

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Additional Estimates 2016 - 2017, 1 March 2017

Ref No: SQ17-000169

OUTCOME: 2 - Health Access and Support Services

Topic: Community Mental Health Program

Type of Question: Written Question on Notice

Senator: Siewert, Rachel

Question:

As part of its data collection, I understand the Department collects information on the proportion of the regional population receiving PHN commissioned mental health services.

- a) What are all of the key performance indicators the PHNs must report under?
- b) How does the Department use these indicators to measure whether service quality and integrity is being maintained?
- c) Are there minimum standards for PHNs to maintain service quality, such as minimum levels of qualifications for specialist mental health services?
 - i. If yes, then why are the PHNs able to replace specialist mental health services delivered by appropriately trained and qualified clinicians, with non-clinical staff who have no qualification in the provision of mental health care?
 - ii. If no, why not?
- d) What guidance around service quality and evidence based practice is mandatory for the PHNs to adhere to?

Answer:

- a) Key performance indicators include:
 - Proportion of regional population receiving Primary Health Network (PHN)-commissioned mental health services – Low intensity interventions; Psychological therapies delivered by mental health professionals; Clinical care coordination services for people with severe and complex mental illness.
 - Average cost of PHN-commissioned mental health service – Low intensity interventions; Psychological therapies delivered by mental health professionals; Clinical care coordination services for people severe and complex mental illness
 - Proportion of regional youth population receiving PHN commissioned youth-specific mental health services.
 - Proportion of people receiving PHN-commissioned mental health services delivered to the regional Indigenous population where the services were culturally appropriate.
 - Proportion of people referred to PHN commissioned services due to a recent suicide attempt or because they were at risk of suicide followed up within 7 days of referral.
 - Clinical outcomes for people receiving PHN-commissioned, low intensity mental health interventions; Psychological therapies delivered by mental health professionals.

- Extent to which establishment and transition expectations as set out in the schedule have been met.
 - Proportion of PHN annual flexible mental health funding allocated to low intensity services, psychological therapies and services for people with severe and complex mental illness.
 - Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.
 - Extent to which client and sessional data, including client outcome measures has been reported to the Primary Mental Health Care Minimum Data Set.
 - Extent to which governance processes are in place and being managed according to national, state and local standards, including the National Standards for Mental Health Services 2010.
 - Extent to which income and expenditure is managed in a financially appropriate manner that aligns with the Guidelines.
- b) The Key Performance Indicators have been developed to reflect basic expectations of service delivery against the six priority areas of the Government’s response to the Review of Mental Health Programmes and Service (the Review).

Mental health funding schedules with PHNs stipulate the obligations of the PHN organisations for reporting against these indicators to ensure that all mandatory data are both relevant to monitoring service delivery integrity and achievement of key objectives.

The Department is working with associated stakeholder groups and PHNs to ensure effective monitoring of activity and assessment of changes in the PHN population’s access to mental health and suicide prevention services is undertaken over time. This work has and continues to inform policy development.

- c) A requirement to comply with all relevant standards and legislative/regulatory requirements, such as the *National Standards for Mental Health Services 2010*, is specified in the Primary Mental Health Care Program Guidelines, which govern the PHN contractual arrangements for primary mental health services.

Specific guidance has also been provided to PHNs on each of the priority areas, which outlines what is expected with regard to safety and quality. For example:

“PHNs are expected to ensure a high level of service quality for services commissioned within a stepped care approach.

It is expected that the workforce involved in delivering PHN commissioned services is appropriately qualified, skilled and competent to provide relevant interventions, in line with relevant state and territory legislation and professional scope of practice where applicable. PHNs should ensure appropriate clinical supervision arrangements are established to maintain the safety and quality of commissioned service provision. PHNs also need to establish policies for managing complaints.

Relevant national standards (such as the *National Standards for Mental Health Services 2010*, the *National Practice Standards for the Mental Health Workforce 2013* and the *National Framework for Recovery Oriented Mental Health Services 2013*) regulations and guidelines should be applied where relevant to promote service quality and effectiveness.”

- i. PHNs are required to ensure commissioned services are provided by appropriately

qualified/credentialed and/or registered and experienced professionals that are only practicing within the scope of their area of qualification and competence.

ii. Not applicable.

d) Please see response to part c) above.