

HNECC PHN Mental Health Achievements

Last updated October 2023



Hunter New England and Central Coast (HNECC) PHN acknowledges the traditional custodians of the lands we walk, reside and work upon. We pay our respects to First Nations people and value the continued connection to culture, country, waterways and contributions made to the life of our vast region.



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INTRODUCTION

The Hunter New England and Central Coast PHN (HNECC PHN or the PHN) is committed to our vision of 'Healthy People and Healthy Communities'.

Access to quality primary healthcare is crucial for driving health equity and addressing gaps in mental health service offerings. It ensures that mental health is integrated into overall healthcare, reduces stigma, promotes early intervention, and makes mental health services more accessible to all, ultimately improving the mental health and wellbeing of our communities.

This paper details the journey of the PHN and highlights some of the many notable milestones and achievements in delivering mental health services and solutions for our communities. Much of this has been achieved by the way we work with our communities and service providers to identify the most significant gaps; work with agility and responsiveness to provide diverse and tailored service solutions; and, how we build capacity on our journey to deliver improved health outcomes.



BACKGROUND

In 2015, The Commonwealth implemented the Primary Health Network (PHN) program as a means of improving healthcare for communities. PHNs were established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time. The Department of Health state that PHNs will achieve this by:

- Working directly with general practitioners,
- Working with other primary health care providers, and
- Working with secondary care providers and hospitals to facilitate improved outcomes for patients.

A way to achieving these key objectives is having PHNs operating as commissioning organisations, rather than directly deliver clinical primary health or social care services. Commissioning is an ongoing process of planning, purchasing and monitoring services to meet the needs of the local population. It includes a range of activities to assess the needs of the population, plan and prioritise services, purchase those services and monitor the quality of the services being provided.

HNECC PHN'S JOURNEY

While the PHN has achieved many notable milestones and outcomes for the community, some of the highlights are listed below:

YEAR	ACHIEVEMENT
2015	<ul style="list-style-type: none"> - PHNs established
2016	<ul style="list-style-type: none"> - The PHN Commissioning Process established and commenced. Mental Health Services commissioned include headspace, Access To Allied Psychological Services (ATAPS), Mental Health Nurse Incentive Program (MHNIP), suicide prevention services and an Indigenous Mental Health Family Wellbeing program - The PHN participates in the LifeSpan Newcastle pilot is being led by an alliance of agencies working together locally to address suicide prevention. Newcastle was the first of four trial sites in NSW
2017	<ul style="list-style-type: none"> - Mental Health Needs Assessment completed - The PHN and Hunter New England Local Health District Alliance Operational Plan established - The PHN launches education delivery to GPs and Primary Care Providers - The PHN partners with Black Dog to participate in an eClinic pilot - A Mental Health and Alcohol and Other Drugs capacity building strategy was developed and delivered to increase provider capacity regionally
2018	<ul style="list-style-type: none"> - The PHN Scholarships program commences - Partnered launch of Pro Care Mental Health Support for GPs - Empowering our Communities Drought program launched - The PHN launches a five-year Strategic Plan - ATAPS and MHNIP programs are redesigned through a robust codesign process with a broader Primary Mental Health program encompassing an Intake and Assessment service being procured - Psychological services in Residential Aged Care Facilities are expanded across the region - The PHN partners with TAFE NSW to deliver Peer Work scholarships - Gatekeeper training is rolled out with a focus on Aged Care providers - A Mental Health Transitional Care Package is commissioned in three locations with the support of Hunter New England and Central Coast Local Health Districts

