Review of Primary Health Network Business Model & Mental Health Flexible Funding Model

January 2025

Consumers of Mental Health WA

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Preliminaries

1. Introduction

Consumers of Mental Health WA (CoMHWA) is Western Australia's peak body for and by mental health consumers (people with a past or present lived experience of mental health issues, psychological or emotional distress). We are a not-for-profit, systemic advocacy organisation that exists to listen to, understand and act upon the voices of mental health consumers. We work collaboratively with other user-led organisations and a diversity of stakeholders to advance our rights, equality, recovery, and wellbeing.

CoMHWA welcomes the opportunity to provide feedback to the Review of Primary Health Network Business Model & Mental Health Flexible Funding Model (The Review). We provide this feedback in addition to offering our full support for the submission made by the National Mental Health Consumer Alliance (NMHCA) to this Review. Their submission outlines crucial recommendations that align with our shared commitment to improving PHN commissioned mental health services, fostering more inclusive, person-centred care, and promoting better outcomes for all individuals living with mental health challenges. We stand united in advocating for the importance of ensuring that the perspectives and needs of mental health consumers are central to the Review process.

We base our submission on:

- Ongoing data collection and input from CoMHWA's Individual Advocacy and Peer Pathways (which provides Peer mental health service navigation) programs
- Ongoing consultation with consumers in Western Australia on joint priorities for an improved mental health system
- Consumer representation in relevant settings, including but not limited to: Primary Health networks (WAPHA), WA regional equivalents of the Local Health Networks (regional mental health services under the WA Health Board structure), the Mental Health Commission and the health complaints agency, Health and Disability Services Complaints Office (HaDSCO).

Where possible, CoMHWA has prioritised the perspectives and experiences of our members and consumers in guiding our submission.

2. Request for feedback

CoMHWA works to uphold the dignity and human rights of consumers, through providing advocacy in leading change with and for consumers. We appreciate notification of the outcomes of our submission to this consultation in order to understand and communicate the difference made through our work. Please provide feedback via the contact details on this submission's last page.

3. Language

CoMHWA uses the term mental health 'consumer' throughout this submission. Mental health consumers to refer to people who identify as having a past or present lived experience of psychological or emotional distress, irrespective of whether they have received a diagnosis of mental illness or accessed services. Other ways people may choose to describe themselves include 'peer,' 'survivor,' 'person with a lived experience' and 'expert by experience.' This definition is based on consumers' call for respect, dignity and choice in how we choose to individually identify. As individuals we choose different ways to name and describe our experiences that may confirm or trouble ideas about 'mental illness.'

4. About the consultation

Reproduced from The Department of Health and Aged Care website

The Department of Health and Aged Care (the Department) is seeking feedback via a Consultation Paper from consumers, frontline health practitioners, commissioned service providers and other interested parties about their experiences with the PHN Program. While the Government also provides support for Australians through a range of other primary care programs and funding streams these are out of scope of this Review.

You are invited to respond to the consultation questions by sharing a written submission. Responses will be accepted until 11:59PM AEDT on 22 January 2024.

Your feedback will be aggregated and analysed to identify key trends, themes, and priority areas. Any specific feedback referenced in reports or publications will remain anonymous to protect your privacy. Submissions and contact details are only for use in the Review process and will not be published. The Department will use summarised insights to provide advice to Government on addressing key concerns and enhancing the effectiveness of the PHN Program.

The Department is seeking written responses across five key topics:

- Program Objectives and Activities
- Program Governance
- Regional Planning, Communication, and Engagement
- Program Funding Arrangements
- Mental Health Flexible Funding Stream

We greatly value your input and look forward to your contributions to this discussion. Thank you for being part of this vital review process.

We welcome response in a written document response through the final page of this consultation. Your submission may address all the questions posed in the discussion paper or focus on a selection that you feel most strongly about.

Discussion

5. Consultation questions

PHN's play a critical role in the mental health support landscape in Australia, having governance oversight over hospital networks, general practitioners and other mental health support services in their regions. For consumers, there is a keen interest in ensuring that PHN's are not only effective in managing mental health services in the context of the present sector landscape, but also that they are fulfilling their role in broader system improvements by identifying service gaps in their regions and making efforts to address these gaps through the commissioning of appropriate services.

CoMHWA have structured our feedback about the PHN Review around three of the five key topics provided by DoHAC in their request for submissions.

5.1 Program Objectives and Activities

Are the roles of PHNs clear and understood by stakeholders, including your own organisation? How will the relative importance of the different roles need to evolve to meet broader changes in health policy and delivery?

The roles for the PHN program are listed on their website as follow:

1. Coordinate and integrate local health care services in collaboration with Local Hospital Networks (LHN) to improve quality of care, people's experience and efficient use of resources.
2. Commission primary care and mental health services to address population health needs and gaps in service delivery and to improve access and equity.
3. Capacity-build and provide practice support to primary care and mental health providers to support quality care delivery[1]

CoMHWA is primarily focused on offering feedback around the stipulated PHN objectives of facilitating a less fractured system of mental health care, and improving the experiences of people utilising mental health services. The following feedback is intended to offer guidance around improving the capability of PHN's to more effectively achieve these goals.

