

## **Psychological Therapy Services for under-served Groups**

### **Important information for stakeholders**

#### **Why has a new service model been introduced?**

The new model has been developed following the completion of a mental health needs assessment, consultations with stakeholders on the performance of the current Access to Allied Psychological Services (ATAPS) and Mental Health Services to Rural and Remote Areas (MHSRRA) programs, and the review of new guidelines for primary mental health care services commissioned by PHNs.

The needs assessment identified high rates of mental health and behavioural problems, high and very high levels of psychological distress, severe access and isolation problems in most LGAs due to being remote or very remote, and high rates of suicide. In addition, the rates of high and very high psychological distress in Aboriginal people are double that of non-Aboriginal people.

#### **Who will provide the service under the new model?**

Marathon Health will be providing the service under the new model from 1 October 2017.

#### **Who will be eligible for services under the new program?**

People who are underserved through existing psychological therapy arrangements due to workforce limitations or the unsuitability of available services will be eligible for psychological therapy services under the program.

Population groups that may be underserved include, but are not limited to:

- people living in rural and remote communities
- children under the age of 12 years
- people experiencing, or at risk of, homelessness
- women experiencing perinatal depression
- people from culturally and linguistically diverse (CALD) backgrounds
- designated high need population groups (Aboriginal and Torres Strait Islander people, people at risk of suicide and young people).

The primary focus will be on people with mild to moderate mental illness who are not clinically suited to lower intensity levels of intervention, including self-help, digital mental health services, and low intensity mental health services and who are underserved through other arrangements, particularly the MBS. This program is not suitable for people with severe and complex mental illness.



### **What was the process in determining new service providers?**

Service providers were invited to tender for activities under the program, via a competitive tender process. The tender process focused on delivering a program which has been aligned the needs assessment priorities, as approved by the Department of Health (DoH).

Service providers who are not Aboriginal Community Controlled Health Organisations (ACCHOs) were asked to demonstrate how they would partner with, work with and coordinate with other health service delivery providers, particularly local Aboriginal organisations, to provide culturally appropriate services.

Tenderers were required to demonstrate how they would develop resources, partnerships and clinical pathways in collaboration with service partners in government, non-government and private sectors using a stepped care approach.

### **Are there any limitations under the program?**

People can access up to 12 individual and 12 group therapy sessions in a calendar year. Available data indicates that most people access up to 6 sessions. Only in exceptional circumstances should the 12 session cap be exceeded. The WNSW PHN will identify circumstances under which individuals could access more than 12 sessions.

### **How will services be provided from 1 October 2017?**

GPs will play the central role in the provision and coordination of physical and mental health care within the primary care setting. People accessing psychological therapy services will require a GP Mental Health Treatment Plan developed by their GP, and/or be referred by a psychiatrist or paediatrician.

The new model will provide flexibility to allow provisional referrals to enable service provision to commence while arrangements are made for the client to see a GP in recognition of barriers to timely access to medical practitioners in some regions and by some population groups.

The use of telehealth technologies will play an increasing role in the delivery of these services to a geographically large region.

Services may be provided by the following appropriately trained and qualified mental health professionals within their scope of practice and based on consumer need:

- psychologists (provisional and registered psychologists)
- mental health nurses
- mental health competent occupational therapists
- mental health competent social workers, and
- Aboriginal and Torres Strait Islander health workers.

### **Will all existing services continue to be provided, and what are the transition arrangements?**

Many of the principles and requirements under the former ATAPS and MHSRRA programs will remain in place with new flexibility and the addition of telehealth to improve the access to services for all communities. Current service providers will continue to operate under a transition period through until 1 October 2017.

**What happens with current patients?**

Current patients should discuss their options with their existing service providers.

**How will the services and activities be monitored?**

Services and activities will continue to be monitored by WNSWPHN as per the monitoring and reporting processes that were applied to the ATAPs programs.

**Contacts for further information**

If you require further information, please contact Jim Herbert on 0401 880 162.