



Australian Government

Department of Health

PHN PRIMARY MENTAL HEALTH CARE FLEXIBLE FUNDING POOL IMPLEMENTATION GUIDANCE

STEPPED CARE

This guidance document provides overarching advice on a stepped care approach to mental health and outlines expectations of PHNs in its implementation. Stepped care is central to the Australian Government's mental health reform agenda and should be used by PHNs to guide mental health activity. PHN regional mental health planning and commissioning of services will be founded upon a stepped care approach.

A continuum of primary mental health services within a stepped care approach will ensure a range of service types, making the best use of available workforce and technology, are available within the local region to better match with individual and population need.

This document complements guidance provided on specific elements of the stepped care approach. Please refer to the full package of guidance material.

In 2016-17 PHNs are expected to:

- undertake comprehensive regional mental health planning and identify primary mental health care service gaps *within a stepped care approach*;
- develop approaches to new service areas to broaden the service mix, such as low intensity services and services for young people with severe mental illness;
- promote a stepped care approach and better target appropriate referral to mental health and related services;
- develop linkages with and between relevant services and supports; and
- establish mental health specific clinical governance arrangements.

Longer term PHNs will be expected to:

- implement the core elements of a stepped care approach outlined in this guidance;
- plan, develop, target and/or commission services to achieve an appropriate service mix;
- address the six priorities identified for the flexible funding pool within a stepped care approach;
- ensure the most efficient use of resources to develop and implement timely service pathways;
- actively promote use of the Digital Mental Health Gateway as a core element of a stepped care approach; and
- support GPs in their critical role in ensuring people are referred to the right care at the right time.

Please note that additional advice on stepped care will be provided to PHNs during 2016-17, in recognition of the complexities of this approach and need for implementation support.

What is stepped care?

Stepped care is defined as an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to the individual's needs. While there are multiple levels within a stepped care approach, they do not operate in silos or as one directional steps, but rather offer a spectrum of service interventions. Stepped care is a different concept from 'step up/step down' services (refer to *Definitions*).

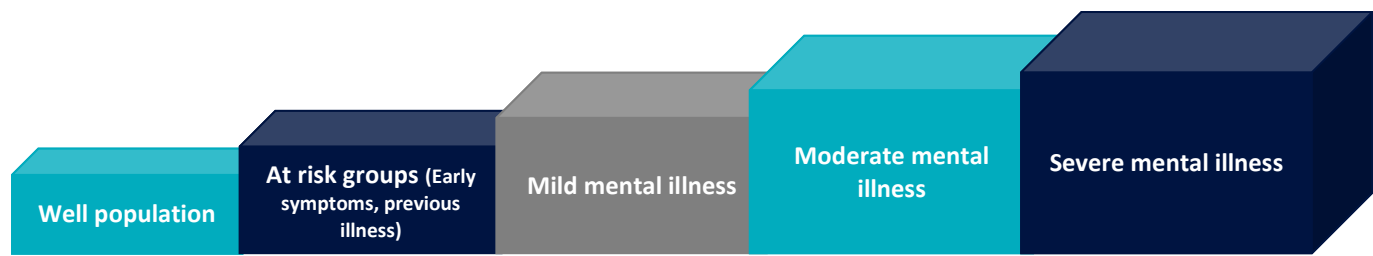
The *Australian Government Response to Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services*, presented a model to summarise the system changes needed to strengthen stepped care in primary mental health care clinical service delivery. This model has been elaborated further with typical workforce requirements and is presented at Figure 1 to summarise a stepped care approach in primary mental health care.

Core elements of stepped care approach

A stepped care approach to mental health service provision involves the following four core elements:

1. stratification of the population into different 'needs groups', ranging from whole of population needs for mental health promotion and prevention, through to those with severe, persistent and complex conditions;
2. setting interventions for each group – this is necessary because not all needs require formal intervention;
3. defining a comprehensive 'menu' of evidence based services required to respond to the spectrum of need; and
4. matching service types to the treatment targets for each needs group and commissioning/delivering services accordingly.

