

Victorian and Tasmanian PHN Alliance
**Response to the Productivity
Commission into Mental Health
Final Report**

10 February 2020



The Victorian and Tasmanian Primary Health Network Alliance (Alliance or VTPHNA) is pleased to provide feedback on the Final Report of the Productivity Commission into Mental Health (Commission), a national inquiry on the social and economic benefits of improving mental health.

The Alliance provides a platform for the Tasmanian and six Victorian Primary Health Networks (PHNs) to work together. The Alliance enables the PHNs to collectively achieve the best possible outcomes for local communities and organisations through leadership, collaboration, coordination and synergy across the jurisdictions.

The Alliance proudly acknowledges Australia's Aboriginal and Torres Strait Islander community, their rich culture and pays respect to their Elders past and present. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely.

We recognise and value the ongoing contribution of Aboriginal and Torres Strait Islander people and communities to Australian life and how this enriches us. We embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice.

The voice of people with lived experience is essential in the development of our work.

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Key points

The Victorian and Tasmanian PHN Alliance (VTPHNA) once again acknowledges the importance of the Final Report of the Productivity Commission into Mental Health (Commission) released 16 November 2020 in relation to the role of Primary Health Network (PHNs) in supporting people's ability to participate and thrive in the community and workplace, highlighting various initiatives in Victoria and Tasmania.

The Commission's inquiry coincides with the Royal Commission into Victoria's Mental Health System (RCVMHS) which represents an opportunity to implement much needed transformational change in the mental health landscape of Victoria.

This paper highlights the five key roles of PHNs against the recommendations of the Commission's Final Report. The five key roles of PHNs are in the areas of: regional commissioning; primary care system stewardship; primary healthcare education, training and workforce development; system coordination and integration; and health system transformation and reform.

Final Report feedback

The Victorian and Tasmanian PHNs operating as an Alliance are well placed to work closely with the Australian and Victorian/Tasmanian governments to ensure that there is a balance between regional responsiveness and statewide consistency aligned with national policies.

PHNs deliver current and emerging activities reflecting their key roles in:

1. Regional commissioning
2. Primary care system stewardship and management to improve quality, access and equity
3. Primary healthcare education, training and workforce development
4. System coordination and integration
5. Health system transformation and reform

PHNs are well-positioned to continue building and strengthening a person-centred mental health system by improving people's experiences throughout the health and wellbeing spectrum, from prevention to intervention and aftercare, across all ages from inception to end of life, and in all settings from home, across education, to workplace and local community.

The aforementioned elements of an effective and efficient mental health system highlighted by the Commission are being delivered by PHNs. This paper showcases initiatives from the Tasmania PHN and six Victorian PHNs, and flags future opportunities to support the goal of achieving a person-centred mental health system.

Regional commissioning

Over the past five years, PHNs have built and strengthened their commissioning capabilities by, maximising quarantined funding for specific mental health services and a flexible funding pool for planning, integrating and commissioning other mental health services in the region. Informed by the unique knowledge of local needs and contexts, and through genuine partnership with Local Hospital





Networks (LHNs), consumers and carers, and other stakeholders, PHNs translate national and state policies using population health and place based approaches.

Regional commissioning aims to deliver care in the greatest areas of need and support for providers within local markets to achieve intended outcomes. Regional commissioning of services supports health equity by enabling targeted action for a catchment and addressing the diverse needs of sub-groups within a region.

Regional commissioning has the potential to deliver a more systematic, population health and place based approaches in response to identified needs and available resources by encouraging collaboration across provider networks and individual providers, with the consumer at the centre of a connected system of care.

There is ample evidence of successful population health approaches, both in terms of improving outcomes and cost-effectiveness, even though the benefits may take years to materialise.

- Lewis L. & Ehrenberg N. Realising the true value of integrated care: Beyond COVID 19; 2020.

Regional commissioning seeks to introduce innovation and the adoption of critical enablers to strengthen the quality and integration of service, applying health intelligence to guide investment and monitor effectiveness.

Planning and implementation at the regional level allow population health approaches to work more effectively because local contexts such as strengths, assets, needs are taken into account, with clearer lines of accountability.

Regional and place based approaches build alliances of stakeholder organisations, people and communities where the social determinants such as housing, education, and social connectedness are taken into consideration, all of which together have been shown to have a greater impact on health and wellbeing compared to the impact of health and care services on their own.

