



JOINT COMMUNIQUE

28 October 2024

BACKGROUND

The objective of a joint workshop held in May 2023 with Primary Health Networks (PHN) and Mental Health Community-Managed Organisations (CMO) was to open communication and explore opportunities and challenges.

As an outcome of the workshop a PHN/CMO working group was formed to progress important issues identified at the workshop that need a strengthened focus.

The working group is comprised of three CMO CEO representatives (One Door Mental Health, Stride and Flourish Australia), three PHN CEO representatives (Central and Eastern Sydney, Hunter New England Central Coast and Nepean Blue Mountains), the National Mental Health PHN Cooperative Coordinator, NSW Mental Health PHN Network Chair and Mental Health Coordinating Council CEO.

This communique provides an update following the last communique released in [November 2023](#).

PHN/CMO WORKING GROUP UPDATE

The PHN/CMO Working Group continues to meet quarterly to progress actions identified in the PHN and Mental Health CMOs Engagement Work Plan.

The working group shared information with the National Commissioning Review highlighting CMO priorities and challenges including standardisation of tender schedules, improvement and streamlining of application systems, and streamlining of reporting.

The group has also advocated through a meeting and joint letter to the Department of Health and Aged Care for longer term contracts and appropriate CPI increases (including CPI and wage indexation). In August together with other peaks a [joint letter](#) was sent to Minister Butler, the Treasurer and Finance Minister to highlight these mutual concerns.

The working group is also jointly progressing actions to progress workforce development. In April 2024, MHCC released its [Mental Health Workforce Solutions](#) paper providing recommendations and identifying opportunities for the CMO mental health workforce. Currently, PHNs are compiling examples of their existing workforce development projects to identify opportunities for collaborative work.

Finally, the working group is identifying opportunities to advocate for improvements around outcome measure requirements.

OTHER UPDATES

National Commissioning Review

The National Commissioning Review is now complete. This review identified opportunities to develop a best practice approach and improve support, sharing and capability in commissioning across PHNs. This was led by Hunter New England Central Coast PHN with support of Grosvenor.

Recommendations centred around the development of Communities of Practice to develop and share resources. Funding for the work on implementing the recommendations is yet to be received. However, an EOI for a PHN Lead for the development of training resources has been released.

Two initiatives for priority implementation are a national PHN commissioning training program and a national document and templates sharing repository, including a standardised set of better practice commissioning documentation for optional use. The positive flow-on for providers is expected to be greater consistency especially for providers working with multiple PHNs. There are further areas of work that require funding before commitments can be made.

Medicare Mental Health Centres (Head to Health Centres)

As part of the Australian Government's \$360 million plan to expand the range of free mental health services, 61 walk-in Medicare Mental Health Centres are being established across Australia, building on the existing Head to Health network.

The centres, formerly known as Head to Health centres, will have their clinical capability upgraded to ensure that every centre can provide free access to psychology and psychiatry services. These changes including the name change will better align these services with other trusted, mainstream clinical services provided by the Australian Government.

All Head to Health adult mental health centres across Australia have been renamed Medicare Mental Health Centres. Existing Head to Health adult mental health centres will have signage updated by the end of 2024. Medicare Mental Health Centres will continue to provide access to free mental health care (Medicare card not required) for anyone living in Australia. Other Head to Health services including the Head to Health Phone Service (1800 595 212), Head to Health website and Head to Health Kids Hubs will remain unchanged.

Head to Health phone line- hub and spokes

The Head to Health Initial Assessment and Intake Line was launched nationwide on July 1, 2022. The 1800 595 212 number is now used across all states and territories to assist with navigating services and accessing Head to Health centres, as well as other mental health services. Calls are routed to the appropriate intake line based on the caller's postcode.

In New South Wales, eight PHNs have adopted a hub-and-spoke model for this service, which began on July 1, 2024. Under this model, referrals from the intake line are managed by each PHN, ensuring that services are coordinated by those with regional knowledge.

The Department of Health and Aged Care has commissioned The University of Melbourne/Monash University to conduct an evaluation of the Head to Health Phone Service and Medicare Mental Health Centres. The evaluation team will be in contact with commissioned service providers to be involved in the evaluation. The interim report is due in December 2024 and the final report in July 2025.

Joint Regional Mental Health and Suicide Prevention Plans

In New South Wales, Joint Regional Plans were submitted to the Department of Health and Aged Care in March. These plans reflect the collaborative work between primary health networks (PHNs), local health districts (LHDs) and their local communities (including service providers, consumers and

carers) to support the implementation of initiatives outlined in the NSW bilateral schedule. Additionally, they highlight any region-specific initiatives important to each PHN.

Find your region's PHN [here](#).

Initial Assessment and Referral Decision Support Tool ([IAR-DST](#))

The Initial Assessment and Referral (IAR) guidance and accompanying IAR Decision Support Tool (DST) for mental health supports health professionals to decide, or confirm, the most appropriate level of mental health care a person requires against the five levels of care in the Australian primary mental health stepped care model. The IAR takes into consideration the person's current symptoms and circumstances and the DST assists clinicians to distil assessment information and amplify key points critical for decision making. The IAR-DST provides a nationally consistent approach to referral decisions, and a common language throughout the sector.