In a stepped care approach, a person presenting to the mental health system is matched to the intervention level that most suits their current need. An individual does not generally have to start at the lowest, least intensive level of intervention in order to progress to the next 'step'. Rather, they enter the system and have their service level aligned to their requirements.



What do we need to achieve?				
Focus on promotion and prevention by providing access to information, advice and self-help resources	Increase early intervention through access to lower cost, evidence-based alternatives to face-to-face psychological therapy services	Provide and promote access to lower cost, lower intensity services	Increase service access rates maximising the number of people receiving evidence-based intervention	Improve access to adequate level of primary mental health care intervention to maximise recovery and prevent escalation. Provide wrap-around coordinated care for people with complex needs
What services are relevant? (Service level matched to individual clinical need and suitability)				
Mainly publically available information and self-help resources	Mainly self-help resources, including digital mental health	Mix of resources including digital mental health services and low intensity face-to-face services Psychological services for those who require them	Mainly face-to-face primary care services, backed up by Psychiatrists or links to broader social supports Clinician-assisted digital mental health services and other low intensive services for a minority	Face to face clinical care using a combination of GP care, Psychiatrists, Mental Health Nurses, Psychologists and Allied Health Coordinated, multiagency services for those with severe and complex mental illness
What are the typical workforce requirements?				
No workforce required	Low-intensity workforce with appropriate skills, training and qualifications to deliver evidence based mental health services, but not at the level required for recognition as a mental health professional, e.g: <ul style="list-style-type: none"> • Certificate III or IV equivalent recommended entry point • Completion of recognised training in delivery of cognitive behaviour therapy Peer workforce to supplement higher intensity workforce, as appropriate	Low intensity workforce as well as some services by GPs, psychologists and other appropriately trained and qualified allied health professionals Peer workforce to supplement higher intensity workforce, as appropriate	Central role of GPs with contribution of psychological therapy provided by psychologists and other allied health professionals Private psychiatrists and paediatricians involved for some, particularly for assessment and review of clinical needs Peer workforce to complement clinical services provided by other workforce	Central role of private psychiatrists, paediatricians and GPs Psychological therapy provided by psychologists and other allied health professionals Mental health nurses involved in coordinating clinical care and supporting the role of GPs and private psychiatrists Peer workforce to complement clinical services provided by other workforce
What system changes are needed?				
<ul style="list-style-type: none"> • Promote and support availability of self-help and digital mental health services as an alternative and/or adjunct to face-to-face services • Increase capacity over time of clinician assisted digital mental health services • PHN use of flexible funding to commission range of services to fill gaps • Expand primary care system capacity to better meet needs of people with complex and chronic mental health conditions, including enhanced nursing support and coordinated care • Program redesign and optimal targeting • Integration between service levels 				

Figure 1: System changes to strengthen the stepped care model in primary mental health care clinical service delivery

Workforce Implications

The typical workforce requirements for each of the components of stepped care are displayed in Figure 1. These workforce requirements should not be viewed as prescriptive. The needs of the individual accessing services should be met by matching the individual to the most appropriate level of service and ensuring that the services are provided by a workforce that possesses the skills, qualifications and competencies commensurate with that intervention. It will be essential for providers of mental health services commissioned by PHNs to be able to refer clients to alternative services delivered by a different type of workforce when there are clinical needs that fall outside their scope of practice.

An understanding of the prevalence of mental illness across the spectrum of severity is important in understanding the different service responsibilities in the sector.

