Discussion Paper

Flexible Care Packages For People with Severe Mental Illness

The Access to Allied Psychological Services Component of the Better Outcomes in Mental Health Care Program

January 2011

How to provide input or comment

You are invited to provide written comment on this Discussion Paper. Submissions can be sent by post or email and should be sent to the Department of Health and Ageing (the Department) by **11 February 2011.**

Content of submissions

Your submission should include:

- Name and full contact details (including email address), company name (where applicable) and designation of submitter;
- Comment on areas/questions set out in the discussion paper;
- Any other relevant information (for example, any technical, economic or business information, or research based evidence supporting the view being expressed); and
- Identification and discussion of any perceived omissions in the discussion paper or alternative approaches.

Confidentiality of submissions

Your submission may be published on the Department's website: www.health.gov.au. If you wish any information contained in your submission to be treated as confidential, please clearly identify such information, and outline the reasons why the information should be treated confidentially. Note that general disclaimers in covering emails will not be interpreted as specific requests for submissions to be treated confidentially. The Department will, however, use its best endeavours to ensure that any information identified as sensitive is treated in confidence.

Address for submissions

Electronic submissions should be emailed to: ATAPS@health.gov.au

Hard copy submissions should be sent to the following address:

Director
Community Services Section
Mental Health and Suicide Prevention Programs Branch
Department of Health and Ageing
MDP 602
GPO Box 9848
CANBERRA ACT 2601

Questions relating to submissions

Any questions relating to submissions should be directed to: ATAPS@health.gov.au

Purpose

The purpose of this paper is to seek the views of key stakeholders on elements of the new Flexible Care Packages for People with Severe Mental Illness (FCPs) measure, which is being implemented through Access to Allied Psychological Services (ATAPS) arrangements and which encompasses additional clinical services, non clinical support and case coordination for people with severe mental illness.

Background

2010 National Health Reform:

On 20 April 2010, the Australian Government and state and territory governments, with the exception of Western Australia, reached an historic agreement at Council of Australian Governments (COAG), on health and hospitals reform. The establishment of the National Health and Hospitals Network (NHHN) represents the most significant reform to Australia's health and hospitals system since the introduction of Medicare.

Under the NHHN Agreement, the Australian Government will take full funding and policy responsibility for primary mental health care services for common disorders such as anxiety and depression of mild to moderate severity, including those currently provided by states and territories.

The Australian Government has also signalled its determination to improve services for people with severe mental illness. As part of the 2010-11 Budget, $175.8 million was allocated to improve the mental health system as part of the NHHN. This includes:

- $78.8 million over four years to deliver up to 30 new headspace youth friendly services, provision of extra funding for the existing 30 headspace sites, and improvements to telephone and web-based support services for young people. The locations of the first ten new headspace centres were announced on 24 July 2010 by Minister Roxon. These new services will be established by headspace this year;
- $25.5 million over four years to expand the Early Psychosis Prevention and Intervention Centre (EPPIC) model in partnership with interested states and territories; and
- $13 million over two years under the Mental Health Nurse Incentive Program.

Importantly, this includes $58.5 million over four years to deliver Flexible Care Packages to better support up to 25,000 people with severe mental illness, to be delivered through ATAPS arrangements.

Taking Action to Tackle Suicide Strategy

Building on the existing reforms already underway, on 27 July 2010, the Prime Minister, the Hon Julia Gillard MP, stated that mental health will be an important second term agenda for the Government, announcing the "*Taking Action to Tackle Suicide*" strategy. Under this strategy, $274 million will be invested over four years to:

- provide more services to those at greatest risk of suicide including psychology and psychiatry services, as well as non-clinical support to assist people with severe mental illness and their carers with their day-to-day needs;
- invest more in direct suicide prevention and crisis intervention, including through boosting the capacity of counselling services such as Lifeline and providing funding to improve safety at suicide 'hotspots';

- provide more services and support to men – who are at greatest risk of suicide, but least likely to seek help; and
- promote good mental health and resilience in young people, to prevent suicide later in life.

As part of this package $60 million will be available over three years from 2011-12 to extend funding pools available under the Flexible Care Packages for People with Severe Mental Illness measure to enable access to non-clinical support services, such as structured social activities, psychosocial rehabilitation, vocational support or respite services for carers. This complements clinical services and case management available under the original allocation to Flexible Care Packages, and will enable wrapped around care to be tailored to the needs of the individual.

For the purposes of consultation, Flexible Care Packages are defined as including both the initial $58.5 million for clinical services and case coordination, and the subsequent $60 million for non clinical support described above.

Flexible Care Packages for People with Severe Mental Illness

People diagnosed with severe mental illness referred to ATAPS by a General Practitioner (GP) or a psychiatrist will be able to access a package of care.

