



Re: Community Managed Mental Health Services Review – Final Report

The Department of Health (NT) recently provided the Northern Territory Mental Health Coalition (the Coalition) with a copy of the Final Report of the Community Managed Mental Health Services Review.

The Coalition is the peak body for community mental health and wellbeing. We represent Northern Territory (NT) community managed mental health organisations, and work in collaboration with a wide network of organisations, people with lived experience, their families and supporters across the Northern Territory. Our aim is to improve the mental health and wellbeing of Territorians.

The reviewers were asked to engage with community mental health sector service providers delivering NT Government-funded programs to develop a service profile, analyse operational drivers and examine performance against service agreements. The reviewers also consulted the Coalition as the peak body for the sector. In future, we recommend that any such review is also resourced to seek the views of program participants.

Coalition members involved in the review will raise matters specific to their organisation directly with the Department. As the peak body, the Coalition is providing more general and strategic advice about the findings and opportunities identified by the reviewers.

The Coalition welcomes the NT Government's effort to better understand the community mental health services and the contribution the community-managed sector makes to the NT mental health system. However, we are concerned that the PwC Review Report creates confusion around the application of the Stepped Care Model in the Northern Territory.

The PwC Review of NT Government-funded community mental health programs in its current form may lead to confusion and misunderstanding of the Stepped Care Model in relation to the community managed mental health sector, its role and scope.

The NT Government funding is a critical, but not sole source of funding for many community managed organisations. Reviewing selected NTG-funded programs cannot therefore provide a full picture of the sector's contribution to the NTG mental health system. Although the Report introduction clearly identifies the programs (services) under review, the conclusions appear to be generalised for the sector and non-government (community-managed) organisations as a whole.

We are also concerned that the PwC's Review Report's classification of services in alignment with the Stepped Care Model is not an accurate description of the NT Government service landscape and would not support the identification of gaps within the system; noting this is the responsibility of NTG and NT PHN to address as part of the Regional Planning process.

The attached table and the attachments sets out our responses to the Report's findings.

We recommend that as next steps:

- The Coalition organises a briefing for you, key departmental staff and the NT PHN on the role of the community mental health sector and its drivers to provide a comprehensive overview of the sector within the Stepped Care Model.
- There is a discussion with the NT Department, the NT PHN, AMSANT, NT Lived Experience Network representatives and the Coalition to identify
 - o the needs and services responses across the continuum of care
 - o the components of a comprehensive support system and how it intersects with the supports available through the NDIS
 - o service gaps and a process for service development to address needs across the NT
 - o what role and resourcing are needed to enable the community mental health sector to contribute most effectively to the stepped care model.

Should you require any further clarification or information about any of the issues raised in this letter, please contact me (phone: 08 8948 2246; email: eo@ntmhc.org.au)

Yours sincerely

A handwritten signature in black ink, appearing to read 'V. J. Harris'.

Vanessa Harris
Executive Officer

PwC Review Report findings Part A, piii-iv)	Coalition response
1. The review found that the assessment and referral processes to support good connectivity between CMMHS and the clinical treatment and case management services provided by TEMHS and CAMHS requires flexibility to improve the client journey and outcomes.	We agree with the Report's findings that there needs to be greater flexibility to improve connections between the community-managed sector and TEMHS and MH-CAHS clinical and case management services. It would be useful to have better mechanisms for sharing knowledge about what services exist, and if they have capacity to accept new clients, and to understand what supports a client may already be accessing. This raises issues of privacy and informed consent which although not legally insurmountable, inevitably create practical barriers to integration.
Associated with this is the need for clarity about the roles and responsibilities of each community mental health service so all services understand their service provision with a client focus within a stepped care approach.	We would welcome the opportunity to explore options for strengthening connections, recognising that it is essential that people with lived experience are included in any such discussions.
The Department has a key role to play in leading a system wide process to clarify and communicate these issues and to then translate those changes into CMMHS funding agreements, Memorandums of Understanding MOU's and other case management and care coordination practices.	The Report finds that there is a "need for clarity about the roles and responsibilities of each community mental health service so all services understand their service provision with a client focus within a stepped care approach." Coalition members are very clear about (a) their commitments to person-centred care and (b) where the services they provide sit in the stepped care model.
	The Report is inconsistent in its view of the role of the community mental health sector and where it fits in the stepped care model. On one hand, it appears to assume that the community managed sector provides 'community mental health services' for people with less complex needs with clinical teams supporting people with severe and complex issues. On the other hand, the Report identifies opportunities for the community sector to support NDIS participants, who by definition are people with the most severe and complex mental health issues. In reality, NT community-managed organisations provide support services across levels 1, 2, 4 and 5 of the current (2019) stepped care model.