PHNs already deliver a number of place based activities such as in the area of suicide prevention. Place based approaches are considered to be more proactive and upstream ways to strengthen primary and community services, enabling people to self-manage and seek appropriate and timely support, thereby reducing avoidable hospitalisations or long-term social care wherever possible.

[Geelong Suicide Prevention Initiative](#)

Health sector, government and community leaders from across the Geelong area have come together to tackle the region's incidence of suicide.

Western Victoria Primary Health Network, with support from the Federal Government, is leading the Geelong Leadership Steering Group (Group) in the development of an integrated, place based framework for suicide prevention with the Geelong community. This framework will be developed by analysing local data, applying learnings from current mental health and suicide prevention initiatives in the region and by drawing on the knowledge of key personnel.

The Group is working with mental health experts to define and build a more connected, collaborative and linked mental health system in the Geelong region, focusing on local community needs and issues, with a potential to inform and prioritise future activities, system design and development.





Given the complexities in the rural and remote areas in Victoria, PHNs use place based approaches acknowledging the need and value of bespoke rather than one-size-fits-all solutions. This includes innovative reforms to address workforce shortages in rural and remote areas such as developing a low intensity workforce.

[A new workforce in Gippsland](#)

Gippsland has a higher than average rate of people with mental health conditions when compared with the Victorian average and struggles with recruitment and retention of mental health workforce including registered psychologists (44.3 FTE per 100,000 people against Victoria's 87.4).

Gippsland PHN has commissioned the Beyond Blue's NewAccess program in 2019, targeting people with low-moderate needs but can step-up those requiring more assistance. This program has been designed to fit within a stepped care framework, and provides accessible services over the phone or face to face without a doctor's referral. Callers are connected with NewAccess coaches, trained in Low-intensity Cognitive Behavioural Therapy, who are located in Warragul, Traralgon, Wonthaggi and Bairnsdale.

NewAccess Coaches represent a new and emerging workforce recruited from local communities with a potential to become a part of the continuum of mental health workforce.

Using the voice of lived experience in regional planning

PHNs as regional commissioners, are working in partnership with LHNs and other stakeholders to develop and implement Joint Regional Mental Health and Suicide Prevention Plans as mandated by the 2017-2020 Fifth National Mental Health and Suicide Prevention Plan, and more recently by the National Health Reform Agreement (2020). Joint regional planning and implementation bridges the gap between primary and secondary/tertiary mental health, suicide prevention and alcohol and other drug (AOD) services, using evidence and outcomes-based regional commissioning, guided by the voice of consumers, carers and local communities. Examples include:

Eastern Melbourne PHN (EMPHN) [Connecting people. Our plan](#)

Gippsland PHN (GPHN) [Gippsland's Mental Health and Suicide Prevention Commitment](#)

North Western Melbourne PHN (NWMPHN) [Blueprint for Better Health](#)

Primary Health Tasmania (Tasmania PHN) [Rethink 2020: a state plan for mental health 2020-2025](#)

Primary care system stewardship and management to improve quality, access and equity

PHNs are primary care system stewards developing and shaping primary healthcare services to improve quality, access and equity in their respective region.

A primary health care approach includes:

- meeting people's health needs throughout their lives and integrating quality and evidence-based services across the lifespan to facilitate continuity of care





- addressing the broader determinants of health through multi-sectoral policy and partnerships
- support for disadvantaged and at-risk populations
- empowering individuals, families and communities to take charge of their own health and by including them in the delivery, planning and evaluation of health services.

Ensuring services are accessible and available, with care that is coordinated and continuous, are crucial for improving health outcomes, as well as reducing more costly hospitalisations and emergency department use.

Early intervention in children and adolescents

Many mental health problems and illnesses begin in childhood or adolescence. Investing in mental health promotion and early intervention are identified as areas that can deliver cost-effective outcomes.

PHNs will likely take a stronger role in perinatal, early childhood and school-aged social and emotional wellbeing for children and are clearly well-placed to support regional alignment, create linkages for children, young people and their families through strong referral pathways.

Perinatal Mental Health Service: Ready Steady Family

North Western Melbourne PHN (NWMPHN) commissioned Drummond Street Services in 2019 to implement a stepped care approach to support the mental health and wellbeing of parents in the antenatal and postnatal periods. [Ready Steady Family](#) provides support and access to a range of integrated and connected early mental health and wellbeing interventions in primary care, for new parents in the western and northern parts of the NWMPHN region.

