



Australian Government

National Mental Health Commission

The Hon Peter Dutton
Minister for Health
Minister for Sport

Dear Minister

Establishment of Primary and Mental Health Networks (PMHNS)

We write to propose changes in mental health and primary health care which cannot await the delivery of our final Mental Health Review Report by 30 November.

We seek your urgent consideration of the future regional role and structure of mental health as fundamental to the design, development and introduction of the Government's planned **Primary Health Networks (PHNs)** which we recommend be renamed **Primary and Mental Health Networks (PMHNS)** to effectively recognise and prioritise mental health.

The Commission considers that a regional approach to the planning, commissioning and delivery of mental health services should be agreed as a core building block to mental health reform in Australia. The Commission also is mindful that the establishment of a network of regional mental health organisations, separate to existing organisational structures, is neither cost effective nor desirable. Mental health and suicide prevention services and programmes need to be a part of mainstream services, but in such a way that the separate identity and accountability for mental health outcomes is maintained and indeed enhanced.

We therefore consider that the Government's current process for the establishment of Primary Health Networks, with general practice at their core, provides a vital infrastructure which can be used to integrate and coordinate mental health at a regional level. The Commission agrees with the finding in Professor John Horvath's Review of Medicare Locals that "there is a genuine need for an organisation to be charged with improving patient outcomes through working collaboratively with health professionals and services to integrate and facilitate a seamless patient experience" and that this is particularly the case with mental health.

The Commission appreciates that the Government proposes to release an Invitation to Apply to establish the new PHNs in November, prior to the receipt of our final report. We therefore consider it important to pre-empt our Final Report and advise you that the Commission will be recommending the establishment of Regional Integrated Mental Health Networks as a part of the fundamental infrastructure for our future mental health system.

Our view is that mental health services and programmes – focused on seamless care and support, including stepped care and self-care, keeping people well and participating in the community, out of hospital, and always on a pathway to recovery – need to be driven and delivered through an integrated primary health care system, with general practice central to that system. In addition, Medicare Locals already have a major role in mental health (for example through ATAPS, headspace, Partners in Recovery, and the Rural Primary Health Services Programme). The Commission will provide further advice on these specific programmes in its Final Review Report. However in the interim we consider it is important for continuity of care to patients that these and other mental health related functions transition to the new Networks.

We recommend a change to the name of the Networks – to Primary and Mental Health Networks (PMHNS) – as being vital to demonstrating commitment to essential reform of the mental health system. This is an

important design feature needed to recognise the importance of mental health within general practice and primary health care. It also is fundamental to signalling to the sector and the Australian public the priority to be given by government to tackling this major burden on the productivity of our nation and the health and wellbeing of the 3.2 million people – many of them children and adolescents – who suffer from mental health problems and illnesses each year.

In summary, we recommend:

1. PHNs be recognised and tasked with responsibilities as core system and service integrators, facilitators and purchasers of mental health and suicide prevention services and programmes
2. PHNs be renamed Primary and Mental Health Networks (PMHNs) to give proper recognition to the importance of mental health as an area requiring special focus, a priority for government and the community, and a core function of the work of the new Networks
3. The Department consult and work with the Commission on current policy and guideline development to ensure important design features for an effective and efficient primary mental health system are built into the ITA emphasising transparent performance criteria and clear outcome measures to ensure integration and value for money
4. Performance of PMHNs is tied to outcomes aligned with a small number of national priorities in mental health (further advice will be provided in our Final Review Report)

From the feedback provided during the course of our review and since the Government's announcement of the establishment of PHNs, we consider that this approach would be very well received within the mental health sector and more broadly by providers and the community. Conversely there has been considerable discussion about the lack of obvious recognition of where mental health fits within the proposed PHN model.

In addition, the Commission considers that if mental health is not recognised in the naming of these new entities, there will be ongoing concern about the lack of prioritisation given to mental health and whether mental health issues will be adequately addressed (historically mental health has not been given priority relative to the burden of the disease on our country).

The Commission appreciates that the Government does not want to “overload” the new Networks at the time of establishment. However the prevalence of mental illness within our society means that it simply is not possible to plan for integrated primary health care without taking into account mental health. Over time, the Commission’s objective would be to see PMHNs plan and integrate with the broad range of services which enable a contributing life, including housing, employment, education, welfare, family and community services, and justice.

The Commission’s view is that these are vital elements of an integrated mental health system, that they are relatively simple to address, and that they are an excellent fit with the Government's announcement of primary health care reforms. Partnerships with Aboriginal Community Controlled Health Organisations and cultural competence also are important integration elements.

I would be delighted to discuss these recommendations with you and the Commission will contact your office about a suitable time should you wish to meet.

Yours sincerely



Professor Allan Fels
Chairman
National Mental Health Commission

27 September 2014