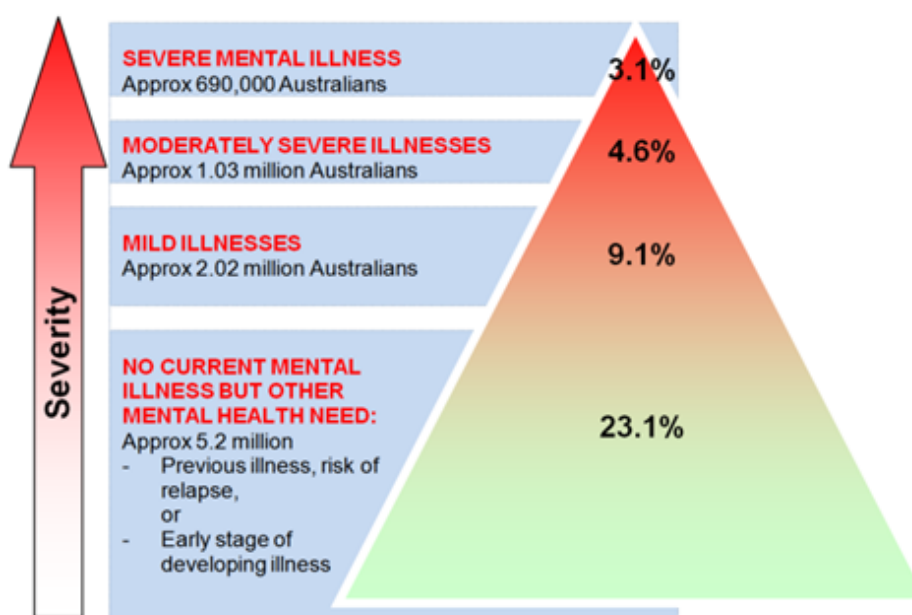


Figure 2: Prevalence of mental illness by severity

As demonstrated at Figure 2, at the lowest end of the severity spectrum and representing the largest proportion of people, approximately 5.2 million people have some mental health need, but not a current mental illness. This includes people who have had a previous illness and are at risk of relapse, as well as people who have some symptoms of illness that may be developing into a diagnosable mental disorder. For these people, prevention and early intervention through primary health care (mainly general practitioners), digital mental health and self-help services are most relevant. These services are the responsibility of the Commonwealth.

People with mild mental illnesses, estimated at just over 2 million people, as well as those with moderately severe mental illness, with just over 1 million people, are best managed in the primary mental health care system, with the bulk of services currently being provided through general practice and the Better Access initiative. Again, this layer of service responsibility rests with the Commonwealth.

At the highest end of the spectrum there are approximately 690,000 people with severe mental illness. For this group, the responsibility for clinical services is shared between the Commonwealth and states as well as private hospitals. The National Disability Insurance Scheme will provide support to eligible individuals experiencing the most significant disability associated with severe mental illness.

What a stepped care approach means for individuals with mental illness

A stepped care approach promotes person centred care which targets the needs of the individual. Rather than offering a one size fits all approach to care, individuals will be more likely to receive a service which more optimally matches their needs, does not under or over service them, and also makes the best use of workforce and technology. A stepped care approach also presumes early intervention – providing the right service at the right time, and having lower intensity steps available to support individuals before illness manifests. A stepped care approach does not preclude an individual from accessing more than one different service at a time, within existing programmatic constraints and where clinically appropriate. This would enable, for instance, an individual to receive face-to-face psychological intervention for a moderate depressive disorder as well as a PBS prescription of antidepressants.

Consumer and carer participation in stepped care

The participation of particular groups of consumers and carers through information provision and also the design, delivery and review of a stepped care approach to mental health services will be vital to ensure services optimally meet the needs of people with mental illness. Just as a one size fits all approach to service delivery is not desirable, a uniform approach to consumer participation will not pick up the different types of needs and the most appropriate way of targeting services. Consumer participation strategies should recognise the variation in consumers and their needs and target input accordingly. For example, design of low intensity services aimed at groups such as young people with mild illness or men with early signs of depression would ideally need to engage with these groups in the design process. In terms of providing services to people with severe mental illness, the views and needs of carers will also be important. Effective consumer and carer participation needs to be appropriately resourced in a way which recognises the opportunity costs for consumers and carers in providing input, and enables them to engage in an informed and effective way.