YEAR	ACHIEVEMENT
2019	<ul style="list-style-type: none"> - headspace funding boosted - Robust codesign of youth complex services supported by Orygen Services commissioned to deliver the new service model - Intake and Assessment service launched and operational - The PHN hosts Youth Mental Health Forum - Launch of a Rural Communities Strategy in the New England region - Care Navigation Pilot launched in multiple locations - Early Start Pilot designed and procured - Dynamic Simulation modelling in collaboration with the Sax Institute used to explore suicide prevention interventions in the region - Mental Health First Aid training funded for Community Pharmacists - GPs in the New England supported to attend Mental Health skills training
2020	<ul style="list-style-type: none"> - Mental Health Supports for Bushfire Relief program - Commencement of Aged Care Mental Health co-design - Development of Aged Care Mental Health Strategy - COVID-19 response enacted for mental health services with capacity increased in some services - Additional funding received and invested to assist COVID-19 recovery for vulnerable population groups - Introduction of Quality Key Performance Indicator (KPI) project - Service commencement of new headspace Armidale and Cessnock sites
2021	<ul style="list-style-type: none"> - Endorsement of Mental Health Regional Plan 2020-2025 incorporating suicide prevention - Additional headspace funding received, including two new centres - Rapid establishment of a Head to Health pop-up clinic and state-wide phone line - Quality KPIs transitioned to Business as Usual for commissioned services



YEAR	ACHIEVEMENT
2022	<ul style="list-style-type: none"> - The PHN led the PHN cooperative submission for the Royal Commission into Veteran Suicide - Codesign and commissioning of a Youth Transitional Care service that is located at the Nexus inpatient unit - Time-limited funding received from the Ministry of Health for the development and implementation of new services to improve access to mental health services in response to the extended COVID lockdowns - Implementation of a Mental Health for Children pilot program across the region to offer no-cost psychology services to children and their families - Implementation of a Telehealth Psychiatry Consultation pilot across the region - Expansion of non-clinical Suicide Prevention services to target vulnerable men, including Dads in Distress and Men's Tables - Service commencement of new headspace Wyong and Taree sites - Introduction of Finetuning Commissioning Reporting Project (see below for detail)
2023	<ul style="list-style-type: none"> - Further reformed Primary Mental Health Services to improve access to the most vulnerable people in the community - Worked in partnership with the Open Dialogue Foundation to pilot an Open Dialogue model of psychosocial support to enhance Youth Complex Mental Health services



2022-2023 MENTAL HEALTH SNAPSHOT



3000+
psychological therapy
sessions made
available for children

Market Benchmarking
saw a

10% increase
in value for money in
one commissioned
service stream



1800+
hours of exercise
physiology delivered
to older people
saw significant
improvements
in wellbeing