A Flexible Care Package (FCP) is a package of care which is tailored to meet an individual's needs and will comprise of the following components:

- funding to purchase clinical services:
- the capacity of funding case coordinators to work closely with the referring GP or psychiatrist and assist individuals navigate the clinical and social support they need;
- new funding to purchase the required community/social support services; and
- an emphasis on links and flexible pathways to broader clinical and support services, including Commonwealth, State and Territory and NGO services such as specialist mental health services, acute services, crisis support, and broader vocational and community support.

The total number of ATAPS flexible care services provided to an individual (both clinical and case coordination) will depend on the individual's particular needs. It is estimated that an average of 20 clinical services in a calendar year will be provided to each individual, although it is recognised that some clients may need more clinical services in a calendar year depending on the level of severity of their illness and associated disability. In addition non-clinical support will be available to the individual, subject to their needs and care plan.

Access to Allied Psychological Services

ATAPS is a component of the Better Outcomes in Mental Health Care (BOiMHC) Program which was introduced in 2003 to:

- produce better outcomes for consumers with common mental disorders of mild to moderate severity through offering evidence based short-term psychological interventions within a primary care setting;
- offer referral pathways for GPs to support their role in primary mental health care;
- offer non-pharmacological approaches to the management of common mental disorders; and
- promote a team approach to the management of mental disorders.

ATAPS enables GPs to refer patients who have been diagnosed as having a mental disorder of mild to moderate severity to an allied health professional to provide short term focussed psychological strategies. ATAPS primarily treats common mental disorders such as anxiety and depression and targets hard to reach groups. Using their annual budget, Divisions of General Practice (Divisions) are able to adopt a model that best suits local needs and arrangements.

In April 2008, the Minister for Health and Ageing, the Hon Nicola Roxon MP, announced a review of ATAPS with the goal of refocussing ATAPS to better complement the *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS* (Better Access) initiative and to better target service gaps for people who, for reasons of geographical location or other barriers, are not able to easily access Medicare subsidised services. The Minister also announced the use of ATAPS as a platform for innovative service delivery models including perinatal depression services, telephone based cognitive behaviour therapy and services for people who have self harmed or attempted suicide.

Outcomes from the Review of ATAPS

The review was completed in March 2010 and the consultation and research undertaken through the review process identified four key areas for ATAPS to focus upon to better meet the needs of consumers experiencing mental illness. These four key areas are Better Addressing Service Gaps, Increasing Efficiency, Encouraging Innovation and Improving Quality.

To address some of the outcomes of the review, a new tiered funding model was introduced on 1 July 2010.

ATAPS Tier 1 funding, which is the core funding provided to Divisions, is intended to complement Medicare subsidised service provision and provide mental health services to hard to reach groups. ATAPS Tier 2 funding supplements Tier 1 funding and provides an additional, flexible pool of funding for innovative service delivery to specified groups (such as women with perinatal depression, individuals who are or are at risk of homelessness, children, people in more remote locations, individuals who have attempted suicide or are at high risk of suicide or people who are impacted by extreme climatic events) with priority needs which cannot be met through traditional ATAPS service delivery approaches. The priorities for this pool are targeted to address service gaps.

The new FCPs measure will provide an additional tier of funding over and above this structure.

Other review recommendations will be implemented over the next year or so and stakeholders will be consulted in this process.

Discussion of Key Issues

To inform the design of the FCPs and the program guidelines, the following questions have been developed.

Definition

There are no simple definitions of mental illness and severe mental illness. However, for the purposes of FCPs, it is proposed to use a broad definition that reflects that people experience different phases and impacts of illness and allows some clinical flexibility. Therefore, the following definition, based on the definition in the Fourth National Mental Health Plan[1], is proposed:

> *To be referred for a FCP, a person is required to be diagnosed by a General Practitioner or Psychiatrist as having a severe mental illness. The severity of the mental disorder is to be judged according to the type of illness (diagnosis), intensity of symptoms, duration of illness (chronicity), and the degree of disability caused*
>
> .

Bearing in mind the need for flexibility and the FCPs target population, does this definition of 'severe mental illness' fit the purpose of FCPs?

Who can refer people for FCPs? Is a Mental Health Treatment Plan required?

It is intended that GPs and psychiatrists can refer to FCPs. In exceptional circumstances, other providers may be eligible to provisionally refer to FCPs if prior agreement from the Department has been granted.

It is expected that the *Mental Health Treatment Plan* prepared for referral of a patient for the provision of focussed psychological strategies under the FCPs arrangements would be based on the format for the GP *Mental Health Treatment Plan* under the Medicare Benefits Schedule (MBS items 2710 or 2702).

Are there other clinicians who would be appropriate to provisionally refer people with severe mental illness for FCPs?
If so, what special conditions should be placed on these referrals?
What is considered to be a reasonable time period for clients to have a Mental Health Treatment Plan developed if they have been provisionally referred by other than a GP or psychiatrist?