Since commencement of the IAR implementation project in 2022, knowledge and awareness of the IAR has increased particularly within PHNs and Commonwealth funded services. PHNs continue to provide training to GPs, allied health and other mental health professionals in how to use the IAR-DST and where it may be incorporated into their practice. With the inclusion of the IAR in the bilateral agreements to the National Mental Health and Suicide Prevention Agreement, various approaches are being taken nationally to engage with LHDs or equivalent district health networks and to look for opportunities to align assessment and referral processes where appropriate.

The Department of Health and Aged Care has recently released age-based adaptations to accompany the adult version of the IAR-DST, and version 2 of the IAR Guidance. As of 1 July 2024, the following versions of the IAR-DST are available through the IAR-DST [website](#):

- Children (aged 5-11).
- Adolescents (aged 12-17).
- Adults (aged 18-64).
- Older adults (aged 65+).

Specific information for each age group can be found under 'documentation'.

Mental Health Lived Experience Engagement Network (MHLEEN)

The National PHN Mental Health Lived Experience Engagement Network (MHLEEN) was launched in 2018. This network provides support and shares best practice approaches to co-design, lived experience engagement and the development of the peer workforce.

MHLEEN conducts an annual survey on the lived experience and peer workforce in PHN commissioned services. Thank you to all the services that completed this survey last month. This information allows primary health networks to identify ways to support lived experience across our regions

MHLEEN also worked with the National Mental Health Consumer & Carer Forum to co-design these resources:

Lived experience governance [framework](#) and [toolkit](#):

These resources provide guidance, tools and resources on how governance systems can be modified to increase and embed lived experience at all levels of an organisation.

Lived Experience Leadership [Digital Library](#):

This Library aims to gather a wealth of useful resources, research and information about all aspects of lived experience leadership and peer work from national and international perspectives.

headspace Funding Review

The Australian Government Department of Health and Aged Care has recently contracted *HealthConsult* in consortium with *Stewart Brown Accounting* to support the Department to undertake a review of the current headspace funding model.

Through the Mid-Year Economic Fiscal Outlook (2023-24) the Australian Government allocated funding to implement recommendations from the independent evaluation of the National headspace Program, including a review of headspace costs and funding. The review will seek to undertake a detailed analysis of headspace service and headspace National costs and will provide recommendations on an ideal funding model. This review is separate to the headspace Governance Review which is also currently underway.

To inform the review, *HealthConsult* will be undertaking engagements on behalf of the Department with Primary Health Networks (PHNs), Lead Agencies, and headspace National to better understand current funding arrangements and operational costs and provide advice regarding improvements needed to the headspace funding model to ensure PHNs, headspace services and headspace National are appropriately resourced to deliver positive outcomes for young people.

Mental Health Coordinating Council Update

CMO WORKFORCE REPORTS

In November 2023, Mental Health Coordinating Council (MHCC) released its third biennial [Mental Health Workforce Profile: Community Managed Organisations](#). This is the only report of its kind to examine key trends and influences shaping the community-managed workforce in New South Wales. Building on the findings, MHCC also published [Mental Health Workforce Solutions: Towards a strategy for community-managed mental health in NSW](#), with recommendations that address the gap in the National Mental Health Workforce Strategy 2022-2032, on the critical contribution of the community-managed mental health workforce.

The Workforce Solutions paper identifies **10 focus areas with actionable recommendations** to address issues highlighted in the Workforce Profile survey and from sector consultations, contemporary literature and national advocacy. MHCC continues to advocate for a framework aligned with the recommendations proposed and requirements identified in MHCC's [submission](#) to the *Inquiry into Equity and Accessibility and Appropriate Delivery of Outpatient and Community Mental Health Care in NSW*.

COLLABORATIVE CONNECTIONS – MENTAL HEALTH & AOD SYMPOSIUM

MHCC and the Network of Alcohol and Other Drugs Agencies (NADA) held a cross-sector symposium on 10 April 2024, to address the service delivery silos and advocate for comprehensive reform for community-managed mental health, and alcohol and other drugs (AOD) services in NSW. The symposium brought together sector leaders, frontline workers, and key stakeholders from mental health and AOD to consider how best to support people with co-occurring mental health and substance use challenges.

Key recommendations from the symposium included:

1. Increase funding for community-managed mental health and AOD support services
2. Foster collaboration and co-location models for integrated care
3. Improve service accessibility and adoption of flexible person-centred approaches
4. Address systemic issues and reduce stigma
5. Promote research and data utilisation of evidence-based treatments
6. Enhance workforce capacity and increase cross-sector training

ROYAL COMMISSION INTO VIOLENCE, ABUSE, NEGLECT AND EXPLOITATION OF PEOPLE WITH A DISABILITY

On 31 July 2024, the Australian Government responded to 172 of the 222 recommendations that were their primary or shared responsibility with states and territories, accepting 13 in full (117 accepted in principle, 36 under consideration and 6 noted).

MHCC identified [74 key recommendations](#) that align with the actions in our [Summary report](#) to strengthen the community-managed mental health services that support people living with psychosocial disability and mental health challenges, and only **seven** of these were fully accepted.

GROWING MHCC MEMBERSHIP

MHCC membership grew by 46% in the last financial year, underscoring MHCC's strong network of community-managed mental health organisations and advocates, and its influence for sector outcomes in NSW.

MHCC members benefit from:

- Contributing to sector advocacy and systemic reform
Professional development training discounts
- Member-exclusive events with experts and leaders
Access to trauma-informed, recovery-oriented resources
- Opportunities to participate in advisory and working groups.

More information on MHCC memberships can be found [here](#).