1007

GPs registered as users
of the GP Psychiatry
Advice Line



3600+

referrals to Mental
Health services made
via SENT e-referral

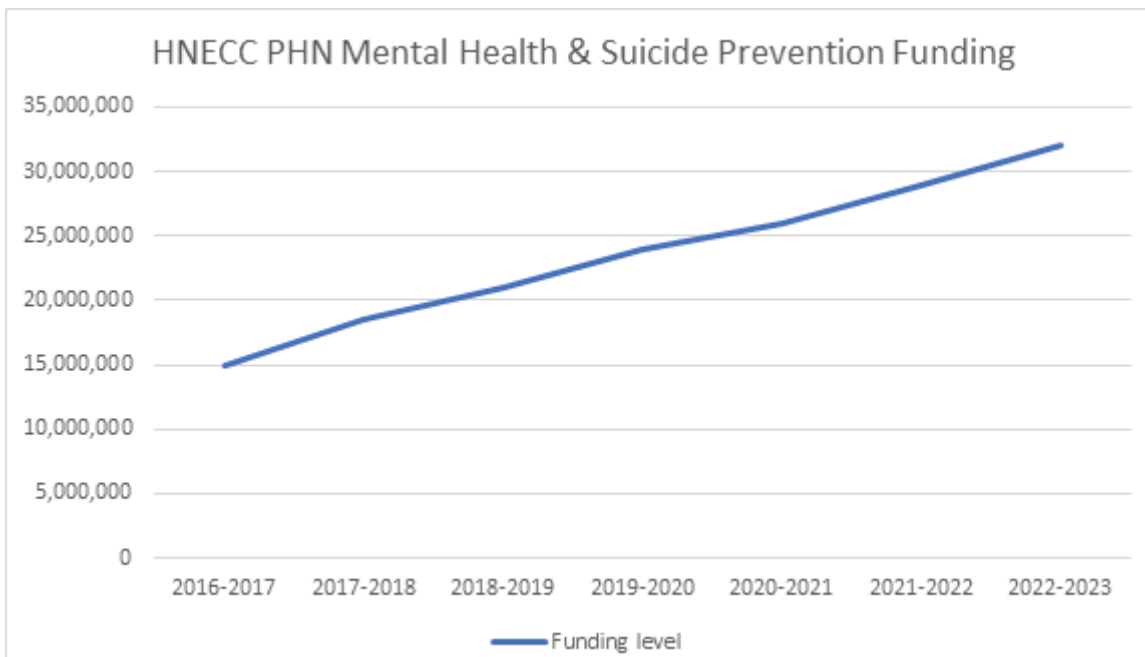


126

localised Mental
HealthPathways
published

ATTRACTING FUNDING TO SUPPORT COMMUNITIES

Since inception, the PHN has received increasing amounts of Commonwealth funding for Mental Health and Suicide Prevention services. The consistent increase in funding has allowed the PHN to commission a diverse range of clinical and non-clinical services for young people, adults and older Australians in all areas of the PHN footprint.



The growth of funds means that we have been able to commission more services and a greater variety of services to meet the unique needs of our diverse communities. Most of our funding supports commissioned services to deliver core programs such as: psychological services delivered by mental health professionals, headspace services and recently commissioned Head to health Hubs. Below demonstrates the growth in service delivery:

Client Numbers by Program Area, 2020-21 to 2022-23

HNECC PHN PHN Program Area	2020-21	2021-22	2022-23
First Nations Mental Health	1,727	2,263	1,859
headspace	10,484	6,850	6,602
Primary Mental Health	10,441	14,752	15,636
Psychosocial Support	1,392	1,301	5,354
Suicide Prevention	573	1,303	1,024
Youth Complex	1,652	1,112	1,658
Total	26,269	27,581	32,133

Source: Folio

Case Study Primary Mental Health for Children

The PHN received one-off funding from the NSW Ministry of Health to commission services that would improve access to psychological care. One of the initiatives piloted was a dedicated psychology service for Children under twelve, that was delivered by BEAM Health and Uniting. During the pilot phase, over 3000 sessions were delivered to children and their families, many of whom would not have been able to access services elsewhere. Due to the program's success and increasing demand for services, the program is in the process of being transitioned from a pilot to Business as Usual under Primary Mental Health funding as a complement to existing Mental Health for Priority Population services.

Case Study: EngAGE

EngAGE is an innovative program that leverages powerful social connections to enhance the physical and mental wellbeing of participants. Developed through a dynamic partnership between the PHN, local businesses, and the University of Newcastle, EngAGE has established two models of service delivery: one for community-dwelling older adults and another for residential aged care facilities (RACFs).

In just one year, EngAGE has delivered over 1800 hours of "EngAGement" to participants, yielding significant improvements in strength, social connection and student development. Student practitioner involvement makes the program highly cost-effective while delivering incredible results that have set a new standard for community health programs.

To complement these core programs, other funded initiatives are bespoke solutions that are tailored to local communities – such as resilience programs in the wake of natural disasters such as bushfires and floods.

A great example of how HNECC has used Commonwealth funding to support local communities is the Bushfire Community Wellbeing and Participation programs. Under the Bushfire Recovery funding, we funded a number of local initiatives to support bushfire affected communities. Some of these initiatives included:

- HealthWise Mental Health Supports for Bushfire Affected Australians - Community Wellbeing and Participation
- REGROWTH Bushfire Healing, Recovery and Resilience workshops
- Relationships Australia Bushfire Community Wellbeing and Participation
- Save the Children Australia Bushfire Community Wellbeing and Participation
- Anglican Community Services Bushfire Community Wellbeing and Participation
- Seasons for Growth workshops

- Mission Australia-Mental Health Supports for Bushfire Affected Australians - Community Wellbeing and Participation
- The Resilience Project programs