A wide range of resources are attached to the *Consumer and Carer Engagement Participation* guidance paper.

The role of general practitioners within stepped care

Within a stepped care approach, the role of general practitioners (GPs) is critical. GPs are typically the first point of clinical contact for people seeking help for mental health problems and mental illness and are gatekeepers to other service providers. It is anticipated that access to most primary mental health services commissioned by PHNs will continue to require a referral from a GP, psychiatrist or paediatrician. There may be some exceptions to this, for example access to low intensity services might be through a range of pathways including self-referral, or it may be necessary to broaden referral arrangements for some groups such as young people who may otherwise experience system barriers.

Activities not in scope within stepped care

Activities that are not considered to be in scope for implementation within a stepped care approach managed by PHNs are those which:

- are not supported by an empirical evidence base;
- fall outside the scope of primary mental health care, specifically:
 - services that are principally targeted at providing social support, with the exception of suicide prevention activities (see suicide prevention guidance material); and
 - bed-based services;
- duplicate or replace existing services provided by other organisations, including state and territory government services; and
- are not supported by the fund guidelines for the primary mental health flexible funding pool.

While activities need to be evidence based, it is recognised that innovative new approaches may be needed in the delivery of activities under a stepped care approach to meet local needs. PHNs need to carefully balance the testing of innovative approaches within the use of current best evidence in commissioning primary mental health care programs.

Severe Integration

PHNs cannot commission psychosocial support services from the flexible primary mental health funding pool; however PHNs have a role in promoting links and easy to navigate referral pathways between clinical services and broader support services for people with severe mental illness, including relevant services provided by LHNs and through the NDIS.

In the longer term, development of assessment and referral arrangements for people with severe and complex mental illness may assist in integrated wrap around care of individuals. PHNs are also encouraged to support assertive outreach to individuals needing care, particularly to support cross-sectoral services such as the NDIS.

PHNs should refer to other related guidance material that has been developed on specific components of a stepped care approach, including low intensity mental health services and clinical care coordination for people with severe and complex mental illness.

What is expected of PHNs?

Short term expectations

In the short term, commencing in 2016-17, PHNs will be expected to undertake comprehensive regional mental health planning, in consultation with stakeholders (refer to separate planning guidance). As part of this planning process PHNs are expected to consider what services are available through the Medicare Benefits Schedule (MBS), state and territory services and other existing services in the region. Once this is established, the PHN could identify any primary mental health care service gaps within a stepped care approach to primary mental health services.

In addition to addressing service gaps, PHNs are required to help promote and better target appropriate referral to mental health and related services. This would improve the targeting

of face-to-face psychiatric and psychological services through the MBS to those with moderate to severe mental illness. PHN delivery of psychological services will be complementary to these existing arrangements (refer to separate guidance on psychological therapies for hard to reach or under-served groups).

Linkages with and between relevant funded services and other services and supports, including non-clinical support, need to be established by PHNs to ensure a person-centred approach to service commissioning. PHNs need to establish partnerships with other organisations and services in their region to facilitate 'joined up' services. This will be particularly important for people with severe and complex mental illness as well as people who have co-occurring mental illness and substance use problems, intellectual disability or physical illness. In this respect, while psychosocial support services are not in scope, holistic care requires close links.

Mental health specific clinical governance arrangements need to be established to guide the implementation of stepped care arrangements in each PHN region to ensure the service pathways established and services commissioned are clinically appropriate and efficacious. Overarching governance arrangements should also involve strong consumer and carer engagement.