[1] Department of Health and Aged Care (2024) What Primary Health Networks Do, Australian Government https://www.health.gov.au/our-work/phn/what-PHNs-do

Integrating care for people experiencing mental health challenges

CoMHWA consistently hears from our members about the profound challenges facing consumers stemming from a lack of coordination between PHN commissioned services. We have heard multiple and repeated accounts about hospitals discharging people without appropriate aftercare or following up referral pathways, resulting in consumers who require non-acute services being left without appropriate supports. The episodic nature common to mental health challenges means that consumers can often fall through the gaps in the hustle of busy, over overstretched hospital systems. Without appropriate supports, these consumers can become increasingly unwell until they once again require acute, inefficient, hospital-based supports.

The impacts of these acute hospital presentations are profound for consumers, risking re-traumatisation alongside other issues stemming from getting support in an inappropriate setting, such as an emergency department. It is therefore critically important for PHN's to ensure LHN's are linked with other services, and explicitly facilitate smooth transition between services. By establishing clear and measurable outcomes related to numbers of people receiving appropriate referrals, and assessing the quality of these referrals—for example, by checking if hospital staff personally call the appropriate service to introduce the person (sometimes called 'warm referrals')—PHN's would promote better integration between mental health, primary care, and community services to reduce fragmentation.

Improving consumer experiences of services and support

Improving the experiences of people using PHN commissioned and co-ordinated services is a principal concern of CoMHWA and our members. Presently, this goal is referred to in the PHN Quality and Assessment Framework under 'use of Patient Reported Experience Measures (PREMS) in determining provision of quality care' in the 'Quality Care' Indicator category.[2] Unfortunately, this indicator for PHN performance currently has no mechanism established for collecting PREMS data, entailing that PHN's are currently unable to meaningfully measure how consumer experiences are being improved.

CoMHWA therefore strongly recommends that PHN's adopt, as a matter of urgency, consumer-centric metrics to help assess their performance towards this goal. The use of PREMS should incorporate metrics that reflect consumers' experiences and outcomes, such as whether people report improved mental health literacy, reduced stigma, and satisfaction with the care they receive. It is important to ensure that these outcome measures move beyond the mere quantity of services provided through PHN's, and reflect the qualitative experiences of people utilising services within the remit of a given PHN's region.

[2] Commonwealth of Australia Department of Health (2018) Primary Health Networks Program Performance and Quality Framework p. 16

5.2 Program Governance

Is the governance of PHNs and the broader PHN Program appropriate, efficient and effective?

In 2018, DoHAC released an Internal Evaluation of the PHN program, that concluded that the early stages of this program were promising in relation to addressing their mandated objectives and functions. This evaluation found that the PHN program had taken steps towards improving outcomes for people requiring support, stating that: 'there were indications of progress' towards this goal. The framing of PHN's in this early stage emphasised the potential going forward, using phrases such as 'on the way to cementing', 'still evolving', 'still in development', 'made some progress in building the strong foundations', 'established the building blocks' and 'learning as they went'.[3]

It has been nearly seven years since this internal evaluation was released, and concerning challenges remain in understanding precisely what impact PHN's have had on the landscape of healthcare and mental health support over this period. In 2024, for example, the Australian National Audit Office (ANAO) released a report outlining their independent performance audit of how DoHAC has managed the PHN program. One of their key findings was that '[DoHAC] has not demonstrated that the PHN delivery model is achieving its objectives.'[4] In light of these findings, CoMHWA strongly recommends that the PHN program is changed to ensure transparency and subsequent accountability, and suggests that the inclusion of Lived Experience Leadership in Governance positions may provide a path through which to facilitate this change.

The inclusion of Lived Experience Leadership is especially crucial in light of the slated cessation of the Mental Health Lived Experience Engagement Network (MHLEEN) in July of 2025. Without this Network to provide guidance and oversight for PHN's about incorporating Lived Experience Expertise, there is a danger that the important insights and feedback from consumers will have a reduced impact and influence on the planning and operation of PHN's and their commissioned services.

Transparency

The governance of PHN's has been the subject of considerable scrutiny in the ANAO report, and CoMHWA shares their concern with general issues of transparency and accountability for PHN outcomes and oversight. CoMHWA notes that the PHN Performance and Quality Framework was only established in

[3] Department of Health and Aged Care (2018) Evaluation of the Primary Health Networks Program. https://www.health.gov.au/sites/default/files/documents/2021/06/evaluation-of-the-primary-health-networks-program.pdf

[4] Australian National Audit Office (2024) 'Effectiveness of the Department of Health and Aged Care's Performance Management of Primary Health Networks'

2018, and has a predominant focus on quantified measures of service provision, rather than focusing on outcomes relating to the experiences of people utilising PHN-commissioned services.