PwC Review Report findings Part A, piii-iv)	Coalition response
	The PwC Review Report creates confusion around the application of the Stepped Care Model in the NT around the allocation of program funding, Figure 5 (page 13), rather than the current 2019 version (see Australian Government, Department of Health, Initial Assessment and Referral for mental health care, August 2019, Figure 2, page 15; and Australian Government, Department of Health, PHN Primary Mental health Flexible Funding Pool Programme Guidance, Stepped Care, 2019, Figure 2, page 10). See attachments. It has therefore omitted to take into account the descriptions of the broader health supports likely to be needed to support each level of care. When this extra information is taken into consideration, NT community mental health services align with levels 4 and 5 for people requiring high to very high intensity services. In the NT there are significant gaps in the availability of care across the stepped care continuum, particularly, but not only, for people living outside the greater Darwin region. In order to clarify and address this issue, we propose that the NT Government, NT PHN, AMSANT, the NT Lived Experience Network and the Coalition collaborate to identify: • the needs and services responses across the continuum of care described in the 2019 model of stepped care • the components of a comprehensive support system and how it intersects with the supports available through the NDIS • service gaps and a process for service development to address needs across the NT These recommendations align with the Regional Planning national guidance documents (Joint Regional Planning for Integrated Mental Health and Suicide Prevention Services, A Guide for Local Health Networks and Primary Health Networks, 2018).

PwC Review Report findings Part A, piii-iv)	Coalition response
	Any discussion of improving integration must recognise that a key issue with applying the stepped care model in the NT is that there are significant gaps in the availability of services across the continuum of care and undersupply of the services that do exist. No amount of integration and coordination will fix a system facing chronic supply shortages.
2. The complexity of clients accessing CMMHS is increasing and changing with many clients having comorbid conditions (such as cognitive impairment and chronic health conditions) as well as experiencing homelessness, disconnection from family and community and challenging and severe behavioural issues, that require care coordination with a range of other services. CMMHS workforce could be better trained and supported to address these issues and services supported to operate in a more integrated way.	The Report finds that many clients accessing services delivered by the community-managed health sector have complex and comorbid conditions, requiring care that is coordinated with a range of other services such as housing and health. Related workforce development programs should not be confined to the staff of community managed mental health organisations. Any organisation which is providing support to people with lived experience of mental health also need staff with a better understanding of clients facing mental health challenges. See also point 6 below.
3. The review found that there are gaps in the current services mainly for people who are too unwell for non-assisted community living, and who need longer term rehabilitation. These clients risk entering acute care settings. Additional services such as community-based assessment, residential assessment and stabilisation, and medium-term recovery focussed rehabilitation may be necessary for this group.	The Coalition agrees that the NT mental health system has many service gaps including for people needing on-going support. The recently announced Adult Mental Health Centre should assist in reducing demands on hospital emergency departments in the Darwin region, but still requires additional services for people to be referred to. People who are too unwell for non-assisted community living and who need longer term rehabilitation are often chronically homeless and/or confined in the justice system. Investment in addressing these issues will significantly improve the mental health of this cohort. The NT Government, NT PHN and community sector need to work together with people with lived experience to prioritise and secure new investment to strengthen the NT mental health system.