The program recognises that the transition to parenthood is a critical life event and a time of increased risk for the onset and relapse of mental health conditions. Ready Steady Family allows families to access different types and intensity of support as they move through their parenting journey, working alongside with service partners within primary, maternal and allied health sectors to improve engagement and responses, from conception to the end of the first postnatal year. A multidisciplinary team provides parents at risk of poorer mental health with parent support and mental health interventions, actively addressing social health determinants, responding to risks and building protective factors, with an emphasis on improving antenatal and postnatal support within the region. To date, the service has engaged 250 clients (children and adults) in individual and family support, and a further 469 in seminars and groups. The program prioritises families at risk of poorer mental health and has reached people from diverse backgrounds.

Empowering and supporting First Nations people

First Nations people continue to face inequitable social conditions and systemic barriers to culturally appropriate and culturally safe mental health services, which can greatly impact mental wellness.

Using a social and emotional wellbeing framework, PHNs support Aboriginal communities through initiatives that provide better access to health and wellbeing services, and greater opportunities for Aboriginal community organisations to manage and develop services to their communities' requirements.





Aboriginal Suicide Prevention and Healing Network

South Eastern Melbourne PHN provides support to Victorian Aboriginal Child Care Agency (VACCA) for the secretariat function of the South East Melbourne Aboriginal Suicide Prevention and Healing Network (Network), a community group developed by concerned community members and service providers of the *Boon Wurrung/Bunurong Wurundjeri* Country to assist in addressing the issue of Aboriginal suicide. The Network consisting of service providers as well as an increasing number of interested community members and Elders, aims to prevent suicide through the Southern Melbourne Metropolitan, Southern Peninsula and Bayside Regions. Activities include advocacy, education, promoting partnerships, and supporting healing through a cultural lens.

NDIS access by Aboriginal communities

Eastern Melbourne PHN has commissioned Oonah Belonging Place, Wellways, Victorian Aboriginal Health Services and EACH to deliver the [Yumarrala Ngarrdji project](#), aiming to identify and address the barriers that Aboriginal and Torres Strait Islander peoples face in accessing the National Disability Insurance Scheme (NDIS). Activities include co-designing an Aboriginal NDIS engagement model and *National Yarning About My Life and My Well-Being NDIS Workbook*, provision of culturally appropriate NDIS information, supporting access to, implementation and reviews of plans, NDIS training for organisations, and developing NDIS business models to become an NDIS provider.

Working with General Practice

General Practice is at the heart of a comprehensive primary health care system, and in conjunction with other clinical and community services, provides a wrap-around support to the consumers and their families as required.

PHNs provide primary care practices with quality improvement technical assistance, including practice redesign, assistance with the adoption of health information technology, and information on local best practices and national evidence-based practices and guidelines.

Generalist primary healthcare plays an important role in mental health, suicide prevention and alcohol and other drug interventions and treatment. This includes the significant role and value that general practitioners (GPs), practice nurses and pharmacists play in providing engagement, treatment and care pathways. For GPs, this includes activities in support of early intervention, engagement, as well as facilitating and supporting aftercare.

Doctors in Secondary Schools

The Victorian Department of Education and Training has funded the six Victorian PHNs to deliver the [Doctors in Secondary Schools](#) program making primary health care more accessible to students to help identify and address any health problems early, and reduce the pressure on working parents and general practices in the community. This initiative provides school-based primary health services for 100 Victorian secondary schools most in need, complementing existing student wellbeing programs by improving health literacy and preventative health.





Mental health and physical health

PHNs serve as connectors linking local primary care practices to existing community resources, such as social services, mental health services, and public health resources and programs. As connectors, PHNs work with GPs and other primary health providers to ensure that both the mental and the physical health needs of individuals are addressed.

People with mental health issues are not only at much greater risk of experiencing chronic physical illness, but are also 50% less likely to receive treatment for their physical health concerns.

PHNs as primary care stewards enable health professionals to treat and/or refer consumers appropriately so their physical health and mental health needs are being equally met supporting the reforms outlined in the [Equally Well Consensus Statement](#).

Addressing physical health needs

Eastern Melbourne PHN (EMPHN) has commissioned Neami National (Neami) to deliver psychosocial support services to people who experience severe mental illness and are not supported by the NDIS. In addition, EMPHN has collaborated with Neami to incorporate a focus on staying physically well.