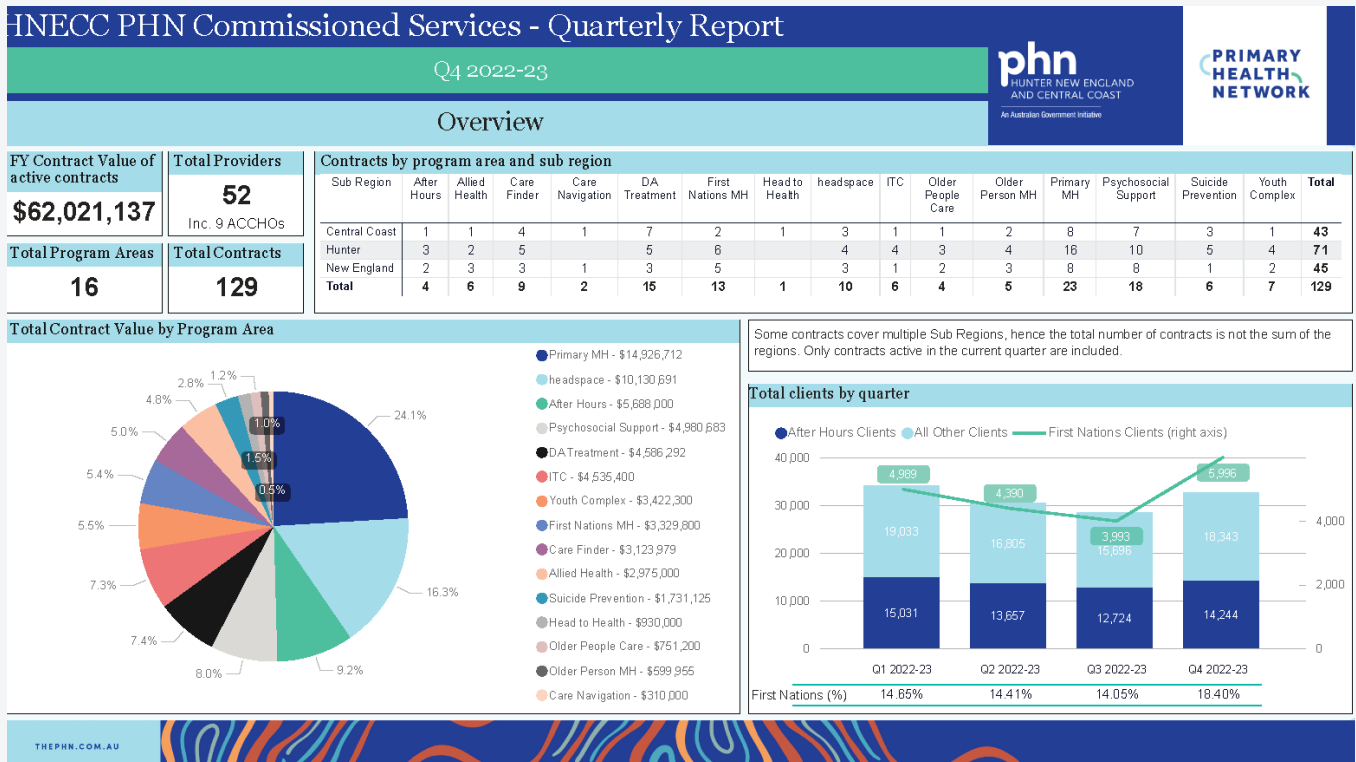
In addition to these larger scale programs, we invested in 42 community grants of up to \$10,000 to support community organisations to increase awareness of suicide prevention, help identify post-traumatic stress disorder, build resilience within the community or providing social connectedness for communities that have suffered as a result of the bushfires. Feedback from both grant recipients and participants was overwhelmingly positive with a variety of community activities such as community gardens, community artworks, community BBQ's, music events, pizza nights, Cuppa and Chats at local community halls, camp drafts and various other social gatherings all being supported under this funding. Apart from encouraging social connectedness and a sense of community during adverse times, these events often had a network of service providers present to assist community members with accessing, financial support, mental health support, housing and accommodation and livestock assistance.