[1] Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009-2014, page 16

Integrated referral pathways (intersections) between Commonwealth and State funded mental health services and with Non-Government Services (NGOs)

The FCPs are intended to increase coordination of services for people with severe illness and to help connect people to services. However they will only be one part of the service pathway and need to be connected to other state and Commonwealth health and non health services which people with severe mental illness need.

In particular, these services are not designed to take over the care of people with severe and persistent mental illness from the state and territory specialist mental health care system. The intent is to help the primary care system to better complement this service system and improve outcomes for people with severe mental illness, including minimizing their movement into hospitalisation and optimise their participation in the community.

It is recognised that the support needs of people with severe mental illness may vary with severity of symptoms from time to time, and may move from being supported in the state specialist mental health system when they are very unwell, to being managed through primary care when their symptoms are more under control. Similarly there may be some patients who present to either the specialist system who would be more appropriately managed in primary care and visa versa. In this way close working relationships will be needed to support integrated and flexible pathways between the two service systems.

Arrangements will also be put in place to ensure that should the client's needs change that they have immediate priority access to the required state specialist mental health services such as crisis support services.

Liaison with a broad range of NGOs, including the Commonwealth-funded services such as Day to Day Living and Personal Helpers and Mentors, as well as employment services, housing services and state funded NGO services will also be needed.

What arrangements should be put in place to facilitate seamless transition between Commonwealth and State funded mental health services to meet the changing needs of individuals?
How can Divisions (and later Medicare Locals) establish partnerships with local NGOs to ensure integration and coordination of services?

Type of Services to be Provided

The FCPs are intended to include clinical care and case coordination for people with severe mental illness being managed in the community and to enable access to non-clinical support services, such as structured social activities, psychosocial rehabilitation, vocational support or respite services for carers.

What type of clinical and non-clinical services may be needed for individuals receiving FCPs?
Where could these services be purchased from?
What arrangements need to be put in place to facilitate access to clinical and non-clinical services?
What would be the case coordination activities?

Quality Assurance

It is important that there be consistency in quality and clinical appropriateness in services provided under FCPs throughout Australia. New linkages and pathways will need to be developed, and additional support to assist Divisions through this process will be required.

The promotion of best practice is important in the delivery of FCPs. This can be achieved through sharing and disseminating information on, and examples of, the standards and competencies that are most critical for effective service delivery. This could include innovative service models, credentialling and scope of practice, triaging and ways to attract and retain staff.

What quality issues need to be addressed?
Who should be responsible for implementing any quality framework that may be developed?
How can we best support interface to allow Divisions to work effectively with state based services?
What constitutes a best practice model?
What information would best support service provision?

Skills of Allied Health Providers

To ensure consistent quality throughout Australia, allied health professionals engaged under ATAPS to deliver FCPs should be appropriately credentialled and have their scope of clinical practice defined in accordance with both their level of skill and experience and the clinical practice in the ATAPS context.

What aspects of credentialling should be considered when engaging allied health providers to deliver Flexible Care Packages?
What information do Divisions need to facilitate credentialling and define the scope of practice for ATAPS service providers?
What support mechanisms are needed for Divisions?

Clinical support for the workforce

With the move into providing services for people with severe mental illness, there is a need for additional clinical support for ATAPS allied health providers delivering FCPs. Models of providing this support will need to be considered and may include models such as the GP Psych Support Service. The Royal Australian College of General Practitioners is currently engaged through a funding agreement with the Department to deliver the GP Psych Support Service. This service provides GPs with phone, fax and internet/email access to patient management advice from a psychiatrist within 24 hours (or 48 hours for specialised drug and alcohol or child and adolescent mental health matters) of their request.

What specific elements are needed to appropriately support allied health professionals in ATAPS delivering FCPs?
Would an expansion of the GP Psych Support Service provide this support?
If a different support mechanism is preferred, how should it be structured?

Next Steps

The next steps in the implementation of the FCPs include:

- The broad distribution of this discussion paper to a number of key stakeholders and publication on the Department's web site;
- Consultations in each state and territory with clinicians, consumers and carers commencing in early 2011;
- Ongoing consultation with the ATAPS Expert Advisory Committee;
- Peak organisations to consult with their members and provide advice to the Department from their professions (by 11 February 2011);
- Written submissions invited, with a closing date of 11 February 2011.
- Development of guidelines and recommendations on support structures based on feedback from consultations and the discussion paper will be developed for Government consideration in early 2011;
- Support structures will be established through a competitive process in early 2011;
- Funding will be negotiated with Divisions in early 2011; and
- Funding agreements to be executed with Divisions in time for delivery of FCPs to commence from 1 April 2011.