The [Preventative Health Initiative](#) support mental health consumers to build personal capacity and confidence in addressing their physical health needs including:

- A comprehensive health check, which includes information and assistance related to screening for breast, bowel and cervical cancers, influenza immunisation, and smoking cessation
- Working with the consumers to identify their health goals and the support needed to achieve those goals, along with support for the active engagement of carers, healthcare teams, family members and friends
- Working with primary health, mental health and other community services to ensure the effective delivery and coordination of high-quality integrated care.

EMPHN has also taken an integrated approach with its other commissioned services to ensure that consumers with mental health issues receive support for their physical health needs.





Working with homelessness and complexity

People experiencing homelessness and living with severe and episodic mental illness can face challenges accessing appropriate services that meet their often complex needs.

Psychosocial support and Homelessness

North Western Melbourne PHN commissioned the [Psychosocial Support Services Homelessness pilot](#) (PSS-H) informed by a workshop of homeless and psychosocial service providers. This innovative pilot program was delivered by cohealth, in partnership with Melbourne City Mission, in the local government areas of Yarra and Melbourne identified as areas of need. The program supported people with severe mental illness who are also homeless and not engaged in support services such as clinical mental health services, psychosocial support or the National Disability Insurance Scheme (NDIS).

The program encouraged the broader housing and health sector to collaborate more closely with psychosocial services on meeting the needs of the consumer. The aim is to ensure better engagement by drawing on the established relationships of housing workers for improved health and social outcomes. Insights and lessons from the pilot will assist services to be more responsive to homeless people with psychosocial support needs.

As an innovative model of service delivery, PSS-H was considered the community glue, holding the individual through linkage and connection to services while at the same time building their capacity and self-confidence.

Integrated service models in primary care

As primary care stewards, PHNs develop innovative regional workforce models to facilitate the availability of a suitable, skilled and diverse workforce, including peer workers. Workforce recruitment and retention are major challenges in remote and rural communities.

Strengthening the primary health care workforce in rural communities

Murray PHN has been exploring and developing the concept of Integrated Health Networks (IHNs) to address demand and supply across the primary health care system, particularly in rural settings. Aligning a local network of health providers across a geographic region, serving a population of 20,000-50,000 patients, IHNs facilitates primary health care providers to work together to improve access and outcomes for patients with complex or ongoing conditions. Providers work within agreed strategies for care coordination and referral pathways

Organised regionally and delivered locally, IHNs can provide a platform for investment in primary and multi-disciplinary care, mental health and care coordination using blended funded models.

It is anticipated that IHNs will be the regional workforce model of the future which facilitates local autonomy and ownership of the system of care, with a greater focus on community need, patient care coordination and population-based prevention strategies, strongly supported by education, training, and a range of quality improvement activities.

For more information on Integrated Health Networks, see [Murray PHN Report to the Community 2019](#) (pp.6-7)





Primary healthcare education, training and workforce development

All PHNs are involved in education, training and workforce development within their respective regions and are responsive to service and workforce gaps.

A regional approach to workforce development involves:

- Planning the primary health care workforce supported by data and knowledge
- Developing an evidence-informed, needs-based health workforce model
- A multi-sectoral approach in planning and implementation of multifaceted strategies adapted to context, professional groups and national health objectives
- Supporting flexible packages of incentives to attract and retain health workers in areas with the most need.

PHNs in partnerships with LHNs, public and private providers, work together to nurture a regional health workforce that is aligned with population and community health needs, and capable of adjusting to the growing demand for health care.

Optimising and expanding scopes of practice

Workforce development strategies include novel ways to optimise and expand scopes of practice ensuring that all occupations play an effective role in the primary health care team.

Community pharmacists and suicide prevention

Primary Health Tasmania supported a training program tailored to strengthen pharmacists' suicide prevention skills acknowledging and boosting the unique role pharmacists play within local communities. Delivered by the Black Dog Institute, the training strengthened the confidence and skills of pharmacists to start a conversation with someone they think might be at risk and to better respond to people in distress. Future plans include offering the training in an online format to around 100 pharmacists from the approximately 160 community pharmacies registered within Tasmania with support from the Pharmaceutical Society of Australia, the Pharmacy Guild of Australia, and Curtin University.