IMPROVING NOT JUST QUANTITY, BUT QUALITY

As a commissioner of services, the PHN demonstrates sound ongoing financial stewardship as part of its Business-as-Usual processes. However, to continually increase the efficacy in commissioning, the PHN routinely engage in Continuous Quality Improvement in all areas outlined in the Quadruple Aim.

CLIENT EXPERIENCE AND OUTCOMES

While the number of commissioned services in the community is important, the quality of commissioned services is equally important. To help ensure that we are effective and efficient, Patient Reported Outcome and Experience measures are routinely collected and reported. The data is collated quarterly and is presented back to the service provider in a dashboard format. This allows the PHN team to be able to monitor, track and have meaningful conversations with providers about their services and how they are performing on experience and outcome measures.



To further enhance the capture and analysis of client experience, the PHN is implementing the Your Experience Survey (YES) survey, a specialty designed tool that is used by PHNs to gather information from consumers about their experiences of care. Using a third party to gather and collate this data, the PHN will be able to monitor the performance of various providers and explore opportunities to continually improve the experience of the clients.

Case Study – Parents Beyond Breakup

Parents Beyond Breakup is an organisation that supports men through martial separation and divorce. Parents Beyond Break shared a story about a Dad who became a regular attendee at meetings. The Dad was described as the target of significant parental alienation issues and was the recipient of an AVO. At his first presentation, it was reported that he was highly emotional and tearful and self-reported thoughts of self-harm. Since engaging in the support meetings, it is reported his outlook, demeanour and approach to life significantly changed. The dad learned to be self-reflective, and worked to improve the relationships with his former partner and with his mother. Parents Beyond Breakup reported that as a regular attendee the Dad has “climbed a personal mountain” during his ongoing journey.

Case Study – The Care Navigation program

The Care Navigation program is delivered by HealthWISE to recent humanitarian entrants with Ezidi ethnicity in Armidale. The aim of this service is to assist individuals and families from the Ezidi community with identifying their goals, and to problem solve solutions for barriers that may be impacting their overall health. HealthWISE have shared the story of a young person with complex medical conditions who was referred by their GP into the program. The GP had made referrals and directives for multiple appointments with medical specialists and diagnostic investigations in Newcastle, requiring significant travel from Armidale. The client’s father worked hard to provide transport to get them to all the appointments but found this challenging due to other members of the family who required medical treatments.

The program was able to assist the family with making and scheduling appointments and providing travel information and reminders. It was reported that the care navigation team worked with the client, GP and Centrelink to provide the required medical evidence to document their medical situation. This was taken to the Centrelink medical meeting and the client was granted immediate medical exemption from all Centrelink mutual obligations for 12 months. The program helped the clients each the outcome of a favourable Centrelink decision allowing the client additional time to gather medical evidence to support a claim for a disability support pension, which if deemed eligible will have a significant impact on their quality of life and that of the family.

VALUE FOR MONEY

As the PHN is responsible for large volumes of Commonwealth funds, it is imperative that value for money is maintained. To assist the PHN in understanding the market value of services we engaged in price benchmarking for commissioned services to:

- Better understand the unit price for commissioned services within the PHN (internal benchmarking)
- Better understand the unit price for similar commissioned services across two other PHNs (external benchmarking)
- Develop a framework for assessing whether commissioned services are delivering value for money

The PHN engaged a consultant to lead the Price Benchmarking project. The outcomes of the review are now applied when assessing the value for money of relevant mental health services. This has enabled us to negotiate better value for services across a range of programs and where required, to procure services at a price that ensures that clinicians will be available.

In 2023 MH for Vulnerable People tender, this knowledge enabled the Commissioning team to negotiate a 10% reduction on price offered, which resulted in an increase in services for the target community.