PwC Review Report findings Part A, piii-iv)	Coalition response
4. A further opportunity evident through the review emerges from the upskilling and growth of services within the primary health sector and new community programs such as Housing Accommodation Support Initiative (HASI), to better support people with a mild to moderate mental illness to self-manage their care in a community setting.	The Coalition welcomes the Government's announcement that the HASI program will be extended in Darwin. We strongly support additional new investment in order to extend it to other regions. HASI models enable people living with mental health issues to become more independent and to make fewer claims on the health system if they have effective wraparound supports and appropriate housing. The HASI model can work across mild to severe mental illness and does not necessarily aim to result in people self-managing their care.
This is a desired outcome from a system built on the stepped care approach and presents an opportunity for CMMHS outreach services to focus on the specific mental health recovery issues with their clients, rather than feeling they need to manage all the client's need (Section 4.5, p24). This should enable CMMHS to focus on their core role of delivering recovery focussed rehabilitation and support.	A key element of a recovery focused approach is that it is holistic. The community-managed sector recognises that psychosocial support for people living with mental health issues is an important part of delivering recovery-focussed services.
5. The review found that the implementation of the NDIS also creates opportunities, where service providers can rethink their business and operating models to provide services for NDIS eligible clients having new funding available. Services like CMMHS are developing systems to be reimbursed for some of the services they provide, and to record service activity so they can access individualised funding. The review identified opportunities to clarify and strengthen the functioning of CMMHS within the wider mental health and disability services sector.	We note that the Report views the National Disability Insurance Scheme (NDIS) as an opportunity for community mental health service providers. A number of the Coalition's members are already NDIS-accredited and providing services to participants. The NDIS rollout in the Northern Territory comes with significant challenges arising from our thin markets, service gaps, and the high costs of servicing participants with individual needs who are dispersed over large distances. There is significant risk of people who are found to be ineligible for the NDIS 'falling through the cracks' in the NT as previously existing funding programs have been rolled into the NDIS, and there are now limited services available for new and emerging clients who don't meet NDIS criteria.
6. Ensuring CMMHS are meeting the needs of all of their clients also means improving the cultural appropriateness of services.	Additional investment will be required in order to improve the sector's ability to provide ongoing workforce development for staff. Funding agreements need to accommodate the full costs of staff training and development programs

PwC Review Report findings Part A, piii-iv)	Coalition response
The review found that most services wanted to increase the number of Aboriginal people working with their services and wanted to ensure staff and volunteers are trained to deliver cultural and trauma informed care.	including the ability to backfill to cover staff attendance at development programs in order to provide continuity of care for clients. It would be helpful if the NT Government and the NT PHN collaborate with our sector to identify how accredited and non-accredited training that is adapted to local conditions and includes face-to-face options can be made readily available in the NT.
7. Finally, the review found that there was a desire to improve the range and methods of data collection to not only enable services to better understand the outcomes they are achieving, but also to better inform system level planning and funding decisions. The current funding agreements may be seen as barrier to change, yet there are strong relationship and good will and therefore an opportunity for the Department to negotiate changes to CMMHS funding agreements to include revised Key Performance Indicators and data collection, and to allow providers greater flexibility to meet changing needs, to encourage and support providers to review operating models and increase services through other funding streams.	We agree with the Report's view that good data and evidence is critical to informing service improvements and gaps. This evidence base is needed for all programs not just those funded by the NT Government. Progress has been slow in addressing the national gap in data collection and analysis for the community-managed mental health sector. We recommend discussion with the mental health sector as a whole about what data is collected, how it is analysed, and lessons applied. The NT Government and NT PHN should invest in a co-designed monitoring and evaluation system that can inform continuous improvement across the NT mental health system including community-managed sector. This discussion should be informed by experience in other jurisdictions. Any additional data collection/reporting requirements/analysis and participation in evaluations should be factored into funding agreements. This important work must be appropriately resourced as a fundamental element of quality service delivery.