Linking GPs with Specialists

The Commission's Final Report acknowledges that GPs can benefit from assistance from mental health specialists to provide optimal care to consumers, to assist with assessment, diagnosis, treatment (including medication), or referral. PHNs are piloting ways for GPs and other primary care providers to have access to specialists, and at the same time build and strengthen the link between primary and specialist providers through communities of practice.

Psychiatric advice and consultation service

The Eastern Melbourne PHN (EMPHN) has funded The Melbourne Clinic to provide specialist psychiatric consultation and advice to GPs and EMPHN commissioned mental health and AOD service providers, building their capacity and confidence in working with consumers presenting with mental health conditions. This service can assist with diagnostic clarification, medication optimisation, provide advice on therapeutic management strategies, and referral pathways including stepped care services.

Connecting primary clinicians with specialists

Project ECHO (Extension for Community Healthcare Outcomes) connects primary health care providers with specialists and professional experts via regular telehealth sessions. Through these digital sessions, experts mentor and share their knowledge via case-based learning, enabling primary care clinicians to treat patients with complex conditions in their own communities.

Western Victoria PHN (WVPHN) is developing a Project ECHO Mental Health (MH) and Alcohol and Other Drugs (AOD) online learning series that aims to upskill and build relationships between MH and AOD treatment providers and primary health care providers across the WVPHN region. Throughout the series, subject matter experts will share their knowledge via case-based learnings to support delivery of best-practice care to people with mental health challenges and/or drug and alcohol addiction within their own communities.

Building communities of practice to strengthen child and youth mental health care

As part of the response to Victoria's pandemic restrictions and their impact on mental health, the Australian government provided funding to Victorian PHNs for 15 new mental health clinics called HeadtoHelp hubs. North Western Melbourne PHN (NWMPHN) commissioned three hubs in its region and has taken a unique opportunity to leverage the workforce and infrastructure of the hubs to address the challenges in child and adolescent mental health.

NWMPHN in partnership with Victoria's Royal Children's Hospital is co-designing and testing a community of practice for clinicians to support them in caring for mental health problems in children. Clinicians practicing in the NWMPHN region and seeing infants, children and adolescents with mental health concerns are invited to take part in developing the community of practice model. By upskilling frontline clinicians, children and families are provided with timely and appropriate care and reduce the burden on hospitals, public mental health services and specialists.





Supporting the lived experience workforce

People with lived experience inform and support PHN commissioned activities, evaluate the quality and efficacy of care provided, and drive best outcomes. PHNs acknowledge that consumers and carers need support to enable them to take control, lead and participate directly in the decisions that affect them.

PHNs empower people with lived experience by providing information and support such as training and professional development, enabling them to participate in all stages of commissioning. PHNs engage stakeholders and develop partnerships and trusting relationships, representing the diversity of consumers and carers. This includes children, youth and aged, Aboriginal and Torres Strait Islanders, culturally and linguistically diverse (CALD) and lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) communities.

Peer-based support for low-intensity mental health

North Western Melbourne PHN (NWMPHN) has commissioned providers to engage and embed peer workers as part of the low-intensity mental health workforce in order to deliver innovative and sustainable mental health services. Mental health peer workers draw upon their personal lived experience of mental illness and recovery (consumer peer worker), or their experience of supporting family or friends with mental illness (carer peer worker). Peer workers offer hope, and support consumers and carers to develop a recovery-oriented perspective, as well as contribute to improving the culture of service delivery.

Three providers currently establishing peer-based approaches for an identified priority group in the NWMPHN region include Orygen, focusing on young people; cohealth on those identifying as LGBTIQ; and Foundation House on refugees and asylum seekers.

The providers are developing evidence-based, peer-worker inclusive services that will improve early access to appropriate mental health services and supports for the targeted cohorts, thereby enhancing low-intensity services within the NWMPHN stepped care suite of services.

Building the capability of the mental health consumers

Primary Health Tasmania funded Flourish Tasmania in 2018 to deliver a three-day course on [Consumer Leadership](#), to equip mental health consumers the foundational skills and knowledge to work collaboratively across a range of settings. This nationally accredited training course gave mental health consumers a stronger voice and confidence when participating in service development and improvement. Acknowledging that not all mental health consumers have the time to attend a three day course, Primary Health Tasmania worked with the same providers develop a three hour version of this course.





System coordination and integration

The essence of integrated care requires creating a more connected health and care system.

Stronger and more resilient care systems and communities are better able to cope, respond and adapt to new challenges and crises such as recent Victorian bushfires and the coronavirus (COVID-19) pandemic.