Longer term expectations

Over the three year implementation period PHNs are expected to plan, develop, target and/or commission services to address all of the six priority areas of focus of PHNs, which are to:

1. appropriately support people with or at risk of mild mental illness through development and/or commissioning of **low intensity mental health services**;
2. support region-specific, cross sectoral approaches for **children and young people** with, or at risk of mental illness, including those with severe mental illness being managed in primary care;
3. address service gaps in the provision of psychological therapies for people in **rural and remote areas and other under-served and/or hard to reach populations**;
4. commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with **severe and complex mental illness**.
5. encourage and promote a **regional approach to suicide prevention**; and
6. enhance and better integrate **Aboriginal and Torres Strait Islander mental health services** at a local level.

PHNs are expected to ensure primary mental health service options are available within a stepped care approach to include low intensity mental health service options for people with or at risk of mild mental illness (refer to separate guidance on low intensity services). PHNs also have a role in actively promoting the availability of mental health services that are low or no cost to consumers, including the digital mental health services that the Digital Mental Health Gateway (the Gateway) will refer users to.

PHNs have a role in planning and coordination of the clinical service needs of people with severe and complex mental illness who are managed in primary care.

PHNs will need to consider mechanisms for proactive advocacy and outreach for the members of their community with severe illness who need support in accessing appropriate services.

PHNs will also have a key role in implementing stepped care arrangements for young people, including services for young people with, or at risk of, severe mental illness. This may involve intensive, multi-disciplinary care.

PHNs have the opportunity to apply a stepped care paradigm to the needs of particular population groups in their region (e.g. Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, children and young people, older people, people with intellectual disability, people living in rural and remote communities, etc). PHNs should also consider the different steps or intensity of need which may be involved in supporting the needs of people with comorbid drug and alcohol issues, or people with comorbid mental health and intellectual disability under a stepped care approach.

PHNs are required to develop stepped care arrangements that make best possible use of all available services and resources. The flexible mental health funding provided to PHNs is capped. PHNs need to make best use of these funds to fill critical service gaps within the stepped care spectrum while also ensuring that funding is applied equitably across the population in need.

Safety and Quality

PHNs are expected to ensure a high level of service quality for services commissioned within a stepped care approach. PHNs need to establish mechanisms to ensure commissioned providers and consumers are aware of local crisis services and pathways.

It is expected that the workforce involved in delivering PHN commissioned services will be appropriately qualified, skilled and competent to provide relevant interventions, in line with 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.

Monitoring and reporting

PHNs are required to monitor and report on their activities in relation to implementing a stepped care approach in primary mental health care. This includes collection of data from providers and provision of this data, alongside qualitative reports, to the Department for performance monitoring and national evaluation purposes.

What flexibilities do PHNs have?

In implementing a stepped care approach in their region, each PHN is required to undertake their own mental health needs assessment and planning process to determine the local service needs. This means that while all elements of a stepped care model are expected to be available, level of investment and focus may vary across PHNs according to identified gaps and priority areas. Innovation is desirable and PHNs are encouraged to share information about successful models across the national network.

PHNs are encouraged to make best use of the existing workforce to ensure a flexible approach to mental health service delivery within a stepped care approach. A multidisciplinary approach to mental health service commissioning that supports consumer choice is encouraged, including the role of GPs, psychiatrists and mental health nurses, as well as appropriately trained and qualified allied mental health professionals, such as clinical psychologists, registered psychologists, social workers, occupational therapists and Aboriginal health workers. The role of the peer workforce should also be considered across service levels within a stepped care approach to primary mental health care.

Why is this a priority activity for PHNs?

The implementation of a stepped care approach provides the basis for PHNs to promote effectiveness and efficiency by allocating resources in accordance with population need. A stepped care approach is aimed at preventing under-servicing for people with higher levels of clinical need and over-servicing for those with lower levels of need.

A stepped care approach to service planning and implementation is recognised as a central aspect of mental health reform and will underpin specific objectives of PHN mental health activity. A stepped care approach will address some of the key concerns and challenges in the mental health system by shifting the focus towards self-care and early intervention services and away from more costly face-to-face, high intensity interventions, where these are not required.

Stepped care will support an early intervention approach where people with mental health problems and mental illness have their needs addressed early, rather than waiting until the problems worsen and require more intensive intervention. This early intervention approach will support improved community access to mental health services.

