well. They submit their needs assessments, and those are then compiled into their commissioning plans. They are meant to be an autonomous, locally responsive entity that is able to align needs with a more flexible funding pool. We certainly do collect all that information that they submit to us and, as Ms Cole said, we will certainly make available whatever information has been provided to us, but we do not have that at hand at the moment in a single, consolidated document for every single PHN and every single program area, because they are meant to undertake this. That is their mission. We contract them to undertake the needs assessment and we also provide them with flexible funding to be able to meet those needs, and most of them are well advanced in the process of commissioning services to fill those gaps.

Senator SIEWERT: Let me get this straight: you have done no analysis of that; you have provided no advice to government around—

Mr Cormack: We did not say that at all. We just said that we do not have a consolidated document here to give to you or to talk you through, but we will take that on notice.

Answer:

Primary Health Networks (PHNs) are required to commission primary mental health services within a person-centred stepped care approach, so that a range of service types are available within local regions to better match with individual and local population needs. PHNs have the flexibility to use funding to commission regionally delivered mental health services.

PHNs are required to have appropriate mechanisms in place to address the needs identified for their region. They are required to plan, deliver, commission (where relevant), and report all activities according to the following six key objectives and priority areas: low intensity mental health services, child and youth mental health services, psychological therapies for people in under-serviced and/or hard to reach populations, people with severe and complex mental illness, suicide prevention and Aboriginal and Torres Strait Islander mental health services.

The Department received Needs Assessments from PHNs in November 2016 which have been assessed and approved and are now publicly available. In addition, the mental health policy area has subsequently conducted an analysis of the 31 PHN Needs Assessments in an effort to identify any recurring themes and issues.

It should be noted that the analysis reflects a snapshot in time and it is acknowledged that PHNs, in collaboration with relevant stakeholders including the Department, continue to respond to emerging needs and priorities of their respective regions as appropriate.

The recurring themes that have been identified are at Attachment A. These themes were identified by some, but not all, PHNs in their Needs Assessments.

Primary Health Networks (PHN) – Themes and Issues across PHN Needs Assessments

Access to services
- A number of PHNs have reported community views about the service system being inconsistent, with limited services available in rural and remote areas.
- Some PHNs strongly note a lack of early intervention, promotion and prevention services.
- Access barriers are highlighted by some PHNs, including lack of general practitioners willing to manage people with mental ill health in the community, lack of public transport to access services, financial barriers to gaining treatment, lack of mental health screening, and a lack of specialists.
- There is a lack of access in some areas to culturally appropriate and sensitive services for Aboriginal and/or Torres Strait Islander, culturally and linguistically diverse, homeless, refugee and lesbian, gay, bisexual, transgender, intersex, queer, asexual and pansexual people. Lack of access to translators/interpreters is also reported.
- There is significant regional variation in service availability for low intensity services.
- Some PHNs note a lack of integration between primary mental health care and tertiary services, and lack of integration with non-clinical services.
- There is a need to improve referral pathways, and access to general practitioners with appropriate mental health skills and knowledge across various PHN regions.

Barriers
- Reliance on digital mechanisms for mental health service provision is problematic for some rural and remote communities, due to access and infrastructure issues, and significant barriers due to variations in computer literacy, culture and language
- Other barriers identified by some PHNs to accessing some services include distance to services, lack of transport and cost.
- Some PHNs observed a need for continuation and expansion of mental health nurse service provision. Some communities have limited access to primary mental health care, including mental health nursing services.
- There is poor access to community based mental health programs, and poor coordination between drug and alcohol and mental health services in particular PHN regions.
- A number of PHNs perceive a lack of clarity and regulation around staff types in the mental health sector, significant variation in position titles and staff qualifications and skillsets, and issues with burnout.
- Various PHNs have also noted difficulties in attracting and retaining appropriately skilled and experienced professionals.

Training
- Workforce shortages and the need for enhanced training of relevant health providers are strongly noted across various remote catchments.
- A number of PHNs report a need for training for clinical and other workers in suicide prevention related skills, to address barriers to continuity of care, particularly post-discharge, arising from high demand exceeding resources.
- Commonly reported is the need for enhanced workforce training to support special needs of culturally and linguistically diverse populations and Indigenous people.
- Improvement is needed in some PHN regions for access to general practitioners with specific mental health skills and knowledge, including providers with cultural competency skills and training to address the needs of people across the six priority areas.