Suicide Prevention Australia

January 2025

PHN Business Model and Mental Health Flexible Funding Review

Submission

Suicide Prevention Australia welcomes the opportunity to contribute to the review of Primary Health Network (PHN) Business Model & Mental Health Flexible Funding. We are the national peak body for suicide prevention, with over 350 members representing more than 140,000 workers, staff, and volunteers across Australia. We provide a collective voice for service provider organisations both large and small, as well as practitioners, researchers, local collaboratives, and people with lived experience.

In 2023, over 3200 people died by suicide, with suicide being the leading cause of death for Australians aged 15-44 years.[1] Suicide Prevention Australia's December 2024 community tracker report identified that 20% of respondents that have sought help, searched for advice or visited a suicide prevention service in the past 12 months.[2] Placed-based and community led suicide prevention approaches have been shown to reduce local suicide rates and have broader positive community impacts through the local planning, coordinating and commissioning of suicide prevention services.[3]

Suicide Prevention Australia's annual State of the Nation Report 2024 identified that 30% of sector respondents reported government funding had arrived late in the past 12 months and that a significant share of funding remains short-term.[4] A qualitative case study of the Australian Primary Health Network commissioning model conducted in 2022, identified that while the PHN commissioning model may be well positioned to identify and meet local primary healthcare priorities, the success of the model could be undermined by short funding cycles, short lead-times, and continual reductions in operational funding.[5]

Many of Suicide Prevention Australia's members deliver key services to community under the Mental Health Flexible Funding Model (the Model) and identify it as an invaluable resource to supporting communities suicide prevention needs. There is however an opportunity to ensure that the Model provides more sustainable and transparent suicide prevention inclusions. This submission will respond to the following key topics as outlined in the review's terms of reference:

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

In addition, this submission will identify considerations for consultation processes conducted within this review.

[1] Australian Bureau of Statistics. (2023). Causes of Death, Australia. ABS. https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release.

[2] Suicide Prevention Australia. (2024). Community Tracker December 2024. SPA. https://www.suicidepreventionaust.org/wp-content/uploads/2024/12/DEC24-The-Suicide-Prevention-Australia-Community-Tracker-1.pdf

[3] KPMG. Analysis of Suicide Prevention Trials: Evaluation Findings, Discussion Paper. (2022). Department of Health and Aged Care. Available from: https://www.health.gov.au/resources/publications/analysis-of-suicide-prevention trials-evaluation-findings-discussion-paper.

[4] Suicide Prevention Australia. (2024). State of the Nation Report. SPA. https://www.suicidepreventionaust.org/wp-content/uploads/2024/09/SPA-State-of-the-Nation-Report-AUG24-Web.pdf

[5] Bates, S. Wright, M., Harris-Roxas, B. (2022). Strengths and risks of the Primary Health Network commissioning model. Australian Health Review 46(5), 586–594. doi:10.1071/AH21356

Program Governance

Consultation with suicide prevention services has identified that the role of PHN's is in many cases unclear and requires more transparency over its core business and funding streams. A frequent issue is a lack of clarity when funding is cut or delayed as to where responsibility lies for this. To remedy this, this review should consider how the Department can provide more clarity and transparency around the function and operations of the PHN.

Recommendation: The Department should review options for increasing transparency on flows of funding to make clear, for all decisions to vary funding, whether this decision is made at departmental or PHN level.

Many suicide prevention services funded under the current funding model have identified that they do not receive adequate lead time or resources to maintain their existing services. The current flexible funding arrangements require better contracting of services, to provide sufficient time and assurances to plan and build the capacity of a region to engage in suicide prevention activities meaningfully.

Recommendation: The Department should review options for increasing transparency on flows of funding to make clear what stage of Departmental and PHN approval process is currently progressing.

Program Funding Arrangements

It is imperative that funding for suicide prevention activities continues under the PHN Program. However, the funding arrangements under the Model do not adequately meet suicide prevention needs. Whilst the current funding arrangements enable many of our members to provide their services, there is a need for greater transparency of where this funding is allocated in relation to suicide prevention activities, and how targeted this is within the current stream.

To facilitate this change, and improve clarity of the current funding stream structure, there is an opportunity for the Department to delineate funding streams between mental health and suicide prevention. Whilst there are shared priorities across mental health and suicide prevention, suicide prevention requires targeted and tailored priorities. This would require an additional funding stream, similar to that of the mental health flexible funding model, that is directly allocated to suicide prevention. The addition of an independent suicide prevention funding stream could oversee initiatives such as the Targeted Regional Initiative for Suicide Prevention (TRISP), and the implementation of the recommended actions outlined in the National Suicide Prevention Strategy (the Strategy), which is due to be released this year.

The most recent draft of the Strategy identified that more resources will be required for regional suicide prevention planning and coordination roles to successfully engage with regional stakeholders and people with lived and living experience of suicide.[6] In addition, the Strategy recommended that to strengthen regional suicide prevention, PHNs should partner with local health networks and local governments in the planning and delivery of regional suicide prevention plans and responses.[7] Currently, the Strategy has no funding attributed to it which raises concerns as to how the recommended actions will be appropriately implemented. The mental health flexible funding model could be utilized to provide an opportunity for the PHN program to implement the Strategy's recommended actions, recognising that much of the work currently being funded under the model may already align with the key objectives outlined in the Strategy.