MAKING OUR DATA MEANINGFUL

We know that our service partners are often small businesses who don't have large support teams. We also know that most clinicians do what they do to support people, not to provide data. To better improve the quality of data we receive so that we can undertake meaningful analysis, we have engaged in a business-wide project aimed at finetuning reporting for commissioned services. The project aims to reduce the burden of

reporting while still maintaining rigorous performance management to monitor key performance indicators and outcomes measurements in contracts. The Fine-tuning Reporting project identified six key objectives that would provide these outcomes. As a result of this process, service provider reporting has been streamlined, a 'Commissioner's Toolkit' developed and training and education for commissioned services has commenced.



A SYSTEMS APPROACH TO MENTAL HEALTH CARE

While direct service provision is central to the PHN performance, a number of initiatives have been undertaken to support mental health care provision more broadly. Our region encompasses both Hunter New England and Central Coast Local Health districts. In partnership with the Local Health Districts, a Joint Regional Plan has been developed which uses information from a shared needs assessment to identify initiatives which will drive improvement across services. This plan is being implemented through a range of initiatives, projects and quality improvements and is governed by Integrated Health Alliances, which are established in both districts. The Integrated Health Alliances provide bilateral CEO and Executive oversight of joint projects and programs.

In addition to integration, the PHN invests in a systems approach by supporting the following initiatives:

GP Psychiatry Support Line is a free service to GPs to assist in the management of mental health consumers in primary care. This service is co-commissioned by the PHN in consortia with seven other NSW PHNs. There are currently 1007 individual GPs in the PHN region who are registered for this service, with the majority of these practices being active users of the service. (Note: This has recently been funded by the Department of Health and is no longer commissioned by PHNs)

Initial Intake and Assessment project aims to ensure that GPs and clinicians in the primary care setting are trained and supported in use of the Initial Assessment and Referral (IAR) Guidance and Decision Support Tool to assist patients with mental health concerns in accessing, within the context of the stepped care model, the 'least intensive and least intrusive evidence-based intervention that is most likely to lead to the most significant benefit' regarding their care. By December 2023, 60% of GPs within the the PHN area of service will be trained in use of the IAR-DST.

Education, Training and Scholarship opportunities are consistently made available to Primary Care providers including commissioned providers, allied health providers, psychosocial support providers and the emerging peer workforce. Specific examples of training and education opportunities supported by the PHN include:

- Certificate IV AoD and Mental Health for First Nations students
- Graduate Certificate Consumer and Community Engagement
- Graduate Certificate Bereavement Counselling and Interventions
- Grief First Aid



- Certificate IV in Peer Work
- Clinician Professional development grants (including supporting support three Community Advisory Committee members to attend the National Suicide Prevention Conference in May 2023)
- I-ASIST and safeYARN roll-out
- Trauma Informed Care professional development opportunities for commissioned providers

To support the coordination of care, the PHN has implemented digitally enabled programs:

HealthPathways is an online health information portal used by General Practice at the point of care. Health pathways are designed to be used primarily General Practitioners. Across the the PHN region a total of 126 localised Mental HealthPathways have been published.

SeNT eReferral enables healthcare providers to send and receive secure, high quality and clinically relevant electronic referrals. Developed by a partnership of the PHN, Hunter New England LHD and BPAC New Zealand, SeNT is available to services providers across the Hunter New England (HNE) region, access to the system is supported by the PHN which includes set up, technical support and training for use. Key achievements to date include;

- SeNT eReferrals to mental health (including psychology) services to date is referrals is 3601
- Mental Health was added to SeNT in 2017, with the first MH referral submitted in December 2017.
- Private Psychology services were added in 2018 – the first referral was in August 2018.
- PHN Commissioned services for MH were added in February 2018 (headspace) and Nov 2018 (HPC).
- Integration for PRIMA was completed in 2021, with referrals sent directly to rediCASE from June 2021

The PHN values the local workforce who provide service for the community and have invested in support measures. Some measures were informed by a Provider Survey conducted in 2022, which helped to assess and support the experience of care providers in Mental Health Commissioned Services.