Stepped care will encourage more effective and efficient use of existing primary mental health care services, including Medicare-based psychological therapy services and prescribing of pharmaceuticals under the PBS. It will also improve the utilisation of evidence based self-help and clinician-moderated digital mental health services.

A stepped care approach will improve the service response to people with more severe and complex forms of mental illness who can appropriately receive most of their mental health care through the primary care system. Primary mental health care service options

previously available have been inadequate to support full recovery for these people and more flexible and innovative approaches are required to respond to this population.

In addition, a stepped care approach can be used as a mechanism to promote alternatives to medication prescription, where clinically appropriate. Australia's high rate of prescribing of psychotropic medication has been noted by the National Mental Health Commission and the Organisation for Economic and Cooperative Development (OECD). For example, anti-anxiety and antidepressant medications are prescribed at a much higher rate than what could be reasonably expected based on the prevalence of anxiety and depressive disorders. Antidepressant consumption in Australia was at the second highest level amongst all OECD countries (excluding the United States of America) in 2011.

How should PHNs implement this priority?

In 2016-17 the practical steps PHNs should consider in implementing stepped care arrangements include the following:

- develop their regional mental health and suicide prevention plans in accordance with a stepped care approach and in consultation with regional stakeholders (refer to separate guidance on regional mental health and suicide prevention plans);
- identify the continuum of services needed to respond to regional needs and map this against what is currently available to identify any gaps;
- develop and implement appropriate support mechanisms for GPs and other providers to undertake assessment of people with or at risk of mental illness to ensure they are referred to the service which best targets their need. This is considered particularly critical for people with severe and complex mental illness;
- develop targeted information for the full range of service providers (GPs, psychiatrists, paediatricians, psychologists, allied health professionals, mental health nurses, etc) to support implementation and combat misconceptions about the clinical efficacy of alternatives to face-to-face intervention; and
- develop linkages and partnerships with local service providers and organisations to facilitate a joined up stepped care service system. This should include creating linkages and partnerships with Local Hospital Networks (LHNs) to support the stepped care approach.

In the longer term, over the three year implementation period and once the Gateway becomes available, stepped care implementation should focus on the following:

- develop and/or commission services to deliver the spectrum of services identified in their mental health plan. This will include, but not be limited to, low intensity mental health services for people with or at risk of mild mental illness as well as clinical care coordination for people with severe and complex mental illness (refer to separate guidance material for further information on these specific priorities);
- develop and implement efficient and timely service pathways to best support people with or at risk of mental illness. These pathways should acknowledge the range of intake and referral avenues for people with or at risk of mental illness who present to and can be appropriately managed in the primary care setting;

- continue to encourage more judicious referral by providers such as GPs among providers of services through ongoing communication about stepped care and the role of lower intensity services;
- provide information to consumers and carers about the stepped care and services that are available; and
- maintain linkages and partnerships with local service providers and organisations to facilitate a joined up stepped care service system.

Throughout implementation, PHNs will need to engage effectively with consumers and carers in the region about a stepped care approach. In designing each level of a stepped care approach, it will be important for PHNs to actively consult with consumers and carers who will be likely to use that level of service. For example, in designing a service approach for people with severe and complex mental illness, consumers who are likely to use this level of service as well as their carers should be consulted. For design of low intensity services, PHNs should consult with a different group of consumers who are likely to engage with this level within a stepped care approach (e.g. young people with or at risk of mild mental illness).

Monitoring and reporting

PHNs are expected to monitor service commissioning activity and consumer outcomes across all service levels for which PHNs have a role within a stepped care approach to primary mental health care. This monitoring will inform reporting on progress of implementation of stepped care and measuring its impact on consumer outcomes. The reporting by PHNs will be in line with the overall performance reporting framework.

What national support will be available for local implementation?