There is a clear and distinct need for transparent, accessible reporting on PHN activities and impacts. To date, since the introduction of the Primary Health Networks Program Performance and Quality Framework in 2018, there have been only three annual performance reports issued over this six year period. Moreover, these annual performance reports do not identify which PHN's have achieved the stipulated outcomes, and convey only the proportion of PHN's achieving or not achieving these benchmarks. It is CoMHWA's view that consumers should have access to reports that identify which PHN's are meeting these benchmarks for improvement, as a path to help them make informed choices and to allow for accountability in the broadest sense to the people served by respective PHN's. These changes would help to promote broader systemic change, by empowering consumers to understand and advocate for improvements at a local level.

Lived Experience as a change agent for governance issues

It is CoMHWA's view that Lived Experience Expertise could serve to help facilitate the changes needed to address the governance concerns outlined above. The presence of people with Lived Experience in governance positions and boards brings a perspective fundamentally orientated towards a passion for systemic improvement. The impact of Lived Experience Leadership on boards has the potential to provide a stronger voice for change motivated by, and grounded in, their experiences of gaps and knowledge of how systemic issues manifest for those people engaging with services.

By bringing the values of the consumer movement into PHN boards and other governance structures, Lived Experience Leaders would be motivated to encourage greater transparency in governance operations and help innovate ways to bring about system improvements. For example, their experiences would ensure that there is an explicit focus in rethinking how funding is prioritised to address gaps and improve experiences of care for people attending services. Additionally, Lived Experience Leaders are acutely aware of how disconnected traditional quantified outcome measures can be from the actual experiences of service, and accordingly could help to suggest more appropriate evaluations for program outcomes.

5.3 Regional Planning, Communication, and Engagement

Does the PHN Program support regional planning, effective communication and engagement between relevant stakeholders?

Consumer Engagement through Community Advisory Committees

Community Advisory Committees (CACs) play an important role in PHN's by ensuring that the perspectives and needs of consumers are taken into account in PHN planning and decision-making processes. These committees are comprised of consumers and carers who have experienced services firsthand, and are intended to facilitate meaningful engagement between PHN's and those that use the services they commission. CACs can help to identify gaps in service provision and provide suggestions to improve the support offered by PHN commissioned services. CACs have the potential to enhance the responsiveness if services operating under PHN's, and thereby promote more equitable, efficient and effective mental health supports that align with the unique needs of a particular community.

Crucially, however, consumer input into PHN decision making processes must be meaningful—That is to say, it must go beyond tokenistic 'tick box' approaches where CACs are not provided with resources to suggest changes or are ignored when decision are made. CoMHWA has heard of stark differences between how WA PHN's have managed CACs, with inconsistent opportunities for consultation, alongside conflicting messages about the suitability of certain activities. For example, we have heard that one metropolitan PHN facilitates CAC members to visit inpatient settings ('ward walks'), while another metropolitan PHN has stipulated that this is outside of the scope of their CAC to pursue.

These inconsistencies are particularly concerning in light of the aforementioned loss of the Mental Health Lived Experience Engagement Network. Without a clear set of guidelines around best practice for engaging with CACs, PHNs stand to lose valuable insights and opportunities for improvement by reducing the direct input from individuals with lived experiences of mental health issues. This loss may lead to a disconnect between the services provided and the actual needs of consumers, as the insights gained from personal experiences are crucial for developing and improving mental health supports. CoMHWA notes that the NMHCA submission to the Review provides a more extensive discussion of the potential impact of the loss of MHLEEN, as well as strategies to mitigate this outcome.

CoMHWA strongly recommends that PHN's increase funding and provide consistent capacity-building for CACs, to ensure they can robustly represent consumer perspectives and that there is a level of national consistency to the duties and operation of CACs. This increased capacity for consumer representative input would facilitate better advocacy for improved communication about PHN roles to consumers, helping them to understand how PHN's can support their needs. CoMHWA's consultations have shown that many consumers frequently do not fully understand what PHNs' are, including their objectives as well as available commissioned services.

Finally, CoMHWA strongly advocates that each PHN should, in line with recommend action 23.1 in the Productivity Commission report into mental health, establish their own Consumer and Carer Engagement

Framework. These frameworks should be congruent with, but separate to, any guidance from the State or Federal governments around Consumer and/or Carer engagement. The development of these frameworks within specific PHN's would provide their respective CACs with a clear set of guidelines and expectations to prevent any ambiguity around consumer and carer representative roles. Establishing clear and accessible Consumer and Carer Engagement Frameworks would also help to ensure that CACs do not simply become perfunctory and tokenistic committees, through setting out clear expectations around how their feedback and consultation will be taken up by the PHN.

6. Conclusion

The Review of the PHN program represents a critical opportunity to make improvements to Australia's mental health sector, which, despite repeated efforts at reform, continues to have consumers fall through gaps in the system. CoMHWA is firmly committed to the belief that Lived Experience Expertise can help to promote and expedite the PHN program's role as a force for change, helping to make improvements to the mental health services commissioned through these Networks. It is our hope that PHN's will come to embody the potential outlined in their 2018 evaluation, and elevate the quality of care offered to consumers and improve their experiences of mental health support. It is only through a collaborative effort between PHNs, the services they commission, and the consumers that they serve that this can be achieved.

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