[6] National Suicide Prevention Office. (2024). Advice on the National Suicide Prevention Strategy: Consultation Draft. Australian Government. Accessed from: https://haveyoursay.mentalhealthcommission.gov.au/draft-advice-national-suicide-prevention-strategy%E2%80%AF

[7] Ibid

Recommendation: The Department should implement an additional independent suicide prevention funding stream to support ongoing delivery of suicide prevention activities under the PHN model.

Recommendation: The Department should review how an independent suicide prevention funding stream can be used to implement the recommended actions under the National Suicide Prevention Strategy.

Mental Health Flexible Funding Stream

Representatives within the suicide prevention sector have identified that the flexible funding model is most beneficial when it allows PHNs to work with community needs and engage in co-design work to bespoke the model. However, this can mean that suicide prevention is often overlooked or underprioritised if the appropriate level of needs-mapping has not been conducted. One way to ensure that suicide prevention activities are appropriately prioritised under the current Mental Health Flexible Funding Stream could include ensuring that a baseline percentage of funds is committed to suicide prevention, intervention and postvention.

Recommendation: The Department should allocate a baseline funding commitment for suicide prevention within the mental health flexible funding stream, to support PHN delivery of suicide prevention, intervention and postvention activities (where the Department is unable to implement an independent suicide prevention funding stream).

Some members of Suicide Prevention Australia have suggested that the Review could be an opportunity for the Department to consider ensuring that, in addition to allocated suicide prevention funding, every funding pool allocated under the PHN Business Model should include a suicide lens requirement.

Recommendation: The Department should review opportunities for all funding pools allocated under the PHN Business Model to include considerations for suicide impact.

Regional Planning, Communication, and Engagement

The effectiveness of the PHN program in supporting regional planning ultimately varies between PHN's. The success of the program at times may be attributed to the way in which PHNs deliver their funding, and how they communicate with the community to identify and respond to their needs. Without damaging the capacity for PHNs to respond effectively to the community, the flexible funding model requires a baseline requirement for delivering suicide prevention servicing. Services have highlighted that this could include baselines requirements for how PHNs activate with their communities and service providers, including thresholds for minimum standards and clear funding commitments.

Recommendation: The Department should amend the PHN business model to include minimum standards for delivering suicide prevention services. These requirements should focus on community engagement and clear funding commitments.

The TRISP Program has played a key role in supporting PHNs to deliver a community led, systems-based approach to the implementation and delivery of suicide prevention services. A key element of the TRISP programs success in some regions is strongly influenced by the suicide prevention regional response coordinator. This role has acted as a key conduit for interactions between the suicide prevention sector and the PHNs, and it is therefore critical that any updated funding models continue to include sufficient funding for these roles. This will ensure that the delivery of regional planning and engagement is effective, appropriate and sustainably resourced.

Recommendation: The Department should ensure that the TRISP program and associated suicide prevention regional response coordinator role continues to be funded under the PHN model for the ongoing delivery of targeted suicide prevention services.

Services further identified the current PHN model in some settings lacks coordination between PHNs and local services. This fragmentation can lead to gaps in service delivery, especially for people with complex needs who require integrated care across mental health, social, and primary health systems. The Review should consider how to increase the visibility of existing local initiatives that address and advocate for what is already working well within sector and community. The Department could benefit from utilsing these insights to develop a formalised approach towards the role of PHNs in regional planning alongside local initiatives to improve care coordination.

Recommendation: The Department should develop a formalised approach to identify the role of PHNs in regional planning alongside local services and initiatives to improve care coordination.

Consultation Process

To strengthen future consultations we would like to provide some feedback on the consultation process for the Primary Health Network Business Model & Mental Health Flexible Funding Model review. More could have been done to involve relevant sector peaks like Suicide Prevention Australia. Suicide Prevention Australia were invited to the “Peak Bodies Lived Experiences Consultation Panel” part of the process, but this was framed entirely in a lived experience perspective. This was a valuable and integral part of the consultation process, but did not enable input from a sector perspective. In future consultations we would advise involving relevant sector peak bodies in a separate panel, or alongside service organisations.

In a number of consultations in other areas Suicide Prevention Australia has been contacted in the initial stages of designing the consultation process and we have provided verbal advice on the structure and key issues that may be most valuable to explore. We recognise this will not be possible for every consultation. However, for a consultation of this significance it would be worthwhile investing the small amount of resources required to meet with sector peak bodies earlier in the process.

Acknowledgements Statement

Suicide Prevention Australia acknowledges the unique and important understanding provided by people with lived and living experience. This knowledge and insight is critical in all aspects of suicide prevention policy, practice and research. Advice from an individual with lived experience helped inform the direction of this policy position.

As the national peak body for suicide prevention, our members are central to all that we do. Advice from our members, including the largest and many of the smallest organisations working in suicide prevention, as well as practitioners, researchers and community leaders is key to the development of our policy positions. Suicide Prevention Australia thanks all involved in the development of this policy position.