National support for local implementation of stepped care will include:

- further release of information and guidance documents to inform best practice implementation arrangements for other priority areas;
- establishing a process for sharing knowledge about regional innovation and development across the PHN network;
- national digital mental health services, access to which will be facilitated through the development and implementation of the new Gateway; and
- finalisation of the National Mental Health Service Planning Framework, and potentially developing new planning tools based on the framework which can be used to plan the right mix and level of workforce and services at a regional level.

The Gateway, which will be implemented through a staged approach, will be a multichannel platform that will provide the general community, consumers, carers, service providers and health professionals with access to evidence-based information, advice and digital mental health treatment options. The Gateway will not provide treatment services, but rather, it will identify those treatment services that best suit a person's need and refer the person to those services. Where digital services are not appropriate to need, alternative more appropriate services (including face to face services) will be recommended. The Gateway will act as a form of triage to assist people to access the most appropriate digital mental health services based on their specific needs.

A number of PHN lead sites have been selected to implement projects to demonstrate a stepped care approach to mental health at the regional level. These lead sites will provide valuable information to other PHNs across the national network to inform future refinement of stepped care approaches.

How can the PHN ensure they are commissioning value for money services?

PHNs are not required to charge consumers a co-contribution for services. However, the Department is aware that co-contributions have been charged through programs such as ATAPS for many years. In commissioning primary mental health services, PHNs need to determine clear consumer co-contribution policies and guidance for service providers that take into account the characteristics of the population, including capacity to pay for services, and which ensure cost is not a barrier to care.

Definitions

Digital mental health

Digital mental health is the delivery of services targeting common mental health problems through phone, online and mobile phone interactive websites, apps, sensor-based monitoring devices and computers. The term also extends to telephone crisis lines and online crisis support services. Digital mental health services are delivered real-time through multiple settings, including the home, the workplace, schools and through clinicians' workplaces. Some services offer fully automated self-help programs, while others involve guidance from and interaction with clinicians, crisis workers, teachers, administrators or peers.

Mental health problems

Diminished cognitive, emotional or social abilities but not to the extent that the diagnostic criteria for a mental illness are met.

Mental illness

Mental illness is a clinically diagnosable disorder that interferes with an individual's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classifications systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).

Severity of mental illness

Like other health conditions, mental illness impacts at different levels of severity, ranging from mild to severe. Clinically, severity is judged according to the type of disorder the person has (diagnosis), the intensity of the symptoms they are experiencing, the length of time they have experienced those symptoms (duration) and the degree of disablement that is caused to social, personal, family and occupational functioning (disability). Some diagnoses, particularly schizophrenia and other psychoses, are usually assigned to the severe category automatically, but all disorders can have severe impact on some people.

Severe mental illness is characterised by a severe level of clinical symptoms and degree of disablement to social, personal, family and occupational functioning. An estimated 3.1% of the population have severe disorders, equivalent to 690,000 people. About one third of the severe group have a psychotic illness, primarily schizophrenia or bipolar disorder. The largest group (approximately 40%) is made of people with severely disabling forms of anxiety disorders and depression.

For the purpose of this guidance, severe and complex mental illness refers to individuals with clinically severe mental illness as well as complex multiagency needs, often both clinical and non-clinical, which may be of an episodic or persistent nature.

Stepped care

Stepped care is defined as an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to the individual's needs. Within a stepped care approach, an individual will be supported to transition up to higher intensity services or transition down to lower intensity services as their needs change. Stepped care is a different concept from 'step up/step down' services which is defined below.

Step up/step down

These are clinically supported services which offer short term care to manage the interface between inpatient and community settings. They provide an alternative to hospital admission (pre-acute) and provide bridging support following discharge from hospital (post-acute). Step up/step down services are usually delivered through staffed residential facilities but may be delivered in the person's home.

Useful resources

National Standards for Mental Health Services 2010

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-servst10>

National Practice Standards for the Mental Health Workforce 2013

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-wkstd13>