Some supports include an ongoing calendar of education, scholarships and other grants which are aimed at recruiting and retaining a skilled workforce to deliver services. We have also funded services to support providers, including the establishment of Ballint Groups for GPs and extending Employee Assistance Program services for all clinicians across the region.

Through our eight years of commissioning experience, the PHN have developed robust processes for commissioning locally relevant services at scale. We have also made significant investments in quality improvement that are firmly embedded as business as usual for our team and our service providers. As such, we are now looking to the future with a focus on equity of access to services.

This means continuing to tailor commissioned service offerings – both in our core programs and our grants and pilot programs to the unique community needs. We are working with our Local Health Districts, industry and university partners to explore innovative solutions to equity challenges, and we are looking for ways of developing and expanding our workforce.

Case Study – Head to Health Alice’s Story

*Names have been changed.

Head to Health is an Australian Government initiative delivered via the Primary Health Network. Head to Health centres and its satellite network of community based mental health services are delivered by multidisciplinary teams, who provide holistic and collaborative care. Designed to provide a welcoming, low stigma soft entry point to engagement the centres and satellites deliver assessment and treatment for people who may be experiencing distress or crisis. People with conditions too complex for many current primary care services but who are not eligible or who need more timely care than that is available from public community mental health, are a key target. Head to Health Hubs are not designed to offer longer term care but will be based on an episode of care model, delivering packages of evidence-based care and family support to cover the short to medium term.

Sue* was worried about her 10-year-old daughter, Alice*. COVID-19 lockdown had significantly impacted Alice’s engagement with school and was a large disruption to her normal activities and functioning, causing high levels of anxiety. Sue described the home-schooling arrangement introduced during the heights of the pandemic as highly stressful. As Alice transitioned back to school full-time, she continued to struggle to re-engage in her routine and appeared to be behind academically due to work she did not complete. Her lack of confidence academically and the reintroduction of routine manifested as significant anxiety, school refusal and overwhelm for Alice. In addition, there was high conflict and tension within the home environment between Alice and her older sister.

It was clear to Sue that it was time to seek professional psychological support for Alice’s heightened levels of anxiety, overwhelm and negative self-esteem across both the home and school environments. A referral to Head to Health was an important first step. The PHN has commissioned Beam Health to deliver its Head to health service across the Lake Macquarie, Newcastle, Cessnock, and Central Coast regions. According to Beam Health Psychologist Jane*, the overarching goal over the 10 sessions of care was to build rapport with Alice and Sue and establish a safe therapeutic environment to explore the origin and maintaining factors of Alice’s worry and dysregulation. After some reluctance to engage openly and honestly within the process, Alice slowly became more comfortable in therapy, Jane said. “She began expressing her worries about aspects of her life, particularly school and the relationship with her sister.” “During the intervention phase, we spent time conducting a tailored Cognitive Behaviour Therapy intervention for children with anxiety within this framework, including how thoughts relate to feelings and behaviours. We also discussed the physiological sensations of emotions and the fight or flight response in relation to stress and anxiety.” Alice was able to identify how specific situations made her feel but reported that she sometimes feels intense emotions to small stressors. This was validated and praised, and more work was discussed around stress and self-care. Sue was also provided with strategies to support and coach Alice through periods of overwhelm and heightened emotion, such as validating, emotion coaching and modelling calm. “Since commencing therapy, Alice was able to form a stable therapeutic alliance which allowed her to share her emotional experiences and innermost thoughts and worries,” Jane said. “Likewise, she has demonstrated an increased understanding of anxiety and its influence on our thoughts, feelings and behaviours. Finally, she engaged with mindfulness and breathing strategies, which she used when experiencing anxiety or distress.”

The PHN has contracted Beam to deliver the Head to Health service model and address key gaps in the system by: Providing highly visible and accessible entry services for people experiencing psychological distress, offering assessment to match people to appropriate services and providing on-the-spot support, care, and advice without needing referral, appointments or out of pocket costs.

phn
HUNTER NEW ENGLAND
AND CENTRAL COAST

An Australian Government Initiative

**PRIMARY
HEALTH
NETWORK**