Responding to 2019-20 Victorian bushfires

In their respective regions, Gippsland PHN (GPHN) and Murray PHN (MPHN) teams have actively worked to support general practices and health services located in communities affected by the 2019-20 bushfires.

Leveraging established relationships with the Rural Workforce Agency Victoria (RWAV), the Victorian Department of Health and Human Services and Australian Department of Health Primary Health Care branch, GPHN and MPHN assisted in the coordination and sharing of information between local, state and national teams.

GPHN funded the [Frontline Bushfire Counselling Service](#) delivered by Relationships Australia Victoria and the Royal Flying Doctor Service to support the East Gippsland communities impacted by the devastating bushfires. Since it was set up in January 2020, Frontline Bushfire Counselling Service has assisted more than 400 people with 2000 appointments and was proactive in managing the communities' concerns about 2021 bushfire season and the traumatic triggers associated with the 12-month anniversary of the fires.

To support the bushfire affected communities, MPHN took immediate steps to implement changes to access and eligibility criteria for primary mental health and psychosocial recovery services that can be accessed through local GPs. [APMHA HealthCare](#), one of MPHN current commissioned providers, established a Bushfire counselling phone line referral pathways for North East Victoria.

Rapid response to the coronavirus pandemic

The surge in people seeking support due to the coronavirus pandemic was the stimulus for setting up the [HeadtoHelp](#) (H2H) service, a unique model of care jointly developed by the six Victorian PHNs, seen as the first statewide step towards integrating the mental health system and coordinating care for people, when and where they need it most. H2H's central intake and 15 hubs opened on 14 September 2020 and are currently funded for 12 months.

H2H welcomes everyone who needs mental health and wellbeing support, whether their mental health issues are pre-existing or have emerged during the pandemic. As part of an integrated primary care response, and to support continuity of care, people will be encouraged to also see their regular GP, or will be helped to find a regular GP if they don't have one.

H2H uses the Initial Assessment and Referral Decision Support Tool (IAR-DST), a series of clinical and social questions that help the trained intake team understand a person's needs and what type of support or services will best help. A caller may be referred to existing services or if there is no existing service that is suitable, to one of the 15 H2H hubs which offer a multi-disciplinary team to help with more complex mental health needs.

A collaboration between the Commonwealth and Victorian governments is ensuring that the new hubs will be integrated with local services and will support other enhancements to Victoria's mental health system.

The rapid implementation of the H2H demonstrate the agility Victorian PHNs to come together and act as one, and collaborate across disciplines and sectors to deliver a common goal.





Integration at the local level

The Commonwealth and State/Territory Governments take different approaches to commissioning and funding services, in line with their different operating contexts, history and remit.

Operating at the meso-level, individual Victorian PHNs use innovative tailored commissioning and procurement approaches to align the aforementioned differences in approach by governments, reflecting the respective local priorities and context, but more importantly improving integration and delivering seamless care.

Casey and Dandenong aftercare service

The Victorian government has invested in suicide aftercare in 12 areas through the Hospital Outreach Post-suicidal Engagement (HOPE) initiative providing clinically focused intensive support for up to three months. The Commonwealth government, through the PHNs, funded the implementation of Beyond Blue's The Way Back Support Service (TWBSS), a suicide aftercare service providing psychosocial support.

In the south east region of Victoria, one of the HOPE sites was in Casey Hospital, while one of the TWBSS was designated for Dandenong Hospital.

South Eastern Melbourne PHN (SEMPHN) has partnered with Monash Health by combining the funding sources, maximising investment in a uniform model of care across the two hospital sites. Psychosocial support services are delivered by the SEMPHN commissioned Better Place Australia ensuring a consistent service offering across the two sites resulting in an easy to navigate pathway for consumers and referring clinicians. This combined clinical and psychosocial service is currently accessed either through the hospital emergency departments (EDs) or through inpatient wards (at the time of discharge). SEMPHN is advocating opening referral pathways to GPs and community mental health services to allow consumers in suicidal crisis to be supported without having to experience the potential trauma of an ED presentation, and also reduce the pressure on EDs.

SEMPHN has developed and implemented mitigation strategies to support a regionally planned approach to deliver this program, facilitating services to work together to deliver a more seamless recovery journey for consumers and carers.

Psychosocial and Interface Network

Victorian PHNs came together in 2018 with community managed mental health services, other social services, consumers, carers and family members relevant to the establishment of psychosocial support services to hold co-design forums that will improve coordination of services and determine the best model of care for consumers and their families for each region.

This collaboration continued with the PHN led Victorian-Tasmanian PHN Psychosocial and Interface Network consisting of representatives from the PHN and LHN commissioned psychosocial support service providers, NDIS, Victorian Department of Health and Human Services, and other community management support services. This network meets regularly to discuss the strengths, enablers and areas of improvement of service models, and touch points for collaboration at the local level.

The network has produced an information kit to support consistent messaging about psychosocial support services (e.g. definition, eligibility and scope) to assist current and potential consumers and referrers in accessing PHN and State funded psychosocial support services.





Health system transformation and reform

PHNs, having built a level of commissioning maturity and capability, are leading regional planning and integration of mental health, suicide prevention and alcohol and other drug services

At the regional level, PHNs are well-placed to translate the national reforms reflecting the vision of a person-centred healthcare using evidence, population and place based approaches, in partnership with consumers, carers and the local communities.

A successful health system transformation requires strong national leadership with a clear vision for change that is plainly and openly communicated to consumers, carers, service providers, policy makers and researchers.

Successful health system transformation to achieve the vision of person-centred care requires national leaders and policy makers with the unwavering tenacity to build or rebuild the structural foundations of the health system that will include:

- Inter-government agreements with clearly defined responsibilities and lines of accountabilities
- Partnership with consumers and carers including building their capacity to actively participate in every stage of the reform
- Data platforms that allow real time data capture, monitoring and visualisation to support a knowledge management system
- Culture of transparency and continuous quality improvement focused on meaningful outcomes.

The VTPHNA has established effective mechanisms to share learnings, progress priorities together and form policy positions which recognise the variation across regions and at the same time the important role of primary care.

Regional translation of national reforms

PHNs welcome opportunities to translate national reforms at a state or regional level including:

- a) Implementation of the National Children's Mental Health and Wellbeing Strategy, with the integration of the proposed age 0-12 initiatives into the age continuum of stepped care services
- b) Statewide (Victoria and Tasmania) implementation of a National Stigma Reduction Strategy; and a National Social Prescribing Program with core standards allowing for meaningful and robust evaluation; a National Pharmacotherapy Program informed by the learnings from co-commissioning by the Victorian PHNs and State government; opportunities to deliver consistent capacity building initiatives for lived experience engagement including support for professionalisation of the peer workforce.
- c) In line with the National Standards in Mental Health Services, the development of shared clinical governance framework across State, LHNs and PHNs to support a shared understanding of clinical governance (irrespective of funding source) and the realisation of a shared responsibility for safe and high-quality suicide prevention activities which foster continuous improvement.
- d) Expansion of psychosocial support services using the lens of prevention and early intervention rather than limited to disability.





- e) Advocacy to support the national roll-out of the Initial Assessment and Referral (IAR) Tool across PHNs, LHNs and other sectors, sharing the learnings from the implementation of the Victorian 15 HeadtoHelp clinics.
- f) Development and implementation of an agreed statewide consumer and carer engagement framework to support Joint Regional Planning for Mental Health and Suicide Prevention.

Children's mental health and wellbeing initiatives

ASPIRE: Helping kids thrive

Commissioned by North Western Melbourne PHN (NWMPHN) since 2017, nominated as a finalist in the 2019 Victorian Early Years Awards, ASPIRE is a place-based initiative that supports the early identification of developmental vulnerability in pre-primary children at the Good Samaritan Catholic Primary School. This is achieved in partnership with, DPV Health, Hume City Council, Foundation Health and Community Hubs Australia.

ASPIRE was driven by a demonstrated local need with the proportion of children who are developmentally vulnerable in the Hume local government area much higher compared to Victoria as a whole. One of the most important ASPIRE activities is a supported playgroup with families using a bicultural worker.

Before the COVID-19 outbreak, 148 children were involved in these playgroups. ASPIRE later transitioned to a closed Facebook page to conduct playgroup when face-to-face sessions were no longer allowed. Fortnightly themed learning packs, supported by online engagement, are distributed to families to support play and activity between parents and their children. Other key ASPIRE activities include: access to speech pathology and occupational therapy in the classroom through the Step Into Prep program, enabling better outcomes for students and teachers, and adaptive learning opportunities for the classroom, parent engagement groups that enable conversations about services available to families, and feedback about those services.

ASPIRE is a critical support for the highly culturally diverse Good Samaritan school community, and NWMPHN will continue to commission the program until at least 30 June 2022.

Calm Kids Central: Access to child psychology advice and resources

Gippsland PHN (GPHN) has commissioned [Calm Kids Central](#), an innovative program technology with cutting-edge health information delivery methods providing online child mental health services in a way which overcomes both child psychology workforce shortages and traditional barriers to treatment.

The program, which won the award for Innovation at last year's Gippsland Primary Health Awards, also increases child wellbeing, while providing connections to other services. GPHN provides free access to the program for 12 months for Gippsland families.

Courses, video lessons, activity sheets and posters are used to teach children to act bravely, behave in positive ways, act confidently, develop good friendships and manage tough life situations. Parents can get fast access to a child psychologist online to raise any concerns without waiting for appointments.





Regional approach to stigma reduction

The Commission's Final Report acknowledged that ongoing and long term commitment and community-wide support will be required to sustain effective stigma reduction. Murray PHN has led a community and regional campaign to address the stigma of mental illness across different organisational settings.

Stop Mental Illness Stigma Charter

Murray PHN created the Stop Mental Illness Stigma Charter to encourage organisations to adopt the right behaviours and practices and build an environment where employees and customers feel supported and understood.

While the charter was developed by Murray PHN to help health organisations create safe and supportive places for employees and patients, the charter has now been adopted nationally by more than 70 organisations, including local councils, community and homelessness organisations, government departments and now, sporting groups. As mental health is more widely discussed and the benefits of adopting the charter are becoming clearer, the Stop Stigma message continues to grow. At the individual, organisational or a community level, there is the commitment to breaking down the barriers, challenging the stereotypes, and encouraging help-seeking behaviours.

Social prescribing and the broader context of health and wellbeing

It is well known that separating people's health from their social context is a barrier for their engagement with their health. Social prescribing enables GPs to refer patients whose health is being affected by non-medical factors, such as social exclusion, housing, financial stress or health literacy, to a range of community services that can help address these concerns. Social prescribing looks beyond medical solutions in ways to reduce rates of chronic and complex conditions in the community.

Social prescribing

North Western Melbourne PHN (NWMPHN) has commissioned a [Social Prescribing pilot](#) delivered by IPC Health at their Deer Park GP centre, to address the broader context of a person's health, moving people towards prevention by focusing on the protective factors of health and wellbeing. More than 100 people were referred into the program in 2019–20, engaging with a wellbeing coordinator to identify the social, emotional, and financial issues contributing to their health concerns. Many of these clients received 'social prescriptions' to address their needs and better connect them with their community, with a community link worker connecting GPs and consumers with local non-clinical services such as volunteering to arts and sporting clubs.

In response to the coronavirus pandemic, the program successfully moved to a broader community care model, with a wellbeing coordinator supporting vulnerable and high-risk clients to navigate support services during lockdowns.

NWMPHN, in partnership with IPC Health, are in the process of developing and implementing a robust evaluation strategy that includes quality of life, client experience and provider experience measures.





Lived experience engagement framework

The Commission's Final Report recommended requiring each PHN–LHN grouping involved in Joint Regional Planning for Mental Health and Suicide Prevention to develop and commit to a Consumer and Carer Engagement Framework that specifies the approach to engaging with consumers and carers, and a set of verifiable measures.

A Victorian Lived Experience Engagement Framework

The Victoria Department of Health and six PHNs are working with consumers and carers to develop a common engagement framework with emphasis on lived experience to support regional planning for mental health and suicide prevention. The framework will include a best practice guide along with success indicators, and will endeavour to align with current Commonwealth and State policies, and with the reforms proposed by the Productivity Commission into Mental Health and the Royal Commission into Victoria's Mental Health System.

In summary

Since their establishment five years ago, PHNs have evolved and matured.

As regional commissioners, PHNs have developed expertise in population health planning and in both broad and targeted stakeholder management, continually updating their respective regional knowledge base.

As stewards of the primary care system, PHNs are important players in connecting the various parts of the health and social systems in order to deliver a positive and seamless experience of care.

As change agents, PHNs leverage partnerships to drive reforms in order to achieve system coordination and integration.

In an ever changing landscape where structures and services are being reorganised, PHNs adapt and are willing to take an expanded role armed with the required policy